

Please stand by for realtime captions.

>> I'm going to wait a moment or two more before we get going. We were expecting 10 participants plus the three speakers. I am waiting to see if we get a few more people. We will give it another couple minutes.

>> It's a little after 3:00. We will get going to respect everyone's time. My name is David and I'm with the National Disability Rights Network. I am happy to be able to present today on our disability and human trafficking 101 webcast for the national human trafficking and disabilities working group. A couple of you - - few minor housekeeping issues. Before we start, if you could put yourself on mute other than the two speakers. You can use the mute button or you can use star's - - star six and that will to avoid any background noise. I will record the presentation in order for folks who cannot participate. Or if there is an issue you missed so you can listen to it and that recording will be available within about a week's time. We will also have a transcript. We do have life captioning. The link to the captioning should have gone out in the registration information. This is the second part of two webcasts that the training subcommittee of the national human trafficking working group decided to put on as we build the working group and develop more resources on the interconnection between disability and human trafficking.

>> In addition to myself we have two presenters. I am David an attorney with the National Disability Rights Network working on abuse and neglect issues around individuals with disabilities and have worked on the trafficking issue for about the last year and a half. We were approached by members of the human trafficking groups and the survivors groups about the connection with disability this has been a very important coalition formed and NDRN is very happy to be a part of it. I will be happy to discuss that when I talk about the services provided with people for disabilities. Can you introduce yourself, Susan. My name is Susan. I'm a licensed clinical professional counselor. I provide therapy services.

>> I work for the University of Chicago in the developmental disabilities family clinic. My work centers on trauma and disability and in addition to that I do a lot of training for professionals and families and educators and a lot of training with law enforcement around working with people with disabilities. I was drawn into this trafficking workgroup by virtue of the work that I have done in the consultation I have done with the Chicago children's advocacy Center and the coalition against the sexual abuse of children with disabilities.

>> Thank you, Susan. Angela if you could introduce yourself.

>> Good afternoon. I am Angela. I have been in the line of domestic violence, sexual assault, child abuse, as it relates to people with disabilities. Specifically the deaf and hard of hearing community. I started out over 25 years ago dealing with child abuse in the deaf community. I have become an advocate and consultant on these issues. I am the ADA compliance officer for the city of Los Angeles. I work closely with the planner's office and the District Attorney's Office on prosecution and cases involving survivors who are deaf and hard of hearing or have other disabilities. I do training across the country for sign language interpreters on what to expect in some of the situations and 20 years ago I gave our local trafficking agency a training on the ADA and have recently been consulting with them to get their services more acceptable to people with disabilities.

>> Thank you, Angela. We allocated about 90 minutes for the webcast. If we use it all great. We hope at the end to take questions that folks may have and here is the outline of what we are hoping to do for the next 90 minutes. We will talk a bit about what is meant by disability both in a social context as well as in the legal context. Then I will talk about the services and benefits available to people with disabilities. This will be an overview because we have a short time to cover a lot of information. I will include with that the work of the protection advocacy system. I will touch upon capacity, guardians, and powers of attorney. Several of us had done a training for the human trafficking hotline last year. This is an initiative they said they ran into. I will go into an overview of the issues. We will talk about the use of language and people with disabilities. I will turn it to Susan and Angie to talk about some of the risk tractors of - - risk factors of trafficking. We will open it to questions. Since we only have about 10 folks on if you have a pressing question and want to interrupt me that's fine just take yourself off of mute or hit star six.

>> Let me give you a quote for a federal legislation and I will paraphrase slightly. In developmental disabilities and the Bill of Rights act Congress said the following. Disability is a natural part of the human experience that does not diminish the right of individuals with disabilities to live independently, to exert control and choice over their lives, and to fully participate and contribute to their communities to the full integration and inclusion of the full cultural and educational mainstream of United States society. I paraphrased and took up - - took out developmental and just a disability. That statement could really apply to any individual with a disability and the push for equal rights and equal access and full participation. On the slide currently, there has been people looking at the models of disability and how they interact with society. The two most often discussed and I guess debated is the medical model versus the social model. The medical model has been around for much longer. It is really for a number of decades has been disfavored especially in the disability community. The medical model, positive disability is a problem. It is the individual which needs to be cured, fixed, or managed. It is the focus on trying to cure the disability. The focuses more on professionals especially medical professionals as opposed to the social model which is much more favored among the disability community and hopefully society as a whole. The social model has not been the individual which is a problem, but the social model focuses on the requirement to change society. It's a social environment to provide equal and full opportunity rights and participation for people with disabilities. Unlike the medical model trying to fix or cure the individual, the focus on the social model is to remove barriers in society and whether that is physical barriers or access or attitude barriers. The unfounded assumptions and stereotypes around disability. The focus within a lot of the more recent and I say the last couple decades has been a bigger focus on the social model. Those are areas you will often see discussed in this community. In terms of specific disabilities, there are a number of categories and I will go through some of them. Physical disabilities are issues an individual has with mobility and dexterity. Those are typically what we think about when we talk about physical disabilities. On the next slide you'll see more specific disabilities. Then there are developmental disabilities. This is generally defined like on the slide. These are disabilities that appear

before the age of 22 and are likely to be lifelong. They can include physical, intellectual, speech disorders, or medical conditions. Examples of these which are more physically based will impact mobility, dexterity, potential, depending on the individual. They would be cerebral palsy, epilepsy and those kind of conditions. There are some that include both physical and intellectual such as down syndrome. Also intellectual is a subset. Of the developmental disability. Those are related to the thought processes that can occur or it can be intellectual disability dealing with thought or processing issues.

>> There are a lot of times when people are not as familiar with these issues, there is often a confusion between intellectual disabilities and mental illness. They are distinct. They can sometimes cooccur. This is where someone has an intellectual and mental health disability but they are distinct. Mental illness issues would involve significant changes in thinking, emotion, or behavior. It can create problems with functioning and family activities. Some examples are schizophrenia, bipolar, and depression, and posttraumatic stress disorder. There may be other conditions that are not specifically classified as physical but they can be irritable bowel syndrome, cancer, vascular disease, diabetes, a number of other conditions that may or may not be genetic but that are chronic over time and can flare up and become symptomatic or may be more progressive as the person gets older and the condition progresses. Another possible disability is traumatic brain injury - - injury which is some sort of accident that occurred at some point which leaves a processing issue or sometimes behavioral issues with a TBI and deafness and blindness. Those are overviews. Turning to what the law defines as a disability. I could not find the exact statistic but in the past I saw even at the federal government level depending on the legislation there are different definitions of disability depending on the program and certain benefits issues. There's a wide range of how disabilities may be defined legally. At the state level there are separate civil rights states should - - states that may define disability the same as the federal government or they may have a different definition which may be more expansive or restrictive. There are a variety of definitions in the legal sense. But two of the biggest ones I have on this slide is the ADA. That is an individual with a disability as defined under the Americans with disabilities act as a person who has a physical or mental impairment that limits one or more major life activities or if they have a record of an impairment or someone whose perceived by others as having an impairment. There are three ways a person could be considered a person with a disability. Most of the focus is on the first definition which is having a physical or mental impairment that limits one or more major life activities. Folks that are more interested in exploring this both the equal employment opportunity commission and the Department of Justice working together have more specifically defined what it means to be substantially limited in one or more major life activities. The ADA was passed but then amended in 2008 to include - - it broadened who would be covered. It had been restricted by the courts when originally passed in the definition was expanded in 2008. As another legal definition which is coming up often with people with disabilities, is when they are applying for Social Security benefits. The way the Social Security act defines disabilities is the inability to engage in any substantial, gainful activity by reason of any medically determined physical or mental impairment which can be expected to result in death or which has lasted a

continuous period of not less than 12 years. For someone to come on Social Security benefits it doesn't mean they are covered under the ADA. Someone who may be covered under the Americans with disabilities act may not be necessarily meeting the definition to receive Social Security benefits. That is a view samples in terms of the deaf - - definition of disability.

>> Let me turn now to services for people with disabilities. This is just an overview. There are a lot of differences within states. I will give you some examples. I want to touch on some of the bigger services and benefits that are available for people with disabilities. On this slide I have listed developmental disability and intellectual disability services. Benefits under the Social Security act which includes disability insurance which includes supplemental income and Medicaid and independent living services. In addition, there are also vocational rehabilitation services available as well as special education services. Let me go through each of those briefly.

>> At the federal level for developmental and intellectual disability services and independent living services, the health and human services have created the administration on community living. Within the administration on community living is the administration on disabilities which includes the administration on intellectual and developmental disabilities and the independent living administration. That's the first and last bullet. They oversee and help to coordinate the federal efforts around developmental and intellectual disabilities and the provision of independent living services. At the state level, all states have some departments that deal with DeMello - - developmental and intellectual disabilities and throughout all of these services Medicaid is a big piece of this. This is services to provide various disability services. Depending on the state or the waiver program the state has there can be days services for people with developmental services. Like group homes and potential work services. There used to be more of residential treatment facilities for people with Dell of - - developmental disabilities. Fortunately with the movement to get more community integration, there has been a movement for a number of years to get services provided within the community. In terms of the independent living services, that is primarily funded by the federal government and there are - - within every state there are a number of centers for Independent living. These provide at minimum information referral to people with disabilities and skills training. Focuses on community integration. Peer counseling and system advocacy, and the services to facilitate transition from nursing homes to the community. The centers for Independent living depending on the size there can be many. They get federal money and they are required to assist individuals to be able to get the skills necessary to live in the community. Whether it is training on how to navigate a transit system or some assistance getting accessibility for homes or whether it's what's known as self advocacy skills or to teach the individual how to advocate for themselves. Each one has to provide the services I mentioned. There may be additional services depending on the center for Independent living that can be provided. The overall philosophy as you can guess by the focus here is to allow individuals to live in the community without having to go into institutions and to be as independent as possible.

>> Then there are mental health services. At the federal level there is substance abuse and mental health services administration, SAMHSA, which

is to basically help with the distribution of information services and research on mental health and substance abuse issues. Then at the state level there is as with developmental and intellectual there is an office at the state level that will assist with the provision of services. Medicaid and Medicare will be involved in this. This can be state run or state licensed psychiatric hospitals or outpatient facilities. One area which has been a concern for many years is what's known as psychiatric residential treatment facilities for kids. The acronym is PRTS these are children under 21. There's a concern these can be a ground for a traffickers if they know where these locations are. These are individuals under 21. We are always worried about elopement or leaving the facility and potentially being traffic. This is one area in terms of mental health services that we are always careful about. That is the PRTFs. Just give you some examples , I will do them from three different states. One is New York. There are several offices that oversee this. One is the office of mental health which oversees these services and licensing and group homes or other services to people with mental health issues. There is the office of people with developmental disabilities in New York which oversees the intellectual disabilities services across the state. There are rehab agencies and a commission on the blind. Virginia is different. There is a Department of behavioral health and development. It combines the oversight of services for mental health and the DD and intellectual disability services. In Virginia they come by them. South Carolina is similar to the New York system where they have a Department of disabilities and special needs which does include developmental disabilities and others under that. South Carolina has an office of mental health as well. The South Carolina model relies very much on community-based and usually these are county based what are called disability and special needs boards. The state will contract with nonprofit or county run boards that are directly providing the services to individuals with disabilities. The other issues involved in service provision as I mentioned were community integration. If you have not heard, most people have the supreme - - heard of the Supreme Court case which was decided in 1999 where states in the Americans with disabilities act requires services be provided at the most integrated setting as possible. Even prior to this but certainly after it is not to create institutional settings but provide services in the community and this is the main legal argument for having services provided. I mentioned briefly the locational rehabilitation program. That is federally funded with a state match. It provides essentially services after an individual has graduated from high school. There is some transition services or of someone acquires a disability later in life and the Volk rehab program gets skills or cysts individuals with various needs to maintain or find employment. Again every state has one specific program that receives funds. Then I mentioned special education services which is run by state and local education agencies and the primary federal oversight of that is through the individual disabilities and education act. That is an overview of some of the larger services. Let me focus a little on the protection advocacy system and also how that plays into some of our efforts to address and to prevent trafficking of people with disabilities. So that system is a national network of federally mandated organizations that monitor, investigate, and provide advocacy services for individuals. It was set up in the mid-1970s after an exposé on a facility that served individuals with developmental disabilities known

as Willowbrook. There was a reaction as well as a federal reaction to the horrible conditions at Willowbrook and the system was set up as part of that. It is since expanded to cover all disabilities which initially started with developmental disabilities. There is one in every state, territory. They are designated by the governor but the governor can only redesignate the PNA if there is good cause. The vast majority of PNA entities are with nonprofit organizations. There's probably five at this point maybe six independent state agencies. All the rest are with nonprofit. Essentially we do have a lot of unique authority and must less restrictions than a funded entity would. We have a much broader reach than a legal services Corporation would have.

>> The National Disability Rights Network we provide technical assistance to the PNA network. There is also what's known as the client assistance program which is similar to the PNA. In most states the CAP is with the same organization and a handful of states. They specifically provide advocacy assistance to people seeking Vocational Rehabilitation and independent living services.

>> A little bit more about why the services as well as why the PNA is important in terms of the efforts. So the services that PNA's provide include referral, nonlegal as well as legal advocacy. Unlike legal services they can initiate class action litigation and they work on a wide variety of issues. Each individual one so whatever state you reside and it will go to have a priority setting process so there may be differences in the types of cases or the focus of a PNA. One in North Dakota may be different than Illinois or Florida. Generally the issues will be the same but the focus or other issues may have different parties across states. That is because of funding differences as well as to focus on what the more immediate, local, or statewide situation may be to allow the situation there. They have a unique authority that is specifically relevant and important to end human trafficking efforts. They have the ability to monitor rights and safety violations where services are provided. So any regulations a PNA can go into a group home or psychiatric hospital or workshop. Anyplace there are services provided to people with disabilities to monitor. Which means to go in and check to see if there is abuse, neglect or rights violations occurring. The PNAs have the right to talk to people in these facilities and take photographs of the conditions. The monitoring authority is generally where they can go without notice. Depending on the circumstances they may provide notice. It does provide a powerful [Indiscernible] they also have the ability to investigate. If they have a report or they see a news article or they get a confidential correspondence about abuse and neglect where services are provided, the PNA can go in and do an investigation of this which includes not only what they can do but talking to witnesses who may have seen the abuse or neglect and in certain circumstances we can get records without anyone's consent. There are standards the PNA has to go through but they have the ability to get records as part of a abuse and neglect investigation. As part of trafficking if their suspicion that a facility may be either a staff member or trafficking someone out of it or monitoring people receiving treatment and there's a potential individual could be trafficked out of the facility they can use the authority to get in and check the services and the facility out. You can go to the NDRN website to find where the PNA is located in your state. There are a variety of names so it's not protection advocacy. The last 10 years many states have changed their name to disability rights. Disability rights

California, disability REIT - - rights New York. That is been a trend. In other states the PNA is known as equip for equality. They may not necessarily be called disability rights or even called the PNA. In many cases there are fewer states that call them other names. It's quickly - - quicker to go to the NDRN website to find the PNA in your website.

>> One quick example of a disability and human trafficking case is discovered by a PNA. This goes back about 10 years ago is the disability rights Center of Kansas. They had a report about a camp or farm that was run by a psychologist and his wife and they went there and discovered there were folks with mental health disabilities doing farming in the nude. Then they found other significant sexual abuse is happening. The disability rights Center was the entity that was able to go in and was able to discover this and reported it to relevant authorities and the owner and his wife were convicted under the trafficking victims protection act. It was labor trafficking which was not a sex trafficking but they were convicted and sentenced 430 and 15 years for trafficking. There was direct involvement of disability rights and the PNA and human trafficking cases.

>> Let me talk briefly about capacity and guardianship. The issue has come up or was brought to our attention about whether an individual with a disability is able to consent to working or sex and how that plays into potential trafficking. Most states a person who will be deemed to be competent and has the capacity to basically have decisions like anyone else, unless the court made a finding of legal incapacity and appointed guardianship or conservatorship. This should be done after a hearing in court and there should be looking at functional limitations and the ability or whatever various issues may happen. There has been a lot of movement in terms of reform of guardianship and not putting what's known as a plenary or guardianship on an individual with disability but assessing where the limitations are or if there are accommodations or resources that can be used to prevent a guardianship and allow the individual to basically live independently without guardianship oversight. If you are facing issues with a guardian that you want to get the guardianship powers and find out what powers the guardianship has. The big distinction is between what's known as a planner really - - plenary or full guardian. The trend is for courts to do full guardians or plenary guardians but don't assume that is the case. In this reform effort there is limits and to limit their powers. Never assume because you're working with a garden that they have full power. You want to see the document listing their powers.

>> Guardianship is distinct in most states from a guardian [Indiscernible]. If you have those issues don't confuse the two. It will be jurisdictional indifference but in most states guardians are pointed by court to assist in the proceedings. They don't have the power to make decisions for the individual. The Guardian is usually appointed for the court proceeding or to determine the Guardian. They represent the best interest which is not necessarily what that person may specifically want. The guardianship and [Indiscernible] are distinct from power of attorney. These are essentially powers that an individual will grant to an agent. Typically they involved or can involve financial resources and property but there are power of attorneys for healthcare. There are different things some call them healthcare proxies others call them power of attorney for healthcare. The key is to know that first, they can be abused as with guardianships but they do not take away from the

individual's ability to make their own decisions. It allows for a person to act on behalf of decisions in terms of certain circumstances. There is a trend to avoid this by using supported decision-making which allows the person to keep that while getting the assistance of a trusted family member or friend. It's good to know that people will also have power of attorney that if something does happen they can act as the agent but the primary focus is to keep the person independent. One thing I find infuriating is it's only in the disability world where you hear people say I am my own guardian. It's sort of an issue I have. That will be something you hear but it's something I find - - don't find appropriate. None of us asked that question if we don't have an obvious disability. The other issues in terms of representation are the Social Security representative payee. There were several well-documented, well-known trafficking issues that have come out of the Social Security representative payee. These are pointed. They may or may not be the individuals guardian. In many cases they are not. They are appointed to manage the individuals cash benefits if they are getting supplemental security income or disability insurance and if they are not capable of managing their own benefits then they will appoint a representative payee. There is a lot of abuse going on. The PNAs have a reinstated program that has been expanded in terms of the PNAs looking at and monitoring pays. There's a similar version in the Department of Veterans Affairs . He met finally let me go through - - we've gotten this question from the trafficking community. Clearly in the disability community is people first. Which means to put the person first rather than defining the person by his or her disability. He would say a person with epilepsy or person with certain disabilities. That is the general preferred way to do it. There are some communities that would prefer different use of language for example the autistic community prefers you say an autistic person. You would not say a person who is autistic. You would use deaf and hard of hearing as opposed to the individual is deaf. I would also add in terms of - - you don't want to make up your own words but in terms of language I would add when you are interacting with people with disabilities to always be sure to speak to the person with the disability. If they are using American sign language interpreters you don't talk to the person you talk to the person with the disability. Similar if the person has a supporter under that decision-making arrangement, you don't talk to the supporter but the person with the disability. You don't talk to the aid. You don't talk to the Guardian. You want to be talking to if you are interacting with both parties. That is some issues with language. I ran a little bit over but we have plenty of time. Let me turn it to them.

>> This is Susan. I will be talking about some of the specific vulnerabilities that make individuals with disabilities more subject to victimization. This is in many ways but particularly with regard to trafficking. Statistics can be pretty hard to come by. What statistics are available shows that people with intellectual disabilities are the most prone to victimization. Also people who are deaf and people with physical disabilities and people with mental illness are groups who may be more subject to manipulation and being drawn into trafficking. The picture on the left on the bottom is from a case probably a lot of you have heard of. I believe it is out of New Jersey where there were four individuals with intellectual disabilities who were Herod - - held for

years by people who had control over their money. That is not an uncommon way for people to be victimized.

>> Some of the statistics that we have have more to do generally with victimization. There are over three times more likely chances to be neglected and physically abused and three times more likely to be sexually abused. People in general are more than twice as likely to become victims of violent crimes. Now piecing out of that what percentage of people or what is the rate of victimization which is really a challenge. In part because definitions for what the nature of the crime are can be confused or interchanged by different agencies involved in subduing a perpetrator. Whether it is sexual assault or child abuse or trafficking, these are different crimes but they may be used by different agencies to describe the same thing. As a result of that it is identifying who has the disability or not can be the real challenge. These are the statistics that are available. The accuracy is subject to question. I would guess the numbers are higher.

>> What are some of the things that can make a person with a disability more vulnerable to victimization. A slide I did not add in but is important to include is the fact the one thing that makes people more subject to victimization are the misperceptions that we have with regard to people with disabilities. We question their competence. Often just based on a first look or in our own mind, we wonder whether that person is competent or not. As a result, people who - - law enforcement, investigators, and caregivers may not always believe in the credibility or truthfulness of the individual with disabilities. I can give you a few examples. I was working with a investigator on a child sexual abuse case. The child had given a really clear and specific outcry. The investigator turned to me and said I don't know. You know how they are. Sometimes they take little things and make them big. It was shocking. I was shocked. It could not have been a more clear and specific outcry. Based on the disability itself, the investigator in that case question whether or not that child should be believed. We sometimes wonder about agency. A person's ability to control themselves. Also the right to control themselves. If a guardian or a caregiver explains to investigators, the reason - - I am trying to think of a good example but the reason we had them do this work was because we have to take care of him and will have to watch over him. This is the best he can do. It is our job to make sure he is safe so this is the work we have him do. It is really for his own good. We don't grant that person a sense that they may have a lot more control over themselves and their decision-making than a caregiver may lead onto. And then finally sexuality itself. We question whether people with intellectual disabilities are sexual beings. We question whether - - I actually heard this, who would want to have sex with that person? Sort of putting aside the fact that so much of sexual abuse and assault has not a whole light - - lot to do with sex itself but power and control. This is the societal view that limits the information we share with people who have individuals with regard to healthy sexuality and relationships.

>> The vulnerabilities that we sometimes - - some things that make a person with a disability more likely to be victimized. So meeting basic needs. One thing we know is that people tend to be - - sexual abuse in particular, but other kinds as well, and victimization occur very frequently at the hands of someone we know and trust. And in the case of an individual with disabilities, many simply have more people who have

hands-on responsibility for them. Or who are making decisions for them. The result of that is they simply have more people in that circle that we attribute to that are more likely to be a perpetrator.

>> People with disabilities are also socialized to comply. It's called learned acquiescence. The tendency to agree with an authority figure - - sometimes just another human, about anything. There are a lot of reasons. Part of it is because people with disabilities particularly intellectual and developmental have spent their life in special education on a behavior plan. Behavior plans do not give individuals with disabilities it's often neglecting their right to be human and make mistakes or simply to say no when they disagree. That is considered oppositional. The result is that in order to avoid getting in trouble or to avoid looking stupid because no one wants to look dumb. The tendency is often for people with disabilities to simply agree or answer yes to questions that are asked of them. That makes them more vulnerable to any kind of victimization. In addition, it makes an interview very difficult because sometimes you're getting a lot of positive responses to questions when the answer is not a yes. It is simply that they are trying to avoid disagreeing with you.

>> Limited education about sexuality and healthy relationships. Most special ed programs restrict - - I don't know if it's most but many education programs restrict access to those programs to their students in special education. I have heard many times educators explain why that is. They always seem to have a good reason. The fact of the matter is if you don't know what is healthy how can you recognize what's not? Restricting education on issues related to healthy sexuality and relationships makes a person vulnerable to unhealthy relationships. We don't tend to respect the right of an individual with a disability to bodily automata. Control over their own body. The right to expect people to ask before they touch. This is particularly the case with physical disabilities were people need caregivers to help them with some of their basic functions and caregivers over time forget this is a human they are dealing with. It is part of their job to take care of dressing or toileting or feeding. They forget the important part which is to ask before you touch. Particularly if you touch them in their private area. You need to talk about it and ask about it because the message is that they have control over their own body and they have a right to say no. On top of that we have isolation from a conventional and social environment. It speaks to the importance of inclusion in the educational and work setting and the community. When people are restricted in their access to a social environment, the ability to recognize what's healthy or not can be restricted. That sets them up to be targeted. And then we have people who have limited social or communication skills. As a result they are more easily manipulated or are identified as someone who is less likely to be able to make an outcry if something goes wrong.

>> A part I think is really important that we neglect is the failure of others to recognize that a person with a disability may be using behavior as a way of communicating distress or communicating an emotion. The result of that is that if you have limited verbal communications or limited ability to use words to tell that something is going wrong and you use behavior as a result to try to communicate that, but those people you communicate with her not recognizing it that is communication. Your ability to make an outcry or ask for help or ask questions becomes limited.

>> Some of the vulnerabilities are social powerlessness. We do not afford people with disabilities. We don't see them as people having that autonomy that we attribute to. Sort of your ability to have control over yourself but also to maintain a balance of control in relationship to others. They may have a diminished ability to protect themselves. Both physically but also they may have had a lack of instruction or access to resources that teach them about who to ask for help and how to ask for help. What words to use when you are asking for help. Can you use language to ask for help? What if you need to use behavior? Who can you go to? They don't always know their own phone number and address. This is - - I have people coming to the clinic and I've gotten into the habit of asking do you know your own phone number? It is shocking to me but many, many people coming to the clinic who have a developmental disability do not know their phone number. That is a safety risk. If they found themselves in trouble they would not be able to call their own home to let someone know where they are.

>> Often someone with a developmental disability may have a challenge with identifying who it is safe to be around. When you have people with the social communication problems who are challenged with - - in the area of theory of mind. That's something I talk a lot about but it's perspective taking. That limits their ability to see intention and motivation. If you have a challenge in the area of reading nonverbal communication, that may impact your ability to detect motivation or intention. People with a developmental disability may have a more rigid way of thinking that makes it harder for them to conceive of escape options. If they get themselves into a situation they may not be able to problem solve around how can I get out of this situation. If that doesn't work what can I do? What can I try? There is a lack of flexibility in thinking that limits that ability. They may not realize they have a right to say no. They don't even recognize they are being taken advantage of. They may not like what's happening but they don't recognize that they have a right to say no. Sometimes I struggle with the extent to which we use behavior plans to work with people with intellectual and developmental disabilities.

>> Finally individuals with these disabilities are seen as less likely to be credible to law enforcement and as a result they are identified as easy to victimized by perpetrators.

>> For criminal and sexual exploitation of children there are some additional vulnerabilities we want to take into account. The rate of sexual abuse is three times that of the typical population. What they find is that children who end up being sexually exploited, there is a tremendous percentage of that group that has a history of sexual abuse. So we have a group of people with disabilities who have a very high rate of sexual abuse, making them more vulnerable. One of the interesting and newly discussed issues is the [Indiscernible] of gender dysphoria and autism. One thing we know is that youth who experience issues around gender are more vulnerable to sexual exploitation. Gender dysphoria, is becoming sort of recognize that there is a higher rate of gender dysphoria among youth with autism. The result is that there is the increased vulnerability of this and autism and now you have this cooccurrence of vulnerability that plays off of each other. Disability and medication disorders and intellectual disability are overrepresented in the youth population. We know the population of youth to have runaway are vulnerable to exploitation and trafficking.

>> Another group we know our children in foster care. The foster care system they are more likely to experience dissolution. These have not gone well. The adoption didn't go through or it occurred and then was dissolved. Now we have a highly compounding vulnerability which plays off one another.

>> Also children here are less likely to be sent back home. They are less likely to be reunified. Again another situation that renders a child in foster care more vulnerable to trafficking and now we have that person who has the compounding vulnerabilities of having a disability.

>> I think it's important to contemplate the issue of youth with disabilities in the welfare system. We know that is a vulnerable population. One statistic shows 31 percent of the foster care system have a disability. 31 percent is pretty extraordinary. I think the rate for intellectual disability in the general population is 15 percent. That is a pretty high percentage. Again it compounds vulnerability. Youth with disability are more likely to have been adopted previously. So it was either a disrupted or dissolved adoption. Again it complicates the child's early life and rendering them more vulnerable.

>> The removal reasons were alcohol and drug abuse. We also know if you have youth with an addiction issue they are more vulnerable to trafficking. Now you have youth with an addiction issue and a disability and you are compounding vulnerabilities and you have a parental inability to handle that situation which is how they ended up in the welfare system. What you have is a particularly vulnerable child. 37 percent less likely to be placed and to live in kinship foster care. They are not even going with relatives. They are going with people they don't know.

>> These are just some more of the compounding vulnerabilities for youth with intellectual and developmental disabilities that make them more vulnerable. We have the runaway population and unsupervised youth and boys with autism spend more time online than they do doing anything else in their day. That is frightening to me. I mentioned earlier the issue of perspective was shocking. To hear particularly about a young boy but also young girls talking about their interactions with people over the Internet. Not being able to understand that just because the person at the other end told you they are 14 years old, doesn't mean they are. We have no idea and no way of knowing whether that is a 14-year-old girl or 62-year-old man. Just because they told us that doesn't make it true. That is the struggle with perspective. I have had clients that say there's nothing I can say to convince them that the person they spoke with is not a 14-year-old girl. Sometimes the person is easily manipulated into engaging in sex sting. And that this is a crowd that is used to being socially excluded. When someone says I will be your boyfriend if you send me pictures of your press they will do that. That's one way they are drawn into exploitation. Poor comprehension of dangerous situations and an inability to identify motivation or intentions. They may not be able to identify and distinguish a pimp from a boyfriend. High risk behaviors. That is the case for many people who have experienced sexual abuse. That is a particular issue. And then exploitation tends to be prolonged. It means taking place over a longer period of time due to the inability to formulate an escape plan but also maybe not wanting to leave because it is your boyfriend.

>> Then we have the contributing stressors on the family. You have families who are disrupted. That is a vulnerability. Parents relying on caregivers and then they have a fear of losing them or a lack of options

or they believe in experts. They believe that what they say must be appropriate. If they are a person who they are caring for they may minimize that because they doubt themselves. Families experience social isolation when they have a child with a disability, particularly if it involves a behavior. Resources and support can be scarce and then parents sometimes are simply - - they have run out of time and they are exhausted in their ability to provide appropriate supervision.

>> It is really hard to get statistics on how individuals with disabilities - - the extent to which they are involved in trafficking. Part of that is there is a problem with underreporting. For many of the reasons I talked about earlier. We simply don't believe them when they do. They don't know who to report to and they'd don't think something has gone wrong or they are not sure. Underreporting is a problem. I had problem - - clients who made multiple reports who have had parents make multiple reports of abuse to child or adult protective services. They were not believed and - - it is an ordeal. Then they are not going to report further instances. It's not that further instances don't occur but they won't be reported. Sometimes it is difficult to identify the victims. It is an interesting conversation and in my next slide I will talk more about it. Law enforcement - - where are we getting these statistics? How do we gather statistics to identify which victims of trafficking or survivors are people with disabilities? How is that identified? How are those statistics? Sometimes they are not. Sometimes the problem is people - - law enforcement or the people responsible for keeping statistics don't know what they are looking at. They don't recognize a person as a person with a disability. Some of that has to do with experience. Some has to do with training. Some has to do with that is not their concern in the moment. They have bigger issues they are worrying about like prosecution and how will we help this person? They are not necessarily recognizing that if it is a person who has this there may be resources available to help them or interventions or supports that can be helpful that are specific to a disability.

>> The number of agencies involved spreads out the problem. You have Homeland Security, the FBI, the local police, the FBI. Child and adult protective services. All of these agencies are involved. Who keeps the two cystic squeaks how are they compiled? The other issue is how are people identified in the first place? As a victim? A prostitute? I was at the police station recently with a young woman who had been raped. She had been manipulated into a situation with a man who took advantage of her. As she left, he gave her a couple of bucks. The detective first explained to me the problem is this young woman read in her paperwork that she functions at the level of an eight-year-old. We can't believe her. Even though there was DNA evidence the statement doesn't necessarily hold true. If you think of her as sort of functioning as an eight-year-old is in it nonconsensual she did take money so technically it's prostitution. She can say this person is childlike and not credible or engaging in prostitution.

>> Then in Chicago - - I did an informal interview of agencies in Chicago trying to get a sense of - - can we get son does make some sense of the extent to which law enforcement sees individuals with - - I was talking to them about exploitation of children, and what is their experience? I would talk to a detective from the task force on trafficking and they would say [Indiscernible] and we have had a couple of those. I said seven years and you had a couple? If I talked to the agencies that provide

support after prosecution or after someone [Indiscernible]. They are recognizing they are having a number of people coming into shelters or programs who have a clear disability. The officers involved are not recognizing that. In the context of a conversation I had with an FBI officer who is an agent on the trafficking task force she and I pondered how could that be? She could only remember a couple cases despite her many years of service. What we sort of came up with was probably those youth are being identified among the group they see with mental illness. She said we have a tremendous number of youth with mental illness. Maybe that - - maybe we are categories thing it. This applies to individuals particularly with autism. In her view, intellectual disability and autism you will more likely see those cases in the manufacturing of pornography. We wondered if it was true? Is it just that you are seeing them in that situation or is it just that's the only place you recognize.

>> The other group we wanted to mention specifically and maybe Angie can jump in here - - is the - - our deaf survivors. That would be really important to consider because there are unique vulnerabilities. Do you want to talk about this, Angie?

>> I can do that.

>> For the deaf community a lot of what was said plays through for this community. The major issue is the lack of communication or the lack of responders to understand how to use sign which interpreters are having officers who are fluent in silent wish that can do an interview without an interpreter. When we look at the deaf community they look at the use of sign language as a cultural means to an end. There is a unique bond amongst individuals who are part of and claim to be part of the deaf culture. There are a lot of individuals that don't find or consider themselves part of the deaf culture. Sign language plays an intra-cove role for that. Additionally so one of the earliest cases I think the first one was that was prosecuted under the new trafficking laws was a case involving 55 Mexican nationals who were deaf. What was interesting was that they were brought over to Los Angeles and basically had to give up all of their documentation and information. They were then sent to New York to be part of a trafficking ring. Back before 9/11 occurred in our airports at least in Los Angeles we would have individuals who are deaf walking around waiting to get on the plans or waiting for people to arrive and handing out the card and then collecting money and the cars. Once 9/11 occurred, that cut that out for them. They ended up out here where we see them now where a lot of people come but like with New York they are in the bus stations, train stations, and this group basically they were either forced to come or recruited by another individual. What was difficult was once it was found out that was occurring, there were a couple individuals that were able to sneak out and get law enforcement. They basically had to walk them back to the house or the apartment they stayed in because they couldn't really communicate with the officers. The individuals didn't really use American silent witch. They used some Mexican silent witch. A lot of it was home signs. And so with home signs, it is not an actual language. There are different ways they create may be a drinking is something that is generic or try to act something out. When they were actually interviewed, it took a few years because they had to give them the language. They were teaching them American sign language because the sign language interpreters that were brought in were also having difficulty. When we would look at the deaf community, just placing an interpreter doesn't mean that it will be an effective interview or

infective tool - - effective tool. We have to make sure the interpreter is trained and qualified. The ADA says qualified but not certified. When I worked with the government I want a certified interpreter because that way I know that the ability to hold that interpreter liable for any errors and omissions during the interpretation. Some get in over their heads and instead of admitting that they will mask or eliminate information and that makes it difficult especially in the law enforcement interview. Interpreters should be trained in human trafficking and child abuse. As interpreters and I and - - am an interpreter. We see things that we know are legal but we can't do anything about it. For many years interpreters couldn't have the terminology of trafficking. We knew that individuals had to give away their social security number and it was being taken care of by other individuals and they were having to stay at home and work. The other issue that affect - - affects the deaf community is lack of education any qualified education. Many times they are not sent to school they are kept home. They become the individual that cleans up after the family. We have had situations where they have been used as - - they are trafficked for sex, drugs, and money. This is by the family simply because they are deaf and they cannot hear or communicate. And that makes it even more difficult to divulge what occurred. Because the deaf community is small and many times we know each other especially in certain areas, a lot of times in the big city it may be easier that we could ask an individual if there are interpreters they like or they don't like. Where it becomes a little difficult is we've had situations where we have had a deaf individual come in to a domestic violence shelter and the shelter not willing to provide paid silent interpreters. They put out a [Indiscernible] to all the interpreter agencies to obtain a volunteer. The abuser ran one of the deaf agencies. What happened was he now knows which shelter they went into. That made it so it's not just for the wife to be dangerous but for the rest of the individuals. With the deaf community we try to - - there are individuals that are working in the violence arena. We try to make sure that agencies that work with survivors know who the individuals are so they can help them in this situation possibly finding interpreters that will know - - won't know the family or the individual or having individuals be able to come in and do some interviewing in silent witch.

>> Nowadays what's nice is many in the community can use smart phones for video. And so the fact that they are able to use it for sign language at times can be a benefit. Often times the perpetrators are going to take the phones and destroy them or hide them. But they don't want the individual to have access. Many individuals were deaf and hard of hearing and graduate high school with a 3rd to 5th grade read - - reading level. Written English is not the same as American sign language. There is no written form of American silent witch. - - Sign language. It is totally different. The repetitive nature in American sign language usually has a meaning and when is transposed into written English to an extent you have to understand American sign language to understand what that means when they are typing the same word over and over again. Many times we have interpreters who are hard of hearing. They do do signs and they function in the deaf community but they can communicate with law enforcement or another agency and then turn into the interpreter for the family. That is probably the most difficult issue with law enforcement and adult protective services as well as children services is that they don't get someone who is qualified. They use who is around because they want to

figure out who is going on. For law enforcement that will lead to them missing the chance to gain additional information. They are now interviewing the survivors who will change Schama - - some of the answers or they will not be responding that anything is wrong.

>> The perpetrators do tend to it's a very small community the individuals that use cookware - - cochlear implants may not know American silent witch. Depending on the state there are some states who have required hearing tests on newborns who may be at risk or to have hearing loss. And they are implanting infants these days. That is a very big conflict within the deaf community. The majority who have cochlear implants tend to function more as a hard of hearing individual. There are people who have cochlear implants and they may have tinnitus or other issues. They can't mask the background noise.

>> Thank you. So we are at time. Are there any pressing questions? Again, star six or your mute button. Not hearing any, our contact information was on the first slide or the first or second slide. If you have specific questions today and you want to email them to me I can answer I get them to Susan or Angie. When we get the recording up I will send the link out to the working group. If you want to listen to it again. Feel free to email me any questions and I will get them to the appropriate person or answer them myself. I thank Susan and Angie for the presentation. Hopefully as we develop the working group more we will have specific disability specific and other more specified webcasts. Thank you, everyone.

>> [ Event Concluded ]