

Conversation with Jill Anderson and Cheryl Atwood: Domestic Violence and Individuals with Disabilities

39 minutes 50 seconds

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Speakers: Cheryl Atwood, Jill Anderson, Tatiana Perilla

Tatiana Perilla 00:08

(Music) Hello and welcome to the MHDD Crossroads podcast. October is National Domestic Violence Awareness Month. We'll be speaking about sensitive topics throughout the episode such as abuse, neglect, and exploitation. Broadly defined, abuse is any act or failure to act resulting in physical or emotional harm or death. Neglect is failing to provide care, food, shelter and other basic necessities. This can be by a parent, guardian, caregiver, and even extends to self-neglect. Exploitation refers to unjustly using a vulnerable person's funds, credit or assets either through deception or intimidation. Legal definitions can vary from state to state. In addition to this, people with disabilities can also experience abuse in other ways. Some examples include intentional damage to or being denied access to their assistive technology, such as wheelchairs and communication devices, or being forced to take too much medication or their medication being altered or withheld. (Music)

Tatiana Perilla 01:07

Hello everyone, and thank you for tuning in to the Mental Health Crossroads podcast. My name is Tatiana Perilla. I'm really excited to be hosting this episode on domestic violence and individuals with disabilities. I get to speak with our two guests today, which are Jill Anderson, who is the Executive Director of CAPSA, which stands for Citizens Against Physical and Sexual Assault. It's a domestic violence, sexual abuse and rape recovery center in northern Utah. We also have Cheryl Atwood, who is the executive director of Options for Independence, an independent living center, which is also located in northern Utah. Thanks for joining me today, guys.

Jill Anderson 01:49

Thanks for having us.

Cheryl Atwood 01:51

Happy to be here.

Tatiana Perilla 01:53

Starting off, do you guys mind telling our listeners a bit more about CAPSA and Options where you work? Such as what services you offer and how you two came to start working together?

Jill Anderson 02:03

Sure, I'll start. CAPSA is, as you mentioned, the domestic violence and rape recovery center serving Cache County and the Bear Lake area. Our services range from crisis intervention through our 24 hour crisis line and mobile response team all the way through long term housing. We provide long term trauma informed therapy services to help people recover from and deal with the trauma that they've experienced. Other services in between those, short term crisis intervention and long term health and we do have an emergency shelter. I think that's the most common thing people think of when they think about CAPSA is our shelter, but we do provide a range of services supporting survivors.

Tatiana Perilla 02:59

Thank you.

Cheryl Atwood 03:00

Options for Independence, as you mentioned, also is a Center for Independent Living. We are non-residential, even though it sounds like we provide residential services we don't. There are six Centers for Independent Living in Utah. We cover Cache Rich and Box Elder counties. Our services are really intended to help people with disabilities of all ages with all types of disabilities to become or remain or increase their independence in whatever way is important to them. We do that through goal setting. We do that through finding services that are already in the community to help them and if there aren't any services, then creating those services within our own organization. We have services for youth. We have services specifically for people who are 55 and older with vision loss. We help with nursing facility transition and diversion. We have a community integration program that is awesome, because they get to do all the fun things out in the community. Transportation and access to the community can be difficult. So we provide that transportation and opportunities for people to just enjoy everyday things that are happening out in the world. We do that mostly in our own service area, but we have to travel to Salt Lake and Ogden from time to time.

Tatiana Perilla 04:19

It sounds like you both offer a wide array of services. I remember Jill mentioning that in the past you have collaborated together, I think with your services. Can you tell me a little bit how you have done that together?

Jill Anderson 04:34

Yeah. I would say more than a decade, maybe even almost 20 years. Time goes by fast. We've been working together informally for many years, trying to individually support the specialties we work with. What would you say, Cheryl? 12 to 14 years ago?

Cheryl Atwood 05:00

Yeah.

Jill Anderson 05:00

There was an opportunity for us to apply for funding and be more intentional about our collaborative work together. As far as CAPS goes, we were serving people with disabilities, we just weren't doing it real well and realized that we needed to rely on the experts in our community. That's their expertise. It's their whole mission and goal is to serve those folks. We just can't be the experts in everything, and we needed to partner with experts to help us achieve those goals. We launched on a pretty intensive collaboration project. I describe it as this merging of organizations without actually merging. We worked really hard to go into each other's organizations or into each other's houses, if you will, looking at each other's cupboards, under the rugs, behind the cabinets, and all of that to fully understand what the capacities are, what our philosophies are.

Jill Anderson 06:24

The term victim in our world is pretty commonplace, and in the world of disabilities that has a negative connotation. So even the language that we use and they use, and kind of getting on the same page took a whole lot of time and energy sitting around the table to really start this collaborative project and move forward so we can partner and use each other's expertise to help individuals.

Cheryl Atwood 06:56

At Options, we realized that statistically, people with disabilities experienced violence and sexual assault at a much higher rate than other populations. We knew that and we knew that we were serving people who had experienced violence and sexual assault. We were too afraid to ask the hard questions. We were afraid if we ask them in a not informed way that we might do more harm than good. So we weren't really asking people about their past experience with violence. We learned really early on how afraid our staff was of that. There was real fear about harming somebody by asking in the wrong way or saying the wrong thing.

Cheryl Atwood 07:43

By collaborating with CAPSA, and understanding what the needs of victims are and CAPSA understanding what the needs of people with disabilities are, we were able to better come together and provide the comprehensive services that are needed. And that fear is gone. My staff at Options is very ready to respond to anybody that walks through the door. As we became more informed, and we started asking those questions, people open up and we're so much better able to help them through collaborating with CAPSA. Because that fear is not on our site.

Cheryl Atwood 08:23

We've had instances where people have told us really hard things. It's amazing when you're ready to respond how you can sit there, and you can say "I'm really sorry that happened to you. Now, let's get you the help you need so that you can move on and really be independent." Because sometimes that's what holds people back as well is that experience from earlier in life.

Jill Anderson 08:52

That's something our staff too were afraid of. There are so many different types of disabilities and different needs that they have. And how on earth am I going to meet all of those needs? So it was really great to have Options come in and train our staff on the basics on what they needed to know in the crisis or that initial interaction with someone. And then to reassure them that we have a really close partner that can be that expert. So let's look at our programming and make sure that we're not setting up barriers- not just those physical barriers. I think that is a lot of times what people think about when they think of how you're serving people with disabilities, "Oh, you've eliminated those physical barriers." And yes, we've worked really hard to do that as well. But a lot of it was programming and looking at, are we reducing those barriers? So we did that and we said beyond that, you have staff at your fingertips that are the experts. That can help partner and collaborate and create those wraparound services for someone. So our staff who are the experts in helping people recover from trauma can focus on their expertise and let Options do their piece as well.

Tatiana Perilla 10:21

You both said something that I really loved hearing. It's acknowledging that we're not always the expert. You can be really good in one area, but maybe you don't understand all the pieces around it and being scared to ask those questions. I've experienced that in my own job a lot. And sometimes when you're scared to ask those questions, you just end up staying quiet. And then you're not learning anything. You're not helping yourself or the people that you're trying to serve as well as you could be. (Music)

Tatiana Perilla 10:50

If you have reason to believe that a vulnerable adult is or has been abused, neglected or exploited, you may be required to report it. Definitions of a vulnerable adult vary by state, and each state has its own mandatory reporting requirements. Please visit the resources in our show notes to learn more about your state's guidelines and how to report. (Music)

Tatiana Perilla 11:11

I was wondering if you could tell me a bit more about different kinds of abuse? And is it different if you're working with an individual with a disability? Is abuse happening in different forms? Does it look differently than sometimes when it happens to individuals that don't have disabilities?

Cheryl Atwood 11:30

I would say a lot of times, it looks the same. But I think that there are people with disabilities who are definitely more at risk because of their disability. So it might be easier to take advantage of them, and they may not have a way to escape from it. If that makes sense. Say if you're somebody who needs someone to help you get in and out of bed every day, and that person is abusing you or taking advantage of you in any way. You may not have the physical ability to get out of that abuse. And you may be too afraid to say anything about it, because what if nobody else comes to help you? What if you feel like this is the only person in the whole world who is going to stay and help you do those daily living skills that you need help with. So I think there's definitely more vulnerability. But the abuse it's financial, it's physical, it's emotional, all of those same things that happen in any type of abuse happen to people with disabilities. I just think they're more vulnerable to the abuse.

Jill Anderson 12:45

I remember at one point, during the collaboration, we shared some of the safety planning tools that we use with survivors. And the Option staff were really incredible in helping us think through things that we may not explore with survivors, such as their assistive technology that they use, how an abuser might take that away for them or use that to further isolate and control. We know that the dynamics around domestic violence and sexual abuse are power and control. So if someone relies on assistive technology or transportation needs, and how abusers might use that. It's just another tool that abusers can use to isolate and control and manipulate survivors in doing what they want. It was really eye opening and really expanded the thought process that our advocates have when they sit down with someone and do safety planning.

Tatiana Perilla 13:56

Cheryl, you touched on this a little bit. I was going to ask what factors make people disabilities more likely to experience domestic violence? And I've noticed that sometimes the factors that make them more likely to experience it, can also be barriers that would keep them from maybe reporting or seeking help or seeking services. Is there anything that you can pinpoint maybe that you've seen often as being a barrier for people with disabilities wanting to report or seeking services?

Cheryl Atwood 14:27

I think it's the fear of what will happen. I honestly think that that power control that Jill mentioned, it's just very- I think that people disabilities are more, like I said before, more vulnerable. So I think what keeps them from reporting is the fear of what's going to happen if I report.

Cheryl Atwood 14:56

Maybe you're a young person and you're 25 years old, and you're being abused at home. But if you're maybe on the autism spectrum or you have a developmental cognitive disability, that person may not have the ability to just move away, right? You may not have the ability to get out of that situation and have somewhere else safe to go. So I think sometimes that's it. And maybe they're isolated and they don't have anyone they can really share that with. So that's what we try to do here is build those relationships, so they feel safe.

Cheryl Atwood 15:40

We had an instance recently that seemed like abuse, from our end through what we were being told is this person is being abused. But in reality, they had strong feelings about what they wanted to do, and their parents were afraid to let them do it. This was an adult and thank goodness her parents didn't have guardianship. And she was able to make decisions on her own. But I think she felt like her parents were trying to stop her from doing what she wanted to. For us, it sounded like abuse. So we investigated that further. And in reality, what it was, it's just that fear. Her just trying to pull away, and her parents trying to keep her there and protect her. I think all those dynamics go into it, and you've got to have a relationship so you can have the hard conversations. Those are difficult conversations to have and it takes time. The relationship building is just critical or people are not going to share anything with you.

Tatiana Perilla 16:45

That's so true. That's definitely a big barrier that I think maybe you have to overcome at both of your agencies, is developing that relationship. Because that's a hard thing to talk about, in general, even with people that you are close to. Maybe you're going to be scared of being judged. So to go somewhere and to have people respond and not be judgmental, I think helps a lot.

Cheryl Atwood 17:10

Depending on someone's disability, they may not even know that they're being abused. This is something that can be really hard to know, like on our side or even CAPSA's. Maybe they don't have the verbal skills to tell you that they're being abused. You have to look for other other things that point to abuse or neglect or exploitation or whatever is happening. So that's also very difficult. I think with people with disabilities it's that level of someone's ability to even share with you what's happening and to even understand sometimes if that's abuse, depending on the situation.

Tatiana Perilla 17:48

Can you expand on that a little bit? Because I like to think that people listening in, it's a wide audience. We do have some providers listening, but we have people with disabilities also listening and maybe they're asking those questions, and they don't know what counts as abuse. Like you mentioned earlier, financial abuse. I know not everybody understands what financial abuse is. Can you explain it a little bit more, so maybe someone listening feels like they understand it better?

Cheryl Atwood 18:12

So financial exploitation is typically what it's called. And that's when somebody is taking money from you that doesn't belong to them. I mean that's just the bottom line of it. We've actually see that a lot here. I've actually seen a lot of financial exploitation. We've seen it more among senior folks who have somebody that is helping them with their banking. But they're helping themselves to the money, and that money isn't going to help that individual who really needs it. We've actually seen that, gosh, I can think of at least six or seven times that we've seen. It's typically a family member that's helping them with their finances, and they are more than happy to go to the bank and take grandma's check. I've seen that firsthand and then grandma's left with no money. Or the Social Security checks are deposited, but somebody else has access to the account and the money's just gone. We've actually seen that more often than I even care to think about.

Cheryl Atwood 19:29

From my understanding, it's a huge problem among our senior adults with or without disabilities just because of age. But I've also seen it with youth. I guess they're not youth anymore, because they're past 18 years old. They're still living at home and their parents or guardians or somebody is controlling their money and not letting them have access to it. That's tough because I could charge one of my kids to come live with me rent so sometimes it might be put that way. That, "hey, you have to pay rent to live here now that you're over 18." There are all kinds of things. That's where the relationship and those conversations about what is really happening- it can be hard to really understand what those dynamics are.

Tatiana Perilla 20:23

Another one that I think sometimes isn't completely understood, and I read about how people with disabilities are more likely to experience sexual abuse. The numbers were really sad. Jill, CAPSA has a lot of resources that I've seen before and they explain all the types of abuse. And sometimes you can read down a list and you're not even going to realize, "Oh, I didn't know, that was an example. That I didn't know I was experiencing that." Can you touch on a little bit more about what sexual abuse can look like?

Jill Anderson 20:54

Yeah, absolutely. Even sexual abuse is really about power and control. So if you start from that basis, you can start to understand where this all comes from. But sexual abuse, and often, especially in rural areas, it is perpetrated by somebody the victim knows. A lot of folks hear the word rape for sexual assault and think it's a stranger and the victim was attacked on the street. But what we know from statistics, and especially in our area, is that it's typically perpetrated by someone that you know. So when you think about folks with disabilities, oftentimes having a caretaker or someone assists them, and they work together closely and start to take advantage. It often starts with grooming techniques, and they push the boundaries of that individual to see how far they can go, how far the person will let them. And if it's someone that you know and love and trust that has been a caretaker of you, it can be very confusing and uncertain if what you're experiencing really is that. Lots of blame we see is that it's somehow my fault, that's something I did or didn't do. I think the biggest message that we want to send to folks is it's never your fault. And that this is a common thing that happens, that you're not alone, and that we are here to help with that.

Tatiana Perilla 22:45

Thank you. Here's what I think I would like to hear both of you touch on maybe if you have some thoughts on it. Do you think that law enforcement or legal representatives or other services, sometimes treat people with disabilities differently when they do report abuse? And in the ways that they respond to those cases?

Jill Anderson 23:09

You know, I think that's an interesting question, in this time in our nation's history and the national movements that are happening. I thought a lot about that, in terms of, just using CAPSA and Options' collaboration and partnership as an example. We can't be experts in everything. So finding ways- the expectation that law enforcement can respond to every individual different situation perfectly is kind of in my mind, an unrealistic expectation. If there are ways that we can find these experts in the community and partner them up with law enforcement, I think that we're going to have better results as a community.

Jill Anderson 24:06

One example that CAPSA has done recently with law enforcement, is we implemented a program called the Lethality Assessment Protocol. It gives law enforcement a tool and 11 questions that they ask on the scene to identify those cases that are at highest risk for death, for homicide. Immediately the

protocol is that they contact CAPSA's crisis line and connect the victim with an advocate, immediately right there on the scene. So law enforcement don't then have to be experts in safety planning, and getting them connected with resources and experts.

Jill Anderson 24:50

One of the recent things, and I'll let Cheryl expand on this, that we'd really like to do is take this collaboration that CAPSA and Pptions have and figure out a way or a tool or some kind of collaboration project to work hand-in-hand with law enforcement. So that they can easily connect individuals with disabilities, who are also experiencing violence, to the experts in the community. They do what they're experts at, and that is protecting the community. And then those additional needs that someone has, whether it's mental health or disabilities, or survivors of domestic violence, you get them connected to those resources in the community.

Cheryl Atwood 25:39

Yes, I'm so excited about the next couple of years that we're going to spend working with law enforcement, if they'll let us. (Laughter) We've got to convince them that we have awesome things to share and that they need us. That's pretty exciting to think about.

Tatiana Perilla 25:54

That is exciting. It's gonna take- I think the best response usually is like a multidisciplinary approach. You take people from all these different areas who know what they're doing and come together to really meet the needs as best as we can. I like that you guys are trying to do that, and it looks like you've started doing that already even just with each other. (Music)

Tatiana Perilla 26:17

In the context of first responders and disability, we want to provide some additional information for our listeners. Not everybody has a negative encounter with law enforcement, but some people have different levels of comfort with law enforcement. For context, complete data is not collected on use of force by law enforcement. But estimates of use of force range from a low of 27% to a high of 81% in police encounters with disabled civilians, according to a report from the Ruderman Family Foundation. Also, half of people killed by police have a disability as reported by the National Alliance on Mental Illness and the Ruderman Foundation.

Tatiana Perilla 26:54

Lack of training, lack of transparency and lack of accountability contributes to this issue, as stated by the United States Commission on Civil Rights. We have linked these resources below in addition to a website that has information on common misunderstandings police have about people with IDD (Intellectual and Developmental Disabilities). This website also has training resources for law enforcement.

Tatiana Perilla 27:13

We encourage you to familiarize yourself with other crisis response resources in your state, as an alternative to calling the police in a suspected case of domestic violence or crisis involving persons with a disability. For example, Adult Protective Services, a crisis response service like CAPSA, or the Utah Crisis Hotline and Mobile Crisis Outreach Team are other options we have in Utah, all which we'll link below and there are similar services available nationally. (Music)

Tatiana Perilla 27:43

What are some mental health impacts that you see in cases of abuse?

Jill Anderson 27:49

Oh, where to start? You know that's why we have a clinical department that specializes in how to help people recover from trauma. A lot of it is, there's a lot of shame, unfortunately, still centered around domestic violence and sexual abuse. A lot of blaming themselves, a lot of similar dynamics that you see, with post traumatic stress disorder war victims. You think about how the most basic need we all have is a safe place to go at the end of the day. That's where we go to recharge, unwind, and recharge ourselves to start the next day. But if you're going home to a warzone, those same trauma symptoms come out, similar to PTSD. In fact, domestic violence victims are diagnosed quite a bit of time with PTSD.

Jill Anderson 28:50

So when I think about the individuals that we serve that also have disabilities, and are having to overcome those along with figuring out ways to get those needs met, along with the trauma and not having even your most basic need of a safe home to go to. It oftentimes takes a long time to heal from that. And then that's what our experts are- in fact, one of the positions that we added on our clinical team was a therapist who understands how to work with individuals with cognitive disabilities, and autism, and other approaches, and uses those therapy modalities with individuals that have disabilities. Because we want to make sure that healing is also accessible for those folks as well.

Tatiana Perilla 29:52

That is a great service that you guys offer, how CAPSA services can help people get out of those situations also, but to keep following up with them afterwards. I think that's what people are worried about. If I do report, who's going to actually keep talking to me afterwards? What am I going to do? And it's so important too because a lot of times with abuse, like you were saying, you don't have that safe home environment sometimes. I don't think it's true for everybody, but in a lot of cases if you don't have that safe environment, you might not be experiencing all those mental health symptoms. Then when you are in a safe place, it's going to come down on you and that's when you could really use somebody to be talking to about what happened.

Tatiana Perilla 30:34

So this kind of leads me into my next question, because I think a sad reality that we've possibly heard of or seen is when agencies, sometimes because of lack of funding, they're not able to keep offering the same services or in some cases even have to close down. What is something that you have each learned about sustainability and making sure that you can keep offering all those services to people?

Cheryl Atwood 31:00

You have to do good work and you have to be able to show politically that you do good work. You have to be able to go to the state capitol and tell your legislators the good work that you do. And you have to be able to show them why it matters. I know for us, like I said, there's six Centers for Independent Living in Utah. We're under the Department of Workforce Services. But we're each private nonprofits. And the grants that we get through the state of Utah are really important to us. Being able to go and know your legislators and say, look at what we can do with the money that you give us. It's huge. For us, it's our main source. We get most of our funding statewide from the state, we get a good chunk from federal, because Centers for Independent Living are federally mandated.

Cheryl Atwood 31:49

So you just have to do the good work, and you have to do the things you say you're going to do. And you have to be innovative. And you have to go after grants, which CAPSA and I have done together, where you see the need and there's a grant that meets that need. And you actually write all the right words and say all the right things that they want to hear. I guess I don't know, grants are interesting. And you get awarded that money, and then you do more good things with it.

Jill Anderson 32:17

Yeah, I would add to what Cheryl was saying about being able to share the good work that you're doing and the impact that you have on individuals' lives with the legislature but also with the community. One of the things that I've thought a lot about lately is because of CAPSA, a large majority of our community does not know the extent of domestic violence and sexual abuse happening in our community. Because we just quietly go about helping survivors. I think it's really important that the community understands the benefit and value. We also rely a lot on state, primarily federal, grants. But we rely a lot on our community and private donations and support that way. We just couldn't do it without that. I think it's really just sharing. Start by doing the good work and being laser focused on making sure that your programs are really well designed for a number of individuals, a lot of marginalized individuals, disability being one of those, and then sharing that with the community.

Jill Anderson 33:39

One of the questions you asked was, what are the barriers to individuals with disabilities reaching out? We struggle with letting the community know that we're here and available anyway. If you're isolated and your world is really small, like it is often for individuals with disabilities, you don't have access to that mainstream information. These services are available, and they're available for you too. We can make this work for you to even though you might need some accessibility accommodations, that we can make for you. But we will work very hard with our expert partners, like Options, to make sure that you have access.

Tatiana Perilla 34:29

You both have shared a lot of really great information. And I want to ask one more question that will maybe provide some more information that people would really like to take away from this. What are some things that you think people should know to help them better respond? If someone with a

disability does disclose to them that they are experiencing abuse and this can be a friends, family, law enforcement, or mental health professionals.

Jill Anderson 34:55

That question seems like a really simple question, but it's actually one of the most important questions I think you could ask. And it's simple, I believe you. I think a lot of people don't reach out for help, because they don't think they'll be believed. So if anyone reaches out to you, and how you respond as an individual is so critical, and that critical piece is you just starting by saying, "I believe you. I'm so sorry this happened to you. How can I help?" Those three simple phrases can be the most critical in terms of starting that person down a path of healing.

Cheryl Atwood 35:41

And I just cannot emphasize that enough. When we started this collaboration, back in 2007 or whenever it was, if you would have asked me how to respond, I wouldn't have known. And then I had a personal experience where I was able to respond, just the way Jill said, and it made all the difference in that situation. It absolutely made all the difference in that situation. Before I had the relationship with CAPSA, I wouldn't have known how to respond. I think somehow we've got to get that out. I think for some people, it would be natural to do that. For other people, you want to jump right in with questions. You want to be like who, how, when, what happened? But that's not what that person needs right at that moment, that can come later. It may not even come from you, maybe you're the safe person who just says, "I believe you. I'm so sorry this happened. Let's get some help."

Cheryl Atwood 36:42

Right there, when somebody discloses to you, they just need to know that they're believed, that somebody's listening, and somebody cares. Then from there, the hard work begins. But for them, the hardest thing they'll ever do is disclose that to someone. I think so often, just getting those words out, saying this happens, can be the hardest part for them. Then after that, there's a lot more hard work behind it but at least now they've got a lot of support. And if you don't get support support from the first person you tell, tell someone else. If that first person says, oh, that didn't happen or just brushes you off, find someone else that's safe to tell and keep telling until someone believes you.

Tatiana Perilla 37:24

I appreciate those responses. I think that would be a great takeaway for someone to get from this. Is there anything else before we stop that you want to add?

Cheryl Atwood 37:35

One great service that has come from our collaboration that we must talk about, is the fact that Options and CAPSA collaborate together to provide comprehensive sex education to youth and adults with disabilities. That is not something that you can get in the school systems in Utah. It is so very important to these young people that they understand relationships, inappropriate relationships, and all those things that go along with it. So we do full comprehensive sex education that I'm so proud of. So proud of. We can't leave without mentioning that, that's so important.

Tatiana Perilla 38:15

I'm glad you bring that up. Yeah, you're right. It can be hard to get a comprehensive sex education, especially with- (Laughter). And if you don't understand what it's supposed to look like, how are you going to know when it goes wrong?

Cheryl Atwood 38:25

Right!

Tatiana Perilla 38:26

Yeah (Laughter) that's great. I like that you bring that up.

Jill Anderson 38:31

I just want to add really quickly, we knew that was an important service that we could provide. But hearing some of the feedback from the students in those classes, brought home that it is needed more than ever. Make sure that they that they stay healthy and and are able to protect themselves with that information moving forward in their lives.

Tatiana Perilla 38:59

Awesome. Thank you guys so much for talking with me today. I really enjoyed it.

Jill Anderson 39:04

Thank you for having us.

Cheryl Atwood 39:06

Happy to be here. Thank you. (Music)

Tatiana Perilla 39:12

Thank you for listening to our MHDD Crossroads podcast, where we explore the intersection of mental health and developmental disabilities. We hope you enjoyed our conversation with Jill and Cheryl. All the resources mentioned this episode as well as English and Spanish transcripts of the episode are linked in the show notes. If you like the content we provide make sure to subscribe, listen, and share wherever you get your podcasts. Remember to follow us on social media @MHDDcenter or visit our website at mhddcenter.org for more great information. Thank you and have a great day. (Music)