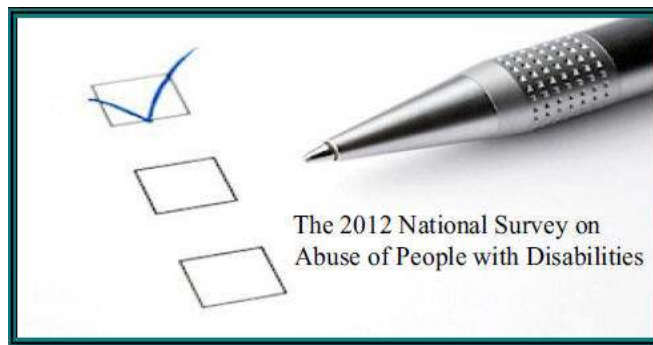


# Abuse of People with Disabilities

## *Victims and Their Families Speak Out*



## A Report on the 2012 National Survey on Abuse of People with Disabilities

Nora J. Baladerian, Ph.D.  
Thomas F. Coleman  
Jim Stream



# Disability & Abuse Project

2100 Sawtelle Blvd., Suite 204 • Los Angeles, CA 90025  
(310) 473-6768 • nora.baladerian@verizon.net

## **Our Focus**

Physical, sexual, and emotional abuse of people with developmental or intellectual disabilities

## **Our Mission**

To identify ways to reduce the risk of abuse, to promote healing for victims, and to seek justice for those who have been victimized

## **Action Areas**

Public awareness, education and training, policy development, law enforcement, and professional consulting

## **Sponsoring Agency**

The Disability and Abuse Project is a function of Spectrum Institute, a nonprofit educational corporation. The Project works with nonprofit organizations, media, government agencies, and individual advocates.

## **Executive Director**

***Nora J. Baladerian, Ph.D.*** Dr. Baladerian is a clinical psychologist with a private practice focusing on trauma and abuse. She conducts seminars and trainings for first responders, agency personnel, and service providers. Dr. Baladerian is often consulted by attorneys engaged in litigation, both civil and criminal, for forensic evaluations and strategic advice in cases involving disability and abuse.



**Directors of the Disability and Abuse Project:  
Tom Coleman, Jim Stream, & Nora Baladerian**

# Preface

by Nora J. Baladerian, Ph.D.



The 2012 National Survey on Abuse of People with Disabilities began four years ago, when Jim Stream and I came up with the idea during a meeting of the California Think Tank on Abuse and Disability – an entity created in 1997 by a grant to Spectrum Institute.

In late 2011, we decided to make the idea a reality, and set to work to redesign the original survey we had written. We sent the revised survey to our Disability and Abuse Project consultants for review, then made adjustments, and Jim activated the questionnaire on Survey Monkey.

It was basically my job to work on dissemination, with Jim sending to his contacts. My contacts included individuals and agencies related to people with developmental disabilities, as well as many other types of disabilities. In addition, I contacted everyone I could think of related to elder abuse, vulnerable adult abuse and child abuse, those in law enforcement (police, sheriff, prosecutors, defense attorneys, judges), social services (child and adult protective services), mental health (APA, AAMFT, NASW etc.), hospitals, sexual assault and rape treatment centers, SANEs, as well as researchers, advocates, domestic violence agencies, universities, UCEDs, and national organizations.

I asked everyone to forward the survey to their contacts. Many of them did, so we actually have no idea how many received the survey. I was thrilled when we reached 1,000 responses, and very pleased when we closed the survey in mid November with 7,289 responses. We had opened it on May Day.

Our findings were at the same time shocking and validating. Too many people abused too much, with very little on the response side to help in the aftermath. This is a validation that much more needs to be done to even get near "equal justice." The extent of abuse is epidemic, and the inadequate response of our community agencies is disturbing.

While I realize that there are efforts to improve, which I applaud, I hear every week from family members who are weeping on the phone describing failures in response from law enforcement, social service, disability-specific service, and protective services to children and adults with disabilities.

I am so grateful to each person who completed a survey and to each individual who took the time to forward the survey to others. Some administered the surveys by hand to individuals with disabilities unable to access the survey online. Each person's contribution makes the whole.

Now we have, unbelievably, over 7,000 who have joined with us to build knowledge and understanding of the ongoing problems. With this understanding, we have a much better perspective on actions that require our attention. I am hopeful that the findings of the survey will spur additional efforts to provide excellence in service to crime victims with disabilities and their families, and to build a circle of support that is nationwide.

I thank Tom Coleman, who took on the enormous task of making the survey results available in a format that is easily accessible. His has been a huge job – one that he took on as part of his commitment to equal justice.

I trust that our work will support readers in their work, as we all join together to improve services to individuals with disabilities.

# Introduction

by Jim Stream



I view this survey as another major accomplishment of Nora Baladerian in a long series of leading edge efforts to understand and ameliorate abuse and neglect of individuals with disabilities.

Her tenacity, integrity, and unwavering optimism are an inspiration to me and countless others, and the primary reason The Arc of Riverside County has continued to work with her on abuse initiatives for 13 years.

When this survey was finally activated online in May of 2012, Nora set a goal for the number of responses she wanted to receive. I thought she was overly optimistic yet the survey must have set some kind of record by the time it closed. To obtain over 7,200 responses is a testament to her diligence and ingenuity. It is several thousand more than I thought possible on this topic. The demographics of this survey, because of her effort, is one of the reasons it has such great potential.

Abuse of people with disabilities is a hidden epidemic with a huge number of invisible victims. This survey appears to confirm this long-held belief by professionals in this field. Indeed, it seems more common than ever, despite more regulations and laws enacted each year at the state and federal levels to counter this trend. Perhaps it is the use of technology and the Internet that helps uncover abuse and makes it seem more prevalent. For instance, three recent serious abuse cases in Los Angeles County involving multiple victims were brought to light through video cameras.

In California and elsewhere, investigative reporters and advocates for people with disabilities are the ones exposing the abuse. Abuse inside California's Developmental Centers has been rampant for years,

according to reports of *California Watch*, an online nonprofit investigative journal. It took meticulous reporting through multiple articles to get the attention of advocates and the Legislature to begin efforts to address this abuse in a meaningful way. Meanwhile, the administration responsible for the safety and welfare of these individuals argues for more resources and solutions that historically have not been successful in institutional settings.

Our survey is about the community. Decades ago, Clarence Sundrum, an individual who helped depopulate Willowbrook in New York City, sounded a cautionary note about their effort to place former residents in smaller community settings. While he and most advocates clearly believed that quality of life issues totally justified their efforts, he worried that it would be very difficult to monitor abuse in so many places. In recent years, due to investigative reports by the *New York Times*, abuse in these settings could no longer be ignored and a paradigm shift is underway. Sundrum led that effort.

Of course, small residential settings like group homes are certainly not the only place where abuse of people with disabilities occurs. Abuse is more likely to happen when three factors are present: power (of one person over another), vulnerability, and isolation. This survey has collected dozens of personal stories and many have these elements as well as a second form of victimization – the mishandling of abuse once it comes to light.

Civil rights attorney Tom Coleman of the Spectrum Institute is the primary author of this report and it is his energy, attention to detail, and dedication that have made sense of hundreds of data points to move this effort forward, and I am grateful and indebted to him for his efforts.

*Jim Stream is the Executive Director of The Arc of Riverside County, an agency providing services to people with intellectual disabilities.*

## A Word About the Survey From a Special Prosecutor

The findings from the 2012 National Survey on Abuse of People with Disabilities are an indictment of our entire criminal justice system. While these documented failures are not shocking -- those of us in the field are all too familiar with them -- the pervasiveness of our incompetence is. This country is supposed to stand for the proposition that justice is a fundamental right. These findings instead represent fundamental wrongs.

What bothers me most is that I do not believe that the failure to address the abuse of persons with disabilities stems from prejudice. I am not saying there is no prejudice ... but hate and stupidity are at least enemies you can take on face-to-face.

Instead, law enforcement, and particularly prosecutors, fail people with disabilities not out of enmity, but out of the petty simple fact that these are difficult cases. They require more work. They are harder to "win." What a small and shameful reason for such massive injustice!

Alice Vachss  
Special Prosecutor for Sex Crimes  
Lincoln County, Oregon

# Contents

About the Disability and Abuse Project .....	i
Preface by Nora J. Baladerian Ph.D. ....	ii
Introduction by Jim Stream .....	iii
A Word About the Survey from a Special Prosecutor .....	iv
Report .....	1
Who Took the Survey .....	1
Overview of Key Findings .....	2
Prevalence of Abuse .....	3
Types of Abuse .....	3
Frequency of Abuse .....	3
Disability Types of Victims .....	3
Reporting of Abuse .....	3
Reasons for Not Reporting .....	3
Outcomes of Reporting .....	4
Prevalence of Bullying .....	4
Frequency of Bullying .....	4
Getting Therapy .....	4
Victim/Witness Programs .....	4
The Big Questions: Why and How? .....	4
What Other Research Tells Us .....	5
How to Reduce the Risk of Abuse .....	6
How to Improve Reporting of Abuse .....	7
How to Improve Prosecution of Abuse .....	8
How to Increase Referrals to Therapists .....	10
How to Connect Victims with Compensation .....	12
Implementation .....	13
Comments from Our Consultants .....	14
Comments from Survey Respondents .....	24
How Often Abused .....	24
Types of Abuse .....	25
Lack of Reporting .....	26
List of Project Consultants .....	27
Survey Findings (links to data sets from online report) .....	30
A Guide on Responding to Suspected Abuse Cases .....	33
List of Recommendations (per individual or agency) .....	34

# Abuse of People with Disabilities

## *Victims and Their Families Speak Out*

### A Report on the 2012 National Survey on Abuse of People with Disabilities

The 2012 Survey on Abuse of People with Disabilities is the first national survey of its kind -- one that focuses on incidents of, responses to, and attitudes about abuse or crime victimization of children *and* adults with disabilities.

The survey sought input from the public, especially from persons with disabilities and those who interact with them, such as family members, caregivers, service providers, and advocates.

The survey questions were developed by Jim Stream and Dr. Nora Baladerian of the Disability and Abuse Project of Spectrum Institute. Jim Stream is the Executive Director of The Arc of Riverside County. Dr. Baladerian is a clinical psychologist who specializes in abuse of people with disabilities. The survey was distributed throughout the nation by a wide variety of organizations.

Through this online questionnaire, we obtained information about incidents of abuse experienced by respondents as well as attitudes of respondents regarding the effectiveness, or not, of official responses to such victimization.

Thomas F. Coleman tabulated the survey responses. Some 29 special reports were generated, giving us a more focused look at the responses of specific groups. The survey findings were developed from these focused reports. The findings and special reports were shared with our Project consultants for review prior to releasing this report to the public.

Thanks to all who participated in this historic and valuable project. We encourage those who care about these issues to use the survey, the key findings, and the focused reports, to advocate for improvements in how we, as a society, respond to

and assist abuse victims with disabilities.

#### **Who Took the Survey**

Jim Stream and Nora Baladerian used their vast network of professional, agency, and nonprofit connections to distribute the survey to as many people as possible.

The method of distribution was not intended to create a scientifically controlled study. Rather, the goal was to gather as much information as possible about abuse from people with disabilities, family members, advocates, service providers, professionals, and response personnel.

For people with disabilities and family members, we wanted to know whether they had experienced abuse and if so how the situation was handled by them and by relevant agencies. For everyone who participated in the survey, we wanted to know their opinions about abuse, disability, and system responses.

Some 7,289 people took the online survey during May through October 2012. Respondents lived in all 50 states and the District of Columbia.

Most of the respondents had a direct connection with the disability experience, either having a disability themselves (20.2%) or having an immediate family member with a disability (47.4%).

Some 2,560 respondents answered “yes” to the following question: “Have you or your family member with a disability ever experienced abuse?” These respondents were viewed as the “victim community” and a data set was specifically created for them. This may be the largest survey of abuse

victims with disabilities. We need to listen to what they said. More importantly, we need to use this information to formulate better responses to abuse and strive for better outcomes for victims.

The survey was taken by 1,234 people who described themselves as advocates. Some 1,106 administrators of service-providing agencies also participated. Hundreds of protective services workers, therapists, social workers, and law enforcement personnel took the survey as well.

Many more women (83.5%) than men (16.6%) answered the questions. This is probably because women play such a prominent role in caregiving, teaching, social work, and protective services. They, more than men, tend to act as a spokesperson for the family of a person with a disability when that family interacts with the outside world.

Although all adult age ranges were represented by respondents, most fell into the middle-aged category (41-60). Although most respondents were Caucasian (83.1%), hundreds of respondents were African American (6.0%), Asian/Pacific (2.2%), Latino (5.1%), or Multi-Racial (3.6%).

## **Overview of Key Findings**

The following are the key findings that resulted from an analysis of the survey responses.

These findings emerged from a review of the responses of several special tabulations: people with disabilities, specific disability communities (people with specific disabilities and their family members), and from the victim community (victims with disabilities and their families).

Some 29 specifically tabulated reports were created to delve into the responses from a variety of perspectives. What did people with disabilities have to say? What about the views and opinions of their parents and immediate family members? What did the victim community (victims and family of victims) tell us about their experiences with abuse and agency responses to reports of abuse?

These findings should serve as a wake-up call to families, service providers, protective services workers, law enforcement personnel, victims rights agencies, and advocates for disability rights.

The bottom line is that abuse is prevalent and pervasive, it happens in many ways, and it happens repeatedly to victims with all types of disabilities.

Nearly half of victims with disabilities did not report abuse to authorities. Most thought it would be futile to do so. For those who did report abuse, nearly 54% said that nothing happened. In fewer than 10% of reported cases was the perpetrator arrested.

When therapy is provided to victims, the therapy is helpful. Unfortunately, about two-thirds of victims were not referred to a therapist.

Less than 10% of victims of sexual or physical abuse received benefits from a crime victim program.

We need a national conversation about abuse of people with disabilities – an ongoing conversation. It should be a conversation that involves policy makers and law enforcement officials at the highest levels of local, state, and federal governments.

We need in-depth media reporting on abuse of people with disabilities – focused reporting that connects the dots of the individual news stories.

Each month, the “newsfeed” of the Disability and Abuse Project lists hundreds of media reports on abuse and disability published by local newspapers. But despite thousands of such stories over the past two years, very little investigative reporting has been done to expose the “big picture” of abuse of people with disabilities as a national epidemic.

While the Office for Victims of Crime and the nonprofit Vera Institute of Justice are commended for their leadership efforts on this issue, much more should be done to supply much needed funding for research, education, and advocacy efforts.



### **Findings: Prevalence of Abuse**

1. Over 70% of people with disabilities who took the survey reported they had been victims of abuse.
2. More than 63% of parents and immediate family members reported that their loved one with a disability had experienced abuse.
3. Some disability types had a higher incidence of abuse than others. For example, 74.8% of people with mental health conditions reported they had been victims of abuse, while 67.1% of those with a speech disability, 66.5% of those with autism, 62.5% of those with an intellectual or developmental disability, and 55.2% of those with a mobility disability reported having experienced such abuse.

### **Findings: Types of Abuse**

4. People with disabilities who were victims reported having experienced various types of abuse. Some 87.2% reported verbal-emotional abuse, 50.6% physical abuse, 41.6% sexual abuse, 37.3% neglect, and 31.5% financial abuse.
5. The rate of sexual abuse varied greatly among victims depending on the type of disabilities they had. Some 47.4% of people with mental health conditions reported they had been victims of sexual abuse, whereas 34.2% of those with intellectual or developmental disabilities, 31.6% of those with a mobility disability, and 24.9% of those with autism reported they had experienced sexual abuse.

### **Findings: Frequency of Abuse**

6. More than 90% of people with disabilities who were victims of abuse said they had experienced such abuse on multiple occasions. Some 57% of these victims said they had been victims of abuse on more than 20 occasions, with 46% saying it had happened too many times for them to even count.
7. The rate of victimization reported by various disability communities (defined as people with disabilities or pwd and families) was rather

consistent, with the following victim types reporting they had been abused 10 or more times: mental health (59.4%), mobility (45.7%), autism (44.3%), speech (43.8%), and I/DD (39.9%).

### **Findings: Disability Types of Victims**

8. These are the types of disabilities that victims of abuse reported having (some had more than one type of disability): I/DD (38.4%), mental health (30.5%), autism (28.8%), mobility (22.6%), speech (16.9%), Deaf (10.3%), blind (7.2%), Fetal Alcohol Syndrome Disorder or FASD (4.4%).

### **Findings: Reporting of Abuse**

9. Among people with disabilities who reported they had been victims of abuse, only 37.3% said they had reported it to the authorities.
10. When families of victims and people with disabilities who are victims are both considered, the rate of reporting increased to 51.7%. This suggests that when a family member learns of the abuse, it becomes more likely that a report will be filed with authorities.
11. The rate of reporting varied among specific “disability communities” (pwd and families). Some 55.4% of victims with autism reported abuse, while 52.8% of those with a speech disability, 44.2% of those with a mental health condition, and 39.5% of those with a mobility disability did so.
12. The rates of non-reporting are high even with the most serious forms of abuse. For example, some 40% of victims of physical abuse (violence) did not report it to the authorities and more than 41% of victims of sexual abuse did not report.

### **Findings: Reasons for Not Reporting**

13. People with disabilities who were victims cited futility, fear, and lack of information as reasons for not reporting. Some 58% believed that nothing would happen; 38% had been threatened or were afraid; 33% did not know how or where to report.

### **Findings: Outcomes of Reporting**

15. When victims with disabilities did report incidents of abuse to authorities, in 52.9% of cases nothing happened. Alleged perpetrators were arrested in only 9.8% of cases where abuse was reported to authorities.

16. When reporting by families and people with disabilities who were victims are both considered, nothing happened in 42.8% of the cases. This is a better outcome, but it is still a disappointing number. Unfortunately, the percent of alleged perpetrators who were arrested also decreased to 7.8%.

### **Findings: Prevalence of Bullying**

17. More than 73% of people with disabilities who took the survey reported they had been victims of bullying. Most of these victims had experienced bullying on multiple occasions, with 38% saying that their victimization had lasted for years on end.

18. People with autism and people with mental health conditions were victims of bullying at a significantly higher rate than people with other types of disabilities. The following are the rates of bullying reported by various disability communities (pwd and families): autism (77%), mental health (74.7%), speech (66.8%), I/DD (64.3%), and mobility (55%).

19. Most bullying occurred at school (72%), followed by neighborhood or home (42.4%), work (36.8%) and then at a sports team (8.8%).

### **Findings: Frequency of Bullying**

20. Most victims say their experience of bullying was not an isolated incident but rather was something that happened on multiple occasions. Bullying happened more than once to people with mobility disabilities (89%), autism (89%), speech disabilities (89%), mental health conditions (95%), and intellectual or developmental disabilities (88%). Bullying was experienced 10 times or more by people with mental health conditions (59.4%),

mobility disabilities (45.7%), autism (44.3%), speech disabilities (43.8%), and intellectual or developmental disabilities (39.9%).

### **Findings: Getting Therapy**

21. Some 65.4% of people with disabilities who were victims of abuse or bullying did not receive counseling or therapy.

22. When therapy was provided, 83% of people with disabilities who were victims say that it was helpful to them.

23. More than 63% of victims of physical abuse and 52% of victims of sexual assault did not get therapy.

### **Findings: Victim/Witness Programs**

24. Fewer than 5% of victims of abuse received any benefits from a victim compensation program. This is true even for victims of physical abuse. A slightly higher percent of sexual abuse victims, some 8.6%, received benefits through such a program.

### **The Big Questions: Why and How?**

People unfamiliar with abuse and disability are likely to ask questions when they read this report.

Why is the abuse of people with disabilities so prevalent? Why are so many people victims on multiple occasions? Why are nearly half the cases not reported to authorities? Why are so few perpetrators arrested? Why are victims not getting the therapy they need? Why are so few victims made aware of victim compensation programs?

Then there are the hows – how to reduce the risk of abuse, how to improve reporting, how to more effectively investigate and prosecute, how to increase referrals to therapists, and how to better connect victims with compensation programs.

This report focuses on the hows. The whys are beyond the scope of this survey and must be answered by other studies and in other reports.

## What Other Research Tells Us

This survey builds on the work of other researchers and other organizations who have studied abuse of people with disabilities. The material quoted below was taken from a variety of websites that report on various aspects of disability and abuse.

“Violence against persons with disabilities is a frequently unrecognized and under reported problem that has reached epidemic proportions in the United States.” *(From the Website of the Disabled Persons Protection Commission, Commonwealth of Massachusetts)*

“Children with any type of disability are 3.44 times more likely to be a victim of some type of abuse compared to children without disabilities.” *(From the Website of The Arc of the United States)*

“Children with disabilities who experience sexual abuse are less likely to receive the services and supports they need to heal and seek justice.” *(From the Vera Institute of Justice, Issue Brief on Sexual Abuse of Children with Disabilities)*

As the “newsfeed” of the Disability and Abuse Project shows, the problem is not isolated to the United States. Disability and abuse is an international issue.

“People with disabilities are significantly more likely than others to be victims of violence and are often more emotionally impacted when they are taken advantage of, new research indicates.” *(Findings from an analysis of the 2009-2010 British Crime Survey)*

“..Factors that appear to increase the vulnerability of this population include deficiencies of sexual knowledge, physical and emotional dependence on caregivers, multiple caregiving, limited communication skills and behavioural difficulties.” *(From the website of the National Disability Authority of Ireland)*

Researchers Nosek and Howland (1997) list eight

possible factors that contribute to women with disabilities being more vulnerable to abuse victimization.

### **Why Women with Disabilities are More Vulnerable to Abuse Victimization**

1. Increased dependency on others for long term care.
2. Denial of human rights that results in the perception of powerlessness.
3. Less risk of discovery as perceived by the perpetrator.
4. The difficulty some survivors have in being believed.
5. Less education about appropriate and inappropriate sexuality.
6. Social isolation and increased risk of manipulation.
7. Physical helplessness and vulnerability in public places.
8. Values and attitudes within the field of disability toward mainstreaming and integration without consideration for each individual's capacity for self-protection.

*(From the Website of Independent Living Research Utilization)*

The findings of this survey are being analyzed in the context of what these other studies and reports have already discovered. As a result, the observations and recommendations made in this report are informed not only by what our survey respondents told us, but by the findings and opinions of experts who have studied abuse and disability over the last few decades. We want this report to amplify the growing chorus of voices calling for improvement.

## How to Reduce the Risk of Abuse

Previous studies have shown that people with disabilities are at least three times more likely to experience abuse than people without disabilities. So the issue of risk reduction is even more important for this population.

More than 70% of people with disabilities who took this survey said they had been a victim of abuse and/or bullying. Most had been a victim on multiple occasions. While emotional and verbal abuse was most prevalent, a majority of victims said they had also experienced physical abuse.

More than 63% of parents and immediate family members said their loved one with a disability had experienced abuse.

For these survey respondents, the issue of risk reduction is more than academic. Perhaps, if they had developed a risk reduction plan, they could have avoided becoming a victim.

The first step in risk reduction is to acknowledge that abuse does occur to children and adults with disabilities. If you have a disability, admit that someone may take advantage of you or hurt you – emotionally, physically, sexually, or financially.

If you have a family member with a disability, as hard as it may be to think about this, admit it – someone may abuse your loved one. If you are a provider of services to people with disabilities, you need to be aware that someone associated with your company or agency may abuse a client.

The next step in risk reduction is to know who likely perpetrators might be. A person with a disability is more likely to be abused by a family member or someone in their daily routine than they are by a complete stranger.

Perpetrators are often predators who misuse a position of trust or take advantage of a victim with actual or perceived vulnerabilities. For some perpetrators, it may start off as an isolated incident,

but then become a vicious cycle of abuse, continuing over and over, with ever increasing numbers of victims, until the perpetrator is caught.

Just as perpetrators have a plan to entrap vulnerable victims in a web of abuse, people with disabilities and their families need a plan on how to reduce the risk of abuse. The key to avoiding involvement in abuse is to have a risk reduction plan. This is true whether you are a person with a disability, a family member, or a service provider. Each needs a plan.

It is highly recommended that people with disabilities and those in their circle of support obtain, read, and implement Dr. Nora Baladerian's new book on risk reduction. (*A Risk Reduction Workbook for Parents and Service Providers*) The book will be available in the Fall of 2013 through the website of the Disability and Abuse Project ([disabilityandabuse.org/books](http://disabilityandabuse.org/books)).

The book contains policies and practices to reduce the risk of abuse, including sexual violence, against people with intellectual or developmental disabilities. Although the book is geared toward those with intellectual disabilities, much of its advice and practical tips apply to a broad spectrum of disabilities.

Sometimes people with intellectual or developmental disabilities are arrested because they have violated criminal laws dealing with sexual conduct. All too often, this is because no one has ever taught them the rules of sex. Had they been taught about sex, in plain and easy to understand terms, they may not have crossed the line between acceptable and unacceptable conduct.

*The Rules of Sex* is recommended for people with intellectual disabilities and their parents. Had they read this book and shared it with their child – minor or adult – many parents would have been spared the pain of seeing their loved one arrested and dragged through the criminal justice system. This book is also available through our website. ([disabilityandabuse.org/books](http://disabilityandabuse.org/books))

## **How to Improve Reporting of Abuse**

Only 37.3% of people with disabilities who were victims of abuse said they reported it to the authorities. When family members became involved, the level of reporting rose to 51.7%.

This data more than suggests that it is important for family members to learn of abuse when it occurs. The question becomes “How do parents or family members learn that their loved one has been abused?” The quick answer is: “Do ask, do tell.”

People with disabilities need to be educated about abuse – what it is, who may do it, how it occurs, and the importance of telling someone when it happens. Parents, family members, and service providers need the same information. Plus they should learn about the signs of abuse, indicators that their child or client may have been abused.

As mentioned in the previous section of the report on risk reduction, parents and service providers must admit that abuse can happen to people with disabilities and that, if it happens, the perpetrator is likely to be someone involved in the daily routine of their child or client.

Highly recommended reading material is a one-page tip sheet titled: “A Guide on Responding to Suspected Abuse of People with Developmental Disabilities.” This tip sheet is intended for parents and family members whose loved one receives residential, transportation, day program, or other services. The guide is found in the appendix of this report and can be readily accessed online at [disabilityandabuse.org/resources](http://disabilityandabuse.org/resources).

Many parents who have read this 10-point guide say that they would have acted more quickly and effectively had they known this information before they began noticing signs of possible abuse.

Service providers should have a policy in place that requires parents and guardians to be given a fact sheet on abuse, including possible signs of abuse, and information on how and where to report

suspected abuse. Agencies such as S.T.E.P. are commended for developing pro-active policies on abuse of people with disabilities. Their “Zero Tolerance Suspected Abuse Policy” is a model for other service-providing agencies to consider. For more information about this policy, contact S.T.E.P. at [stepagency.com](http://stepagency.com).

In states that have regional centers or other agencies that coordinate services for people with disabilities and their families, the law should require that such agencies supply clients with an abuse fact sheet of this nature. Even without a law, agencies should do this anyway. Parents should be required to sign a form showing they have received this fact sheet.

Regional centers or similar agencies should conduct risk reduction seminars for parents and direct service workers periodically to emphasize the signs of abuse, the need for parental awareness, and the importance of immediately reporting suspected abuse to the police.

Sometimes information about suspected abuse comes to the attention of doctors, nurses, teachers, social workers, or other licensed professionals who provide services to or are otherwise involved in the lives of people with disabilities. These mandated reporters have a legal obligation to pass this information along to protective services agencies and/or police.

The offices and service environment of mandated reporters should have brochures on abuse, risk reduction, and reporting visible and readily available to parents and people with disabilities. A three-fold brochure, similar to brochures on health topics that are found in doctors’ offices, could be read while clients are waiting, or picked up and taken home for later reading. Titles might include: Abuse and Disability: What You Should Know / Abuse and Disability: Risk Reduction Methods / Abuse and Disability: How to Report a Suspected Case.

Many victims and victims’ families said they did not report suspected abuse because of feelings of futility, fear, and lack of information. The suggestions

mentioned above address the issue of not knowing how or where to report.

As for futility – believing that nothing is going to happen if a report is made – one way to address that is for law enforcement authorities to assure people with disabilities and their families that something will happen. Investigative and prosecutorial agencies need to develop a public relations campaign around the issue of disability and abuse.

Literature should be created and then distributed to parents, families, and people with disabilities themselves, through agencies that provide education, counseling, or services to the disability community.

Police departments should periodically provide speakers to gatherings of people with disabilities, parents, and direct service workers to let them know that abuse of people with disabilities is taken seriously and that reports will be handled promptly, professionally, and with sensitivity.

The issue of fear – of retaliation, of public shame, or other adverse consequence – is more difficult to address. One possible solution is to find ways to replace fear with confidence. Confidence that parents or other authority figures will protect the victim from harm. Confidence that the perpetrator will be removed from the victim's life. Confidence that the pain and the hurt of victimization will, over time and with appropriate therapy, be reduced.

Such confidence does not come easily or quickly. People with disabilities need a circle of support to reinforce the belief that steps are being taken to reduce the risk of abuse, and that if abuse happens, they will be protected. When messages of such support repeatedly surround people with disabilities, and come from a variety of sources, an aura of fear can be replaced by an atmosphere of confidence.

### **How to Improve Prosecution of Abuse**

Reducing the risk of abuse and improving the reporting of suspected abuse only get us part way to

addressing the problems identified by this survey. Processing reported cases more effectively is also a major area of concern.

First responders to reported cases of abuse against people with disabilities need special training in how to investigate and assess such cases. Follow-up investigators also need to develop specialized skills for interviewing and gathering evidence.

After the investigation is completed, prosecution is the next step for cases in which sufficient evidence exists to support a charge of abuse. Prosecutors need to learn the best practices that other agencies have developed for interacting with victims and witnesses who have special needs.

About 33% of abuse victims and families of victims said that when they reported abuse to the authorities, nothing happened. There was no official follow up. This is totally unacceptable. Only 16% of victims who reported such abuse said that an investigation was done without delay.

Perhaps these cases are viewed as difficult. That is understandable because they are. They are more difficult to investigate and prosecute than generic cases of child abuse or dependent adult abuse. But they need to be investigated and prosecuted anyway.

One way to increase the rate of successful investigation and prosecution is to equip investigators and prosecutors with the tools they need to handle cases where victims or witnesses have cognitive and/or communication disabilities.

Each police department could designate one or more officers to receive specialized training. They could also assign a special unit for these cases.

Law enforcement and prosecutorial agencies do not have to reinvent the wheel. Speakers and materials are available to help first responders, investigators, and prosecutors to more effectively process cases involving abuse of people with disabilities.

For example, in March 2011, the Kentucky Law

Enforcement Council sponsored trainings for law enforcement personnel from throughout the state on how to more effectively handle sex crimes against people with disabilities. Dr. Nora Baladerian conducted the trainings.

A one-day class on “Forensic Interviewing of Individuals with Developmental Disabilities” was followed by a half-day training on “Forensic Assessment of Consent to Sex.”

Sometimes relevant trainings on investigative techniques are offered at national conferences. For example, Dr. Baladerian made a presentation on “Child Abuse Victims with Disabilities: The Forensic Interview” at the National Symposium on Child Abuse in Huntsville, Alabama, in March 2012. Law enforcement and prosecutorial agencies should send staff to seminars of this nature.

Sometimes the first responder to a report of abuse is an adult protective services worker. These APS employees need to know that special interviewing techniques may be necessary when interviewing victims and witnesses who have intellectual or developmental disabilities.

APS agencies in each state should send personnel to state and national conferences that offer specific trainings on investigations of suspected abuse of people with disabilities.

For example, Dr. Baladerian made a presentation in 2009 at the National Adult Protective Services Association (NAPSA) Conference. The topic was “Interviewing Skills to Use with Individuals with Cognitive and/or Communication Disabilities.”

Organizations such as Lean on US ([leanonus.org](http://leanonus.org)) and the Disabled Persons Protection Commission ([mass.gov/dppc](http://mass.gov/dppc)) provide information for first responders on how to interact with people who have developmental disabilities.

APS agencies in each state should send personnel to state and national conferences that offer specific trainings on investigations of suspected abuse of

people with disabilities.

A training video and guidebook – “Victims with Disabilities: The Forensic Interview” – focuses on the eight essential steps in achieving a successful interview of crime victims with cognitive and/or communication disabilities.

Another training video and guidebook – “Victims with Disabilities: Multi-Disciplinary First Response” – focuses on the essential factors in interviewing and interacting with victims and witnesses who have cognitive or communication disabilities when first responders roll out to the scene.

Also available through the website is a “Curriculum for First Responders to Child Abuse Victims with Disabilities.” A course based on this curriculum is designed to be a full day training of law enforcement officers and child protective services workers who are first responders to allegations of child abuse.

These training videos and curriculum were developed with funds from the Office for Victims of Crime of the United States Department of Justice. Dr. Nora Baladerian participated in the development of these training materials and she highly recommends them.

Community organizations, service providers, and law enforcement must work together to respond more effectively to crimes committed against people with disabilities. Knowing how to access resources is one way to improve collaboration.

Attention is therefore directed to: “Responding to Crime Victims with Disabilities: A Resource Directory for Service Providers.”

This directory was published by the National Center for Victims of Crime. It is designed to help community advocates working in the fields of crime victim assistance, law enforcement, disability services, and related professions to improve their responses to victims with disabilities. It is available through the website of the Disability and Abuse Project. ([disabilityandabuse.org/resources](http://disabilityandabuse.org/resources))

## **How to Increase Referrals to Therapists**

Child abuse and dependent adult abuse cause damage to victims – emotional and physical – some of which may last a lifetime. Whether victims have disabilities or not, counseling and therapy can help them cope with, and sometimes overcome, the trauma associated with abuse.

The untreated damage caused by abuse may manifest in various ways, sometimes subtle and sometimes very visible. Symptoms can include depression, anger, rage, self-mutilation, or acts of violence. Some victims act out their untreated trauma, sometimes years later, by abusing others just as they were previously abused.

A generic therapist may be better than no therapist at all, but what abuse victims really need is therapy provided by a professional with specialized training in trauma treatment. Treatment for post traumatic stress disorder (PTSD) may be required. Victims of sexual abuse would benefit from treatment by a therapist with expertise and experience in this field.

Victims with cognitive or communication disabilities may merely go through the motions of therapy, without real benefit, if they are treated by a therapist who has no experience helping clients with intellectual, developmental, or other disabilities.

So the best chance of successful treatment for abuse victims with disabilities would be with a therapist who has expertise in trauma therapy and who has experience treating clients with disabilities. Unfortunately, such therapists are few and far between.

The question then arises on how society can produce more trauma therapists with expertise in treating people with disabilities. Increasing the number of qualified therapists requires cooperation from institutions of higher learning, professional associations, and insurance companies, as well as students and therapists themselves.

Universities and professional training institutes

should offer more courses in trauma therapy and skill-building classes and seminars in providing therapy to clients with disabilities. If such classes are not readily available, students can't take them.

Professional associations should encourage therapists to take continuing education classes that deal with victimization and trauma or disability and abuse. More panels on these topics should be offered at local, state, and national conferences.

Professional associations should also offer speciality certification for those with advanced training in providing therapy to clients with intellectual or developmental disabilities.

Identifying therapists who have these skills is a major part of the problem in connecting clients in need with qualified therapists who are available. The American Psychological Association (APA) should develop a pilot project, perhaps with funding from the federal Office for Victims of Crime, to establish an appropriate and effective referral program in two or three states.

If the APA does not heed this call, then psychological associations in California and New York should take the lead on this. It is not unusual for these two states to provide leadership to the nation on cutting edge issues.

But having qualified therapists and effective referral systems is not enough. Victims and their families need to know that such therapy is available, that it will help them, and that funding may be available to help them pay for it. This is where regional centers or similar agencies, state-operated victim compensation programs, and private insurance companies have a major role to play.

Regional centers that operate in California, and similar agencies in other states, coordinate access to needed services for people with disabilities and their families. Victims of abuse who are clients of regional centers should request a referral to a qualified therapist. The regional center should pay the therapist.



Each state has a victims compensation fund of some sort. These programs assist victims of crime by providing funding and other services to help them recover from the crime they experienced. Therapy is one of the services that such programs will fund.

Unfortunately, some of these victim compensation programs will not refer a specific victim to a specific therapist. Victims are left to their own devices in finding an appropriate therapist.

These victims compensation programs should fund the creation of a separate nonprofit agency whose sole function is to find therapists who treat trauma victims, train therapists in helping clients with special needs, and refer victims to local therapists who are qualified and available.

Insurance companies can also play a part in improving the quality of therapy services received by abuse victims with disabilities. Insurance companies can sponsor the development of training materials or sponsor seminars for therapists who are members of their network of service.

In identifying a problem or a solution, we have all heard the saying “follow the money.” That saying applies to this situation. More therapists would develop expertise in trauma and disability if higher hourly rates were paid to them after they acquire such skills.

A higher rate should be paid to a therapist certified in trauma and disability than to a generic therapist. The certified specialist will be more effective, and possibly help a client recover sooner, than a generic therapist. Paying higher rates to a certified specialist may attract more therapists to seek and develop a specialty in disability and abuse.

Providing appropriate therapy to abuse victims with disabilities will make a difference in their lives. To know that this is true only requires a quick look at the survey responses. When therapy was received, 83% of people with disabilities who were victims of abuse or bullying said that it was helpful to them.

Since therapy is so important for the recovery of victims of crime, and since therapists who are qualified to provide services to victims with disabilities are few in number, the federal Office of Victims of Crime should devote funding to address this issue.

OVC should fund a project designed to promote more therapy options for victims of crime, especially for victims with disabilities.

Such an OVC-funded project should look into the development of a nationwide referral system. It should encourage insurance companies and victim compensation programs to authorize phone therapy or “skype therapy” for those who cannot travel.

Telephone or video therapy would be especially helpful for victims with mobility disabilities and for people in rural or isolated areas or those who cannot find a qualified therapist in their vicinity.

Finally, we must look beyond institutions and agencies to improve the situation for abuse victims with disabilities. Individual students and therapists have a major role to play as well.

When undergraduate students are considering a career, they should think about the possibility of becoming a therapist. Graduate students who are about to do internships should consider aligning themselves with a therapist who provides services to clients with disabilities.

Once in clinical practice, therapists should take a seminar or read a book on abuse and disability. Learn the basics. They should consider making this field their specialty. The need certainly exists.

Victims with disabilities will fare better if we do more to recruit and train therapists with expertise in this issue, to pay them appropriately for acquiring this specialty, and to create effective referral systems that connect victims who have disabilities with skilled therapists.

## How to Connect Victims with Compensation

Of the 2,560 victims and families of victims who took the survey, fewer than 5% said they had received benefits from a victims of crime compensation program.

Victims of physical abuse fared no better, although a slightly higher percent (8.6%) of sexual abuse victims received benefits through such a program.

We must find ways to improve this situation. What can we do to make sure that abuse victims with disabilities find their way to a crime victim compensation program and receive the services or financial assistance they need and deserve?

The victim compensation program in California is operated by the Victim Compensation and Government Claims Board. In addition to being a victim of a qualifying violent crime, victims must report the crime to the police, sheriff, child protective services, or other law enforcement agency within three years of the crime in order to be eligible for compensation.

After the crime is reported to authorities, a victim must file an application for compensation with the Victim Compensation Program (CalVCP). The application is then processed by that agency and a determination is made regarding eligibility and the amount of compensation to be awarded.

Since nearly half of abuse cases are not reported to police or protective services workers, the failure to report is an automatic barrier to compensation. So one way to make sure that more victims get compensation is to improve the rate of reporting of abuse that rises to the level of a crime – physical assault, sexual assault, etc.

Victims and families might have more of an incentive to report abuse if they are informed by service providers and regional centers that compensation is available to victims who file reports with the police. If victims are told that medical expenses and the cost of psychological

therapy can be paid by the Victim Compensation Fund, victims might be more likely to report the crime. Even if the perpetrator is not arrested and prosecuted – something that is beyond the control of the victim – the victim can get trauma therapy or other counseling to help ease the psychological pain.

Victims need to be told that they will benefit if they report an incident of abuse to the police.

Police and protective services workers who receive reports of abuse should automatically inform victims and their families of the Victim Compensation Program. Perhaps the best time for police or protective services workers to pass this information along to a victim is when a case number is assigned to the report.

However, there is no way of knowing whether such information is supplied to victims as a matter of routine.

Personnel who process abuse reports change from time to time. New personnel may not be aware of their duty to inform victims of their right to apply for victim compensation.

It is suggested that state Victim Compensation Programs annually send a notice to local police agencies to remind them of the duty to inform victims of their right to apply for financial assistance.

Training programs by local police departments should advise those who are assigned to take complaints and write incident reports of their duty to advise victims of their eligibility for compensation and how and where to apply for it.



## Implementation

This report focuses on the voices of abuse victims and their families. The findings reflect the collective voice of people with all types of disabilities.

This report tells us a lot about what people with disabilities, generally, and their families have experienced in terms of abuse and agency responses to reports of abuse. Waiting to be written, when funding is obtained, are focused reports on abuse of people with intellectual or developmental disabilities, abuse of people with autism, abuse of people who are Deaf or hard of hearing, abuse of people with mental health conditions, etc.

Other focused reports need to be written about various professional categories of respondents. What do social workers, therapists, protective services workers, administrators, and teachers have to say about abuse of people with disabilities? And what can we learn from advocates?

As we look for funding to support the writing of such reports, we encourage those who read this report and who study the 29 data sets available through our website, to begin to implement the recommendations found in this report.

Law enforcement agencies can use videos and materials available through our website for training purposes. ([disabilityandabuse.org/resources](http://disabilityandabuse.org/resources))

Advocacy, professional, and service organizations can include panels on disability and abuse in the conferences they sponsor.

Service providers can develop a Zero Tolerance Suspected Abuse Policy for their agencies, similar to the one adopted by S.T.E.P. in Sacramento.

Funding agencies such as the Office for Victims of Crime and the Office on Violence Against Women can provide grants for special projects focused on disability and abuse, such as the ones mentioned in this report. Foundations such as the Vera Institute of Justice can keep up their good work on this issue.

Regional centers and other service coordinating agencies need to inform parents about the risk of abuse to their minor and adult children with disabilities. Knowledge is power and awareness that abuse happens, how it occurs, and who perpetrators are likely to be, is a big first step in risk reduction.

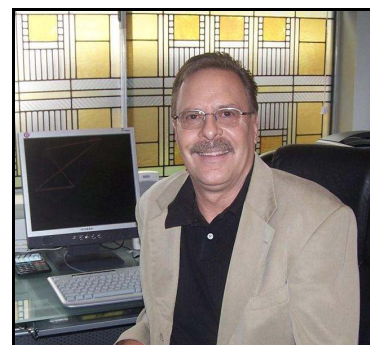
Agencies serving people with disabilities and their families (such as home care and transportation services) should provide clients with materials to help reduce the risk of abuse. They should obtain copies of *A Risk Reduction Workbook for Parents and Service Providers* and make them available to their clients. Tri-fold pamphlets on abuse and disability should be created and distributed.

The *Rules of Sex* should also be given to clients to reduce the chance of them getting arrested because they were never told the difference between acceptable and unacceptable sexual behavior.

Staff at schools should receive training in abuse – definitions, recognition, response, and reporting. When abuse is suspected, it should be reported directly to the police.

All we ask is that you do something to help improve the situation concerning disability and abuse. Implement one of our recommendations. Take action. Silence and inaction should not be an option.

Thomas F. Coleman is an attorney whose advocacy for human rights has spanned four decades. He is the Legal Director of the Disability and Abuse Project and the webmaster of [disabilityandabuse.org](http://disabilityandabuse.org).



*"I am only one, but I am one. I cannot do everything, but I can do something. And I will not let what I cannot do interfere with what I can do."*  
--Edward Everett Hale (1822-1909)

## Comments from Our Consultants

The following are some comments from our Project Consultants about the survey and the significance of the results.

**Nancy Alterio**  
**Executive Director**  
**Disabled Persons Protection Commission**  
**Commonwealth of Massachusetts**

### ***1. What is most striking about these findings?***

What is most concerning, there are far too many people that still do not know how to or where to report. And even more disturbing, when they did report to authorities, in most cases, nothing happened.

### ***2. How do these findings compare to information already available...or is it new?***

The findings support other research and continue to confirm that abuse of persons with disabilities is a very serious problem.

### ***2a. Are our findings consistent with other research?***

A lot of the research seems to be consistent but what seems to be different or new to me is individuals with mental illnesses had a higher rate of incidences of abuse than did persons with developmental disabilities. Within my personal experiences, it has been the other way; persons with developmental disabilities are abused at higher rates than persons with mental illnesses.

### ***3. What questions do these findings raise?***

Why is it that in the year 2013 people still don't know how and where to report abuses of persons with disabilities? Why is the prevalence of violence still so high for persons with disabilities? Why isn't this number going down?

### ***4. What policy changes are needed in view of this finding?***

Mandatory training, training, training! Public awareness campaigns to let everyone know where

to report abuses.

### ***5. What changes in practices are indicated by these findings for parents, law enforcement, victims services or other groups?***

Believe persons with disabilities, report suspected abuses and respond effectively to allegations of abuses. No one person or agency possesses all the skills, knowledge, or resources to resolve this complex issue – we need to work together.

◇ ◇ ◇

**Alice Vachss**  
**Special Prosecutor for Sex Crimes**  
**Lincoln County, OR**

### ***1. What is most striking about these findings?***

Question 13: For the majority of a class of victims to believe that reporting abuse is futile -- and for so many to believe that it is not only futile but dangerous -- is profoundly disturbing all by itself. To know that they are \*not wrong\* in their perceptions ought to be a call to action in any civilized society.

### ***2. How do these findings compare to information already available? Are any of these findings new information? Are these findings consistent with other research?***

The only finding that surprised me enough to disappoint me was Finding 24. Even assuming that "victim/witness" programs mean only "victim assistance" (i.e. tied to a prosecutor's office) and not "victim services" (independent non-profits funded by grants and donations), the survey results indicate a cruel failure by the very part of the system designed to be the most sympathetic and accessible. And if victim services agencies are included in these results, that means that they are failing in their fundamental role -- as \*advocates\* for the voiceless and powerless.

### ***3. What other questions do these findings raise?***

If more research is done, I would be very interested in these categories of victims and victimization being subdivided according to

abusers (familial caregivers, institutional caregivers, acquaintances, strangers etc.)

#### ***4. What policy changes are needed in view of any specific finding?***

I would like to see publically-available data tracking on the response of individual judges, prosecutors' offices, and law enforcement agencies. This is being piloted in Virginia for the judiciary's performance on child abuse cases (see <http://www.protect.org/component/content/article/155-virginia/1651-judicial-accountability-virginia>) with dramatic results already.

#### ***5. What changes in administrative, enforcement, or response practices are indicated by any particular finding?***

Underlying these results is the monstrous proposition that it is OK to abuse some people, as long as it is not us. Not only is that attitude morally repugnant, it is criminologically ignorant. Predators do seek out vulnerability as a (sadly effective) means of escaping consequences. But all you get if you increase the food supply for a pit viper is ... more vipers. Until police, prosecutors, and courts start responding to criminals based on their criminality rather than their victims' ability to negotiate an alien justice system, there will be more predation.

◇ ◇ ◇

**Roberta Sick**  
**Partners for Inclusive Communities -UA**  
**North Little Rock, AR**

#### ***1. What is most striking about these findings?***

I would assume that the topic of the survey would draw people who had some knowledge about the topic area or who had experienced it to want to share their viewpoints. I am also aware that the people with disabilities who took this – were probably those that are well connected to different support networks or are active self- advocates.

The richness of the data is in the more specific information and trends that emerge as we review results. We know from previous surveys from other sources that people with the most significant disabilities are at a higher rate of violence and abuse. These survey results just reiterate that we are still at the tip of the iceberg – and frankly - that there may be many icebergs.

#### ***2. How do these findings compare to information already available...or is it new? Are our findings consistent with other research?***

It helps to support the other research that has been done. The sample size and the national scope of this effort gives good information about some of the trends that are occurring. Lack of information, fear, and futility (nothing will happen) are concerning. Some of these can be addressed by sharing the results with disability programs and health entities.

#### ***3. What questions do these findings raise?***

Of all the questions and responses, the one that I find the most alarming deals with the Frequency of Abuse. “6. More than 90% of people with disabilities who were victims of abuse said they had experienced such abuse on multiple occasions. Some 57% of these victims said they had experienced abuse on more than 20 occasions, with 46% saying it was too frequent for them to even count. (Q-12 of Report #1 - PWD)”

This speaks not only to the prevalence of violence and abuse in the lives of people with disabilities, but the volume of what people with disabilities are experiencing. This question when taken with the question about not reporting the abuse serves as a wake-up call for what we who are involved in the violence and abuse field have known – that people with disabilities are experiencing violence at tremendous rates often in silence. The concern is that we are not addressing it overall and across the spectrum. As long as the service systems continue to deny the scope of the issue – the violence will continue.

**4. What policy changes are needed in view of these findings?**

More research funding needs to be directed to the efforts since we are just now getting better data on additional areas that need to be explored. We need a national framework to address the issues using data and a consolidated effort among the groups that responded to the survey.

**5. What changes in practices are indicated by these findings for parents, law enforcement, victims services or other groups?**

The fear is huge. We need to know why people feel so hopeless about reporting the abuse and violence. The issues that are creating fear of disclosing and the hopelessness that anything will change have got to be addressed.



**Howard Davidson**  
**Director**  
**Center on Children and the Law**  
**American Bar Association**  
**Washington, DC**

There were no surprises, only sadness, at seeing the low percentages of abuse victims receiving justice. I just looked over the CASA conference program, and there's not one session on child victims with disabilities. Substance abuse, yes. Domestic violence, yes. Psycho tropic medication, yes. I'm here to present on "trauma-informed advocacy" (I've been working on this for a year). I continue to work on FASD issues also. Also immigration and child trafficking issues.

I am proud that our monthly ABA Child Law Practice is featuring a series of practice pieces by a prosecutor with expertise in children with disabilities. See our website at [www.americanbar.org/child](http://www.americanbar.org/child) to see the latest, which is on child victims with autism.

**Leigh Ann Davis, M.S.S.W., M.P.A.**  
**Project and Information Specialist**  
**The Arc of the United States**  
**Washington, DC**

**1. What is most striking about these findings?**

The 24.6% rate of sexual abuse among victims with speech impairments seems low; we do not have capacity at this time to know the true number of victims with low-no communicative ability, so I suspect that this rate is actually much higher. How is speech disability being defined for the purposes of this survey?

Although I knew the abuse rate is high since I've been in this field for over 15 years now, seeing that over half of victims experience abuse on more than 20 occasions and 46% said it was too frequent for them to count was alarming.

Fewer than 5% of victims received any benefits from victim witness program.

**2. How do these findings compare to information already available...or is it new? Are our findings consistent with other research?**

This data seems consistent with other smaller studies, data from Canada, and national data, such as national crime victim survey which found people with cognitive disabilities were at greatest risk for victimization, and other data that found people with disabilities were much more likely to be abused several times throughout their lives.

**3. What questions do these findings raise?**

Why are people with certain types of abuse, specifically those with mental health and I/DD more likely to experience abuse of all kinds, and who is doing what to address it (within victim assistance/disability/law enforcement/judicial fields)?

What strategies/tools/assistive technology/etc are people with speech disabilities using to make an outcry or report abuse? What works best in what

situations for people with various types of speech disabilities?

Thank you for including FASD on disability types, but I am sure there are many more victims with FASD. The problem is that this diagnosis is still widely undiagnosed and many people either have no diagnosis or no formal way to get services and supports, so they are not on the radar as having this disability. I'm certain this number is low. Until we have a better understanding of exactly how many people are affected by FASD, we cannot know how many are victimized. We do see in the literature how much more often they are in the criminal justice system, so this needs to be an area of further investigation in the future.

Findings 10/11. Why is the rate of reporting higher in cognitive (autism/dd) disability category compared to mobility disability? Is this mostly attributable to family members or other advocates reporting the abuse, or is the individual him or herself reporting abuse? Is this because those with mobility or mental health disability have to rely on themselves to report the abuse more often than those with cognitive disabilities?

Finding 12. Does this finding refer to people with all types of disabilities?

Finding 24. Fewer than 5% of victims received any benefits from victim witness program. Where are people getting the assistance they need?

#### ***4. What policy changes are needed in view of this finding?***

Data under "reasons for not reporting" section has strong implications for policy changes. Training for people with disabilities, those who work with them on a daily basis, and those whose primary job is to protect society from harm need on-going, practical, effective, evidence-based training to address such deep secrets of abuse which remain carefully hidden in the disability culture.

Mandatory police training via IADLEST which oversees state police officer standards training

must begin seeing this "hidden population" of people with disabilities more clearly, not only those individuals that pose a problem for them while on the job, but learn effective outreach to those who go unheard, yet unserved as suspects and victims. We must seriously consider how people with disabilities are discriminated against as victims or suspects due to having a disability, and begin calling it what it is.

If over half of PWD feel that nothing will happen if they report a crime, or have fear of reporting, then we as a society are not doing our job to provide a pathway to reporting. Disability agencies must create a culture of respect for all people in their small group homes, places of employment, etc. so that abusers stick out like sore thumbs and do not fit in.

#### ***5. What changes in practices are indicated by these findings for parents, law enforcement, victims services or other groups?***

Perhaps it is time for the MH and I/DD fields to begin working more closely together to address this issue. For example, currently some law enforcement who choose to do so receive NAMI's CIT training which focuses on training law enforcement about mental health issues, (only 2 hours out of 40 address I/DD issues).

There needs to be a balanced approach to addressing outreach to crime victims whether they have obvious disabilities or hidden ones. Perhaps CIT training can include more information related to hidden disabilities and include people with these types of disabilities (FASD, I/DDs, Autism) in their training.

Data from this survey show that people with mental health issues are the ones with the biggest numbers in terms of rate of incidence of abuse. Is this because the number of people with MI in America is higher than that of other disabilities, or is there another reason?

Either way, the field is still missing it when it comes to outreach, and we have got to test and

retest methods and strategies that prove effective in identifying crime victims with disabilities, especially those with hidden disabilities that are most often undetected, misunderstood, or generally shoved aside due to other pressing issues.

Findings 22&23. If 83% of PWD say therapy is helpful, why are over half not getting it? Even if they have access to it through a victim assistance or other program, is it provided by someone trained to counsel persons with that particular disability?

We need a national resource list containing the names of such experts, and evidence-based materials must be provided to train more therapists on how to provide one-on-one counseling and support groups. Peer support is also a critical element that has taken off more in the mental health field, but not as much in I/DD field.



**Shirley Pacey, M.A.**  
**Director and Founder**  
**Blue Tower Training**  
**Decatur, IL**

### ***1. What is most striking about these findings?***

The Deaf community results did not appear in every findings category. For example, prevalence of abuse, types of abuse, frequency of abuse, rates of reporting among disability communities. I found that interesting, as Deaf people typically report high rates of abuse.

I was surprised that the bullying rates were not higher for people with developmental disabilities. It is rare that I meet someone with dd who does not report a long history of bullying. I wonder if a definition and examples might have changed this finding.

Regarding findings 9 and 10, is authorities defined

as law enforcement? Some individuals would view authorities as including people in authority, such as APS or even a boss at an agency. It is hard for me to interpret the results without knowing how an authority is defined.

Although I am not surprised by the percentage of people who received therapy, I sure wish it was higher. I do think this is an improvement over my early experiences when most families and dd service providers did not think people with dd could participate in or benefit from therapy. We have come a long way, but have so much work to do in this area.

The finding that the alleged perpetrator was arrested only 9.8% of the time is striking. I am not surprised by this, but we know it can and should be much higher. Conviction rates, of course, are much lower and another area of focused work that is needed.

Perhaps the most striking finding is that fewer than 5% of victims of abuse received any benefits from a victim-witness program. This clearly shows that victims with disabilities do not have equal access to victim services and the criminal justice system.

### ***2. How do these findings compare with information already available...or is it new? Are our findings consistent with other research?***

In general, I think the findings are consistent with other data. It is hard to compare in some ways because of the various methodologies that are used, but all studies I have read indicate a high rate of violence in the lives of people with disabilities.

### ***3. What questions do these findings raise?***

How can we decipher the lack of Deaf community in some of the findings?

Regarding reasons for not reporting: How can we create systems that are responsive to the needs of victims of abuse with disabilities so that they do not feel it is futile to report? How can we create



safety nets so victims with disabilities are not afraid to report? And in what ways can we conduct outreach so that people with disabilities have the proper information to report abuse? (We have done a statewide project in Illinois with collaborative teams in 32 communities, including people with disabilities, which I think is a good model (sexual abuse focus) if you want to know more. Rape Crisis Centers across the state have reported a significant increase in serving people with disabilities.)

The finding about not accessing victim-witness services raises many questions: Are people with disabilities not being referred for victim-witness services? Is there an attitude they cannot benefit? Are people with disabilities who experience abuse not even making it to the prosecutor's offices? Is law enforcement not filing cases with prosecutor's offices? What are the barriers?

Are victim services personnel who conduct bullying training in schools reaching students in Special Education? From my work, they may not even know that they are not reaching all of the students.

#### ***4. What policy changes are needed in view of these findings?***

We need to measure crimes reported against persons with disabilities via the Uniform Crimes Reporting System (so we can measure this accurately and measure changes).

DOJ-OVW grants need to continue and, if possible, to expand the disability grants which focus on sexual and domestic violence of women with disabilities. These focused efforts are imperative to our learning and changing in the intersection of violence and people with disabilities.

Flexible funding is needed so that accommodations can be purchased to support survivors with disabilities.

National accrediting bodies—standards could

include risk reduction, response, empowerment, collaborating with victim services, trauma histories, counseling, etc. (CARF, CQL, JCAHO, etc.)

State laws that empower victims with disabilities are critical. Ex: victims with guardians need to be able to say whether or not they want a forensic exam and/or if they want the evidence released. (We changed this and other laws in Illinois to respond to needs of survivors with disabilities.)

Special Education teachers and other educational professionals need required training on risk reduction and their role in reducing risk factors, best practices response, and accessing victim services.

Law enforcement, prosecutors, and judges need mandatory training on an effective response to victims with disabilities. Training on hate crimes.

Adult Protective Services can influence empowerment of victims and support from disability organizations through their standards and training.

Professional counselors and therapists could have a mandated number of hours of education focused on working with victims of abuse who have disabilities.

Child Advocacy Centers could have standards specific to children with disabilities (in process).

Child Protective Services need to have protocols when reports of abuse of children with disabilities are reported. Oftentimes, these cases are not even investigated.

Early Intervention Programs—should have mandated training on risk factors for abuse, risk reduction, and working with families on this issue.

National groups could have influence and pressure in a positive sense and get folks on board with this issue. I am thinking of entities like the National

District Attorneys Association, the International Association of Chiefs of Police, etc.

***5. What changes in practices are indicated by these findings for parents, law enforcement, victim services, or other groups?***

Collaboration is a key to assuring a best practices risk reduction and response to people with disabilities. When people with disabilities, families, victim services, disability agencies, law enforcement, and others come together with a strong mission, people with disabilities are safer and can have a proactive, compassionate, individualized response when abuse does occur.

The self-advocacy movement is a core value in risk reduction. Self-advocates need to be involved in the solutions. Nothing about us without us!! We have self-advocates conducting educational classes, chairing collaborative teams, training law enforcement and prosecutors, and volunteering at victim service organizations.

Parents/family members need to educate, empower, and advocate with and for their loved ones. Exs: Make sure that people are asking permission before touching or helping their family member. Make sure schools are doing bullying prevention and healthy relationships classes.

Law enforcement needs a model protocol for responding to victims with disabilities. Training is helpful; but a protocol with state and community buy-in is even better, along with training. (We are just finishing this in Illinois.)

Prosecutors need a model protocol for responding to victims with disabilities. (We are also working on this and should be done very soon!)

◇ ◇ ◇

**Marylee P. Underwood, J.D., BSW**  
**Staff Attorney**  
**Kentucky Association of Sexual Assault Programs, Inc.**  
**Lexington, Kentucky**

***1. What is most striking about these findings?***

How frequently the experiences of individuals with mental health issues seemed most severe, e.g highest incidence of abuse, including sexual abuse and multiple incidents.

***2. How do these findings compare to information already available...or is it new? Are our findings consistent with other research?***

These findings appear to be consistent, though some other surveys indicate the lifetime rates of abuse are somewhat higher, especially among individuals with dd.

Interestingly, I notice significant similarities with research related to abuse generally. 62.7% of pwd said they did not report to authorities. According to the National Violence Against Women Survey, about 70% of sexual assaults are never reported to police. Reasons for non-reporting are also strikingly similar.

***3. What questions do these findings raise?***

One unaddressed question was how many perpetrators committed the multiple acts of abuse.

***4. What policy changes are needed in view of this finding?***

Concentrated improvement of adult protection systems, coordinated investigative responses, and expansion of adult abuse registries and prohibitions on hiring prior offenders.

***5. What changes in practices are indicated by these findings for parents, law enforcement, victims services or other groups?***

It appears that getting therapy was helpful to most of those who received therapy services. Unfortunately, many therapists are ill prepared to

work with individuals with disabilities, especially those with developmental disabilities, mental health conditions, and/or speech issues. Great therapist training could be very helpful.



**Jean Solis**  
**The Arc of Aurora**  
**Director of Marketing and Development**  
**Aurora, CO**

1. The data presented in these 24 key findings generally corroborate previous studies on victimization of people with disabilities.
2. Respondents identifying with mental health disabilities reported being victims of abuse at the highest frequency among the responding disability community and also indicated that they report their victimization the least.
3. Finding 1 – Demographics/data on the self-reporting 30% not having experienced victimization: compare to the 70% who did report experiencing victimization to establish variables that may be used to “predict” victimization. Such predictors may be used in policy/research to help eliminate victimization/polyvictimization.
4. Finding 4 - It is good to see the inclusion of financial abuse.
5. Suggested data analysis: Correlation data on types (Findings 4 and 5) and frequency (Findings 6 and 7) to determine polyvictimization, as it’s currently defined in the literature. Such correlation data may have policy and research funding implications.
6. Finding 15 - Why do sums not total 100%? What were the other 37.3% responses? Answer may help determine education initiatives and add to a body of evidence if the number is close to, for

example, Rebecca Campbell, Ph.D.’s finding that 86% of reported sexual assault cases get no further than the police department.

7. We need more reporting of abuse, and response to and support for victims! Implication here is to disability advocates to educate their constituency about both police and community victim service providers. Are VOCA and/or VAWA resources available to assist with this outreach?

8. Bullying data good to have. We must use it to educate schools where people with disabilities report experiencing bullying at nearly twice the rate as elsewhere.

9. Finding 19 – Bullying rate of 42.4% at neighborhood/home: big difference and implication between neighborhood and home. Latter may imply domestic violence?

10. Findings 21-23 – Why no counseling/therapy – these data needed for possible administrative/response/enforcement policy and research implications/actions.



**Paul B. Feuerstein**  
**President/CEO**  
**Barrier Free Living**  
**New York, New York**

I want to begin by expressing my appreciation for the tremendous amount of work that Nora Baladarian and Tom Coleman have done to compile and analyze the data in this study.

For those of us who have spent decades working in the field of abuse of people with disabilities, the results confirm what we have known anecdotally for a long time. It still shocks me to see 90% of respondents with disabilities report that they had been abused multiple times with the great majority reporting between 20 and innumerable instances of

abuse. The day that ceases to shock me is the day I should retire.

That 58% of victims would believe that nothing would happen if they reported abuse very much tracks with the outcomes of reporting: 52.9% reported nothing did happen and only 9.8% of perpetrators were arrested. While family members of a victim getting involved lowered the “do nothing” score to 42.8%, only 7.8% of perpetrators were arrested. I remember an address by our colleague Dick Sobsey who quoted Larry Flint, publisher of *Hustler Magazine*: “If you want to sexually abuse someone, pick a girl with a disability, because you will get away with it.”

Barrier Free Living is an active participant in all three of the Family Justice Centers in New York City and is working closely with the District Attorney’s office in Manhattan as they prepare to open another center. Coordination between police, district attorneys, and service providers is critical in leading to higher prosecution rates of abusers.

The “Do Nothing” statistic will not significantly move until denial is addressed.

When we have presented to special education teachers, the general response has been “not in my classroom.” When we have presented to disability agencies, the response has been “not in my house.”

Colleagues from the district attorney’s office have quoted the 1995 work of Valenti-Hein and Schwartz, that 44% of abusers in that survey worked in a disability setting. When agencies working with people with developmental disabilities were confronted with that, the response was “we can’t let parents know about this problem. They won’t send their children for services.”

Like Penn State was held accountable for years of looking the other way, agencies for people with disabilities should be held accountable for looking

the other way or for hiding incidents of abuse when they are uncovered. When any company treats abuse as an employment issue rather than as a crime, anyone involved in that action should be held accountable.

Generally, anyone who helps criminals hide their crimes is considered an accessory after the fact. We in the disability services field should be held to the same standards.

This report will go a long way in puncturing the bubble of deniability that so many have lived in. We need this report to be an impetus to teach personal safety to children with disabilities at home and in our schools. When 83% of victims with disabilities report that therapy was helpful to their healing, that statistic needs to be an impetus to make more trained counselors available to people with disabilities of all ages.

Up until now, the studies that were done were relatively small. Their results could be ignored or dismissed. No more!

With this great project the reality of the extent of abuse as well as the reality of the failure of systems of protection and support can no longer be ignored.

Now it’s up to us to use all of this good work to transform futility and fear into empowerment by providing individuals with the tools and the support they need to live lives free of abuse.

◇ ◇ ◇

**D.J. Stemmler, COTA, BA**  
**Administrator**  
**University of Pittsburgh Medical Center (UPMC)**  
**Center of Assistive Technology**

### ***1. What is most striking about these findings?***

That the issues still remain the issues. Despite our best efforts over the last 20 years, people with disabilities remain a very vulnerable population.

**2. How do these findings compare to information already available...or is it new? Are our findings consistent with other research?**

I believe they are consistent with our perceptions and confirm our beliefs.

**3. What questions do these findings raise?**

How can we provide prevention /education / awareness more effectively? Are we looking at an epidemic? Can a more medical model like from the CDC be effective? We "people with disabilities" are at great risk of this "infection" of abuse.

**4. What policy changes are needed in view of this finding?**

It does always come down to policy doesn't it? Obviously, if we knew what policies could make a difference the numbers would have gone down. We need to look at best practices and then analyze that and really break it down into a step-by-step here's what worked.

Would it be effective as a national legislative attack or are we thinking more local, state, or community practices? Maybe all. If this high of a percentage of a different population was affected what would be done?

**5. What changes in practices are indicated by these findings for parents, law enforcement, victims services or other group?**

Report, report, report. What incentives can we build into the system for mandated or voluntary reporters that will make it more "attractive" to report? Like a Good Samaritan against abuse law that will give something other than a clear conscience. Stupid thought I know but right now motivation seems lacking.

◇ ◇ ◇

**Mike Collins  
Disability Consultant  
Former Executive Director  
National Council on Disability  
Redmond, Washington**

I reviewed the findings, and find them disheartening to say the least. The prevalence of abuse is staggering. I knew it was high, but not this great a percentage in the different categories.

What is the final number of responses you received? What will your next steps be?

I have a feeling that there needs to be far bigger budgets given to those who provide training to the thousands of mandatory reporters in this country who don't yet know that they are mandatory reporters.

Oh, did I mention that judges need to get serious with the penalties levied upon abusers, so that repeat offenders won't be able to do so on account of being incarcerated.

◇ ◇ ◇

## Comments by Survey Respondents

The following are some comments made by survey respondents. Many questions allowed for a narrative in addition to multiple choice answers.

\* I experienced abuse both when I was a child, and after I got married. The abuse came from my parents when I was a child, and from my wife, my in-laws, my parents, and my neighbors in recent years after my marriage.

\* Not really sure since my son doesn't really speak out for fear of the person leaving or getting in trouble.

\* Had a lot of caregivers initially because of abuse charges I insisted on and finally, I, REPEAT, I was the one who got kicked off the caregiver service and was without services for many years!!!!!!!!!!

\* Rape: twice very bad but private, plus dozens of times forced to have sex with large child in the bed. Emotional and psychological abuse innumerable times.

\* Bullying has occurred in the school environment, as well as neglect or teasing about his speech sounding different.

\* Physical abuse, forced drug overdose, isolation, medicine/food/water/bathroom deprivation.

\* Emotional/verbal abuse of me by parents and occasionally educators. Being made fun of for traits that are right on the DSM (for autistic disorder) while being told that Aspergers doesn't really exist.

\* Major incidents like rape, physical beating,

severe psychological abuse probably 20-40 times. The other abusive things are relatively mild but not insignificant and caused ongoing stress from their cumulative effect. These things are primarily support staff, boyfriends who are at a minimum disrespectful and rude to her, treating her like a child, and yelling at her and threatening punishment if she did not do as she was told (many rights violations), and things like that.

\* Once by an adaptive p.e. teacher in middle school. The adaptive p.e. teacher was asked not to work with my son after this incident. The next year, I learned that she was employed to provide indirect services to him again, without my knowledge or consent. Once by a special ed teacher in high school.

\* I don't know how to answer this. Does bullying count? If so, adding it all up amounts to too many times to count. If not, maybe a dozen times.

\* When my 3 year old daughter with autism was screaming when she saw the school entrance, I knew. She was indifferent at first, but then, she became horrified by the presence of school building, personnel. Then, she locked herself in room to crawl under the tight space to hide...

\* My son was abused by his kindergarten, 1st and 2nd grade teachers. I know of some specific incidents that would number more than 20 times but I don't know about others because he was not able to communicate a lot to me.

\* Almost daily as a child. I used to pray nightly to God to help me learn to be "good" but it never worked. As an adult I realize the abuse was based on my mother's emotional state and not related to anything I had done. I was thirty six before I realized that I was not "bad."

How often have  
you or a family  
member  
experienced  
abuse or  
bullying?

\* social abuse- ostracization, stereotyping, discrimination; denial of service; medical abuse, denial of or poor or inappropriate medical care due to attitudes, stereotyping, dislike of disabled (think we are faking disabilities); abandonment by mother and siblings.

\* Bullying. Instilling fear. Instilling intimidation. Threatening to and turning off my oxygen machine while I'm sleeping. Threatening me. Threatening to "open the front door so my service animals would run into the very very busy Blvd. we live on to get hit by a truck or not come back and maybe I would follow." Locking my 2 service animals outside w/out water on 90- 100 degree days while I was at necessary medical appts. etc.

\* Some strangers react negatively to our son's Down Syndrome and Autistic behaviors by pulling their children away or glaring at him. No physical or verbal abuse has occurred until now. I would characterize it as fear or neglect at most.

\* My brother has developmental issues and cannot make good decisions for himself and we have seen so many times people take advantage or abuse him but it is their word against his.

\* Persons in the school setting have verbally abused our son, an in home worker physically abused my son and also neglected him.

\* Abuse by public school teachers, principal, speech therapist, and others locking son in closet.

\* We adopted our children from foster care and they had been abused in their birth home. One of them has since been abused in 2 different public schools.

\* Forced through unnecessary medical/surgical, and mental health treatment against my will by people who knew I did not consent to these things or who should've known they were wrong.

\* Was placed in a school cafeteria's freezer for a good period of time because he was "aroused". He was in his teens at the time (normal to have these feelings but don't know how to handle them).

\* My sister-in-law (age 55) has intellectual disabilities. She has been sexually abused by her father, raped by a neighbor, beat up by her brothers (twins ages 38). Raped by her brothers friends, verbally abused by brothers, financially abused by her brother and mother. Neglected by her mother, her guardian and the list could go on.

\* My daughter was put in a closet when she refused to eat her lunch. This happened in a public school setting. Another time she was left on the bus for over an hour in the winter.

\* Peers without disabilities often tormented, pushed, or became aggressive with my brother who is Deaf.

\* My son is non verbal with autism. He has been tied to a chair until his arms were bruised by a person with a Ph.D., knocked down and stepped on his face leaving a shoe print by a bus driver, nose broken by a different bus driver and a caregiver exposed him to sexual abuse hopefully I caught it in time before anything happened.

\* Possibly sexual abuse. A staff person who worked with my son was accused of sexually abusing another client but they could never determine if he abused my son. My son is non-verbal!

What types of abuse have you or your family member experienced?

## **Lack of Reporting – Why?**

(statements from survey respondents)

- \* There are too many in the service industry that cover each others back if they are from the same agency.
- \* In some (less common) cases, I could not report emotional abuse because the authority to whom I would have reported, my teacher, was the abuser.
- \* I believed that the repercussions would be more damaging than the abuses suffered.
- \* It is too difficult. People have rights, but it takes forever and the system is reluctant to enforce its own standards.
- \* Could not safely file a report without placing myself in further danger, unless I waited until I reached the age of majority.
- \* I reported the abuse repeatedly to my parents, who chose to do nothing.
- \* Didn't think of it as abuse until being told it was later on.
- \* I was told not to push it or they may put me in a "home" to shut me up.
- \* Two principals were notified, but handled each complaint with their own investigation without contacting authorities.
- \* My family was advised by our church to not report the incident.
- \* The sexual and physical abusive episodes were not reported because of my family member's fear and being threatened.
- \* Reported to school authorities, not police. Thought it was the right thing to do, didn't consider, nor did anyone suggest reporting to the police.
- \* Didn't believe that the authorities would do anything. Told friends but they felt helpless to do anything but to try to support me.



# Project Consultants

The individuals listed here are Consultants to the Disability and Abuse Project. As such, the Project Director calls upon them periodically for advice on specific issues relevant to the Project. Each of the Consultants brings a unique perspective to these issues and lends valuable expertise to the important work that we do. (More information: [www.disabilityandabuse.org/consultants.htm](http://www.disabilityandabuse.org/consultants.htm).)

Nancy A. Alterio  
Executive Director  
Disabled Persons Protection Commission  
Commonwealth of Massachusetts  
([more information about Nancy A. Alterio](#))

David Boulding  
Attorney at Law  
Fetal Alcohol Syndrome Consultant  
British Columbia, Canada  
([more information about David Boulding](#))

Lori M. Brown  
Director of Forensic Services,  
Crimes Against Children Unit  
Oconee County Sheriff's Office  
Watkinsville, GA  
([more information about Lori M. Brown](#))

Russell Butler  
Executive Director and Attorney  
Crime Victims Resource Center, Inc.  
Baltimore, MD  
([more information about Crime Victims Resource Center](#))

Mike C. Collins  
Disability Consultant  
Former Executive Director  
National Council on Disability  
Redmond, Washington  
([more information about Mike C. Collins](#))

Randy Costales  
Executive Director  
The Arc of New Mexico  
([more information about The Arc of New Mexico](#))

Howard Davidson  
Director  
Center on Children and the Law  
American Bar Association  
Washington, DC  
([more information about Howard Davidson](#))

Leigh Ann Davis, M.S.S.W., M.P.A.  
Project and Information Specialist  
The Arc of the United States  
Washington, DC  
([more information about Leigh Ann Davis](#))

Shirley Dove  
Parent Advocate  
Past President of  
The Arc of California  
Ventura, California  
([more information about Shirley Dove](#))

Jennifer Edwards-Hawkins  
Program Director  
Disabled Persons Protection Commission  
Commonwealth of Massachusetts  
([more information about Disabled Persons Protection Commission](#))

Diana Faugno, MSN, RN, CPN, SANE-A, SANE-P, FAAFS, DF-IAFN  
Board Director/Treasurer End Violence Against Women International  
Forensic Registered Nurse Consultants  
([more information about Diana Faugno](#))

Paul B. Feuerstein  
President/CEO  
Barrier Free Living  
New York, New York  
([more information about Barrier Free Living](#))

Angela Gilmartin  
Attorney at Law  
Education and Advocacy on Disability Issues  
Woodland Hills, California  
([more information on Angela Gilmartin](#))

Marilyn Grundy  
Conference Coordinator  
National Children's Advocacy Center  
Huntsville, AL  
([more information about NCAC conferences](#))

Jamie Hoffman-Rosenfeld, MD  
Chief, Section of Child Advocacy and Protection  
Cohen Children's Medical Center  
Medical Director, Queens Child Advocacy Center  
([more information about Queens Child Advocacy Center](#))

Julie Kenniston, MSW, LSW  
Director of Training and Education  
Butler County Children Services (Hamilton, OH) and Executive Director of  
The Center for Family Solutions (Butler County)  
([more information about Julie Kenniston](#))

Eva Kutas  
Director, Office of Investigations and Training  
Department of Human Services  
Oregon Health Authority  
Salem, Oregon  
([more information about Eva Kutas](#))

Pam Malin  
Disability Abuse Advocate  
Disabilities Coordinator, Sexual Assault Center of Family Services  
NE Regional TA Coordinator, WCASA  
Board Member, WBPDD  
Greenbay, Wisconsin  
([more information about Pam Malin](#))

Sheila Mansell, Ph.D.  
Registered Psychologist  
Mansell Psychological Consulting, Inc.  
Calgary, Alberta, Canada  
([more information about Sheila Mansell](#))

Luz Marquez-Benbow  
Associate Director  
Sisters of Color  
Ending Sexual Assault  
Troy, New York  
([more information about Luz Marquez-Benbow](#))

Nyla McCarthy  
Training and Prevention Unit Director,  
Oregon State Office of Investigation and Training  
Chair, Portland Commission on Disabilities  
Principal Consultant, Catalysts for Change  
Portland, Oregon  
([more information about Nyla McCarthy](#))

Shirley Pacey, M.A.  
Director and Founder  
Blue Tower Training  
Decatur, IL  
([more information about Shirley Pacey](#))

Roberta Sick, M.Ed., L.P.C.  
Project Director  
Crime Victims with Disabilities  
Partners for Inclusive Communities -- UAMS  
North Little Rock, Arkansas  
([more information about Roberta Sick](#))

Dick Sobsey, Professor Emeritus  
Department of Educational Psychology  
Associate Director, JP Das Center on  
Developmental and Learning Disabilities  
University of Alberta  
Edmonton, Canada  
([more information about Dick Sobsey](#))

Mary E. Wambach  
The Deaf and Hard of Hearing Center  
Corpus Christi, TX  
([more information about Mary E. Wambach](#))



Jean N. Solis, M.A.  
Director of Marketing and Development  
The Arc of Aurora (CO)  
([more information about The Arc of Aurora](#))

D.J. Stemmler, COTA, BA  
Research Specialist  
University of Pittsburgh  
Dept. of Infectious Diseases and Microbiology  
HIV Prevention and Care Program  
Pittsburgh, PA  
([more information about D.J. Stemmler](#))

Jim Stream  
Executive Director  
The Arc of Riverside County  
([more information about The Arc of Riverside County](#))

Amy C. Tishelman, Ph.D. Licensed Clinical  
Psychologist  
Director, Research and Training  
Child Protection Program  
Children's Hospital Boston  
([more information about Amy Tishelman](#))

MaryLee P. Underwood, J.D., BSW  
Public Policy Advisor  
Commonwealth Council on Developmental  
Disabilities  
Frankfort, Kentucky  
([more information about MaryLee Underwood](#))

Alice Vachss  
Special Prosecutor for Sex Crimes  
Lincoln County, OR  
([more information about Alice Vachss](#))

# Findings from the 2012 Survey on Abuse of People with Disabilities

The following are the key findings that emerged from an analysis of the responses to the survey. These findings were mentioned in this report ([www.disabilityandabuse.org/survey](http://www.disabilityandabuse.org/survey)). They are repeated here with links that will take the online reader directly to the area of the report from which the data for a specific finding was taken. For example, to view data on finding #1, click on the link from Report #1 and go to question #7 in that report.

## Prevalence of Abuse

1. More than 70% of people with disabilities who took the survey reported they had been victims of abuse. (Q-7 of [Report #1](#) - PWD) [958 out of 1364 respondents]
2. More than 63% of parents and immediate family members reported that their loved one with a disability had experienced abuse. (Q-7 of [Report #2](#) - Fam) [1431 out of 2249 respondents]
3. Some disability types had a higher incidence of abuse than others. (Q-7 of [Report #4](#) - Types)  
mobility 55.2% / autism 66.5% / I/DD 62.5% / speech 67.1% / mh 74.8%  
\* I/DD = intellectual/developmental \*\* mh = mental health

## Types of Abuse

4. People with disabilities who were victims reported having experienced various types of abuse. (Q-8 of [Report #1](#) - PWD) [938 respondents]  
verbal-emotional 87.2% / physical 50.6% / sexual 41.6% / neglect 37.3% / financial 31.5%
5. The rate of sexual abuse varied greatly among victims depending on the type of disabilities they had. (Q-8 of [Report #4](#) - Types)  
mobility 31.6% / autism 24.9% / dd 34.2% / speech 24.6% / mh 47.4%

## Frequency of Abuse

6. More than 90% of people with disabilities who were victims of abuse said they had experienced such abuse on multiple occasions. Some 57% of these victims said they had experienced abuse on more than 20 occasions, with 46% saying it was too frequent for them to even count. (Q-12 of [Report #1](#) - PWD)
7. The rate of victimization reported by various disability communities (pwd and families) was rather consistent, with the following victim types reporting having been abused 10 or more times at the following rates. (Q-12 of [Report #4](#) - Types)  
mobility 45.7% / autism 44.3% / I/DD 39.9% / speech 43.8% / mh 59.4%

## Disability Types of Victims

8. These are the types of disabilities that victims of abuse have. (Q-6 of [Report #13](#) - Victims)  
I/DD 38.4% / mh 30.5% / autism 28.8% / mobility 22.6% / speech 16.9% / Deaf 10.3% / blind 7.2% / fasd 4.4%

## Reporting of Abuse

9. Among people with disabilities who reported being victims of abuse, nearly two-thirds did not report it to the authorities. (Q-9 of [Report #1](#) - PWD)

62.7% did not report abuse / 37.3% did report abuse

10. When both families of victims and people with disabilities who are victims are considered, the rate of reporting increases (attributable to increased reporting by family members of victims). (Q-9 of [Report #13](#) - Victims)

48.3% did not report the abuse / 51.7% did report the abuse

11. The rate of reporting varies among disability communities (people with disabilities or “pwd” and families). (Q-9 of [Report #4](#) - Disability Community)

mobility 39.5% / autism 55.4% / dd 54% / speech 52.8% / mh 44.2%

12. The rates of non-reporting are high even with the most serious forms of abuse. For example, some 40% of victims of physical abuse (violence) did not report the abuse to the authorities. (Q-9 of [Report #14](#) - Physical Abuse Victims). More than 41% of victims of sexual abuse did not report. (Q-9 of [Report #15](#) - Sexual Abuse Victims)

## Reasons for Not Reporting

13. People with disabilities who were victims gave various reasons for not reporting the abuse. (Q-11 of [Report #1](#) - PWD)

futility – 58% believed that nothing would happen

fear – 38% had been threatened or were otherwise afraid

lack of information – 33% did not know how to or where to report

14. Explanations for not reporting varied among disability communities (pwd and families). (Q-11 of [Report #4](#) - Disability Communities)

futility – mobility 56% / autism 54.1% / I/DD 59.1% / speech 56.7% / mh 75%

fear – mobility 30.4% / autism 25.4% / I/DD 27.8% / speech 30.0% / mh 57.4%

lack of info – mobility 30.9% / autism 42.1% / I/DD 32.1% / speech 36.7% / mh 52.3%

## Outcomes of Reporting

15. In most cases when victims with disabilities reported incidents of abuse to authorities, nothing happened. Alleged perpetrators were arrested in a small percentage of cases reported to authorities. (Q-10 of [Report #1](#) - PWD)

alleged perpetrator was arrested - 9.8% / nothing happened - 52.9%

16. When reporting by families as well as reporting by people with disabilities who were victims is considered, the rate of nothing happening decreases to 42.8%. This is a little better outcome but is still a disappointing number. Unfortunately, the percent of alleged perpetrators who are arrested also

decreases to 7.8%. (Q-10 of [Report #13](#) - Victims)

## Prevalence of Bullying

17. More than 73% of people with disabilities who participated in the survey reported they had been victims of bullying. Most of these victims had experienced bullying on multiple occasions, with 38% saying that their victimization had lasted for years. (Q-15 of [Report #1](#) - PWD)

18. People with autism and people with mental health problems were victims of bullying at a significantly higher rate than people with other types of disabilities. The following are the rates of bullying reported by various disabilities communities (pwd and families). (Q-13 of [Report #4](#) - Disability Communities)

mobility 55% / autism 77% / I/DD 64.3% / speech 66.8% / mh 74.7%

19. Most bullying occurred at school, followed by neighborhood or home, followed by work. (Q-14 of [Report #1](#) - PWD)

school 72% / neighborhood or home 42.4% / work 36.8% / sports team 8.8%

## Frequency of Bullying

20. Most victims say their experience of bullying is not an isolated incident but rather something that happened on multiple occasions. (Q-12 of [Report #4](#) - Types)

more than once - mobility 89% / autism 89% / dd 88% / speech 89% / mh 95%

10 or more times - mobility 45.7% / autism 44.3% / I/DD 39.9% / speech 43.8% / mh 59.4%

## Getting Therapy

21. Most people with disabilities who are victims of abuse or bullying do not receive counseling or therapy. (Q-17 of [Report #1](#) - PWD)

did receive therapy - 38.7% / did not receive therapy 65.4%

22. When therapy was provided, 83% of people with disabilities who were victims say that it was helpful to them. (Q-18 of [Report #1](#) - PWD)

23. More than 63% of victims of physical abuse and 52% of victims of sexual assault did not receive therapy. (Q-17 of [Report #14](#) - Sex Abuse Victims, and Q-17 of [Report #15](#) - Physical Abuse Victims)

## Victim/Witness Programs

24. Fewer than 5% of victims of abuse received any benefits from a victim-witness program. (Q-10 of [Report #13](#) - Victims) This is true even for victims of physical abuse (Q-10 of [Report #14](#) - Physical Abuse Victims). A slightly higher percent of sexual abuse victims, some 8.6%, received benefits through a victim-witness program. (Q-10 of [Report #14](#) - Sexual Abuse Victims)

# A Guide on Responding to Suspected Abuse of People with Developmental Disabilities

Ten tips for Parents or Family Members whose Loved One Receives School, Residential, Transportation, Day Program, Vocational, or Other Direct or Support Services

by Nora J. Baladerian, Ph.D.

1. Know and believe that abuse can happen to your loved one
2. Become familiar with the signs of abuse. Any signs of injury, changes in behavior, mood, communication, sleep, or eating patterns are included.
3. When you suspect something is wrong, honor your feeling and take action immediately. See #4.
4. When you suspect abuse, call a Child or Adult Protective Services agency and the police.
5. Do not discuss your suspicions with anyone at the program where you believe abuse is occurring. They may deny any problem, punish your loved one, and attempt to destroy evidence that may exist.
6. Remove your loved one from the program immediately.
7. If there are injuries or physical conditions, take your loved one to a physician, not only to diagnose and treat the condition, but create documentation of your visit and the findings. Take your loved one to a mental health practitioner who can document the changes in his or her behavior and mood and who can document what your loved one's memories are of the abuse.
8. Create a document in which you write all of your activities. Begin with when you first suspected abuse or neglect. What were the signs or signals you noticed? Write the dates of these, and if there were injuries, detail what they were, their appearance, and where on the body you saw them. If staff gave an explanation, record this in your file. Write down when you called the police or protective services agency, the name of the representative, time and date of the call, and what was said. If a staff member discussed this with you, write down what they said and their name and the date and time of the discussion.
9. Notify the Regional Center representative of your findings, suspicions, and actions or your disability program in your state.
10. Get a police report. Contact the Victims of Crime program in your area and seek their support for reimbursement of costs and therapy for the family.

Produced by the Disability and Abuse Project of Spectrum Institute

[www.disabilityandabuse.org](http://www.disabilityandabuse.org)

([Spanish Language Version of this Guide](#) is found at [disabilityandabuse.org/resources](http://disabilityandabuse.org/resources))

# Disability and Abuse Survey

## Recommendations

(per individual or agency)

### People with Disabilities

1. Risk Reduction. The first step in risk reduction is acknowledging that abuse does occur to children and adults with disabilities. If you have a disability, admit that someone may try to take advantage of you or hurt you – emotionally, physically, sexually, or financially. (Page 6)
2. Risk Reduction. It is highly recommended that people with disabilities and those in their circle of support obtain, read, and implement Dr. Nora Baladerian's new book on risk reduction. (*A Risk Reduction Workbook for Parents and Service Providers*) The book will be available in the Fall of 2013 through the website of the Disability and Abuse Project ([disabilityandabuse.org/books](http://disabilityandabuse.org/books)) (Page 6)
3. Risk Reduction. *The Rules of Sex* is recommended for people with intellectual disabilities and their parents. (Page 6)

### Parents and Family Members

1. Risk Reduction. If you have a family member with a disability, as hard as it may be to think about this, admit it – someone may abuse your loved one. (Page 6)
2. Risk Reduction. It is highly recommended that people with disabilities and those in their circle of support obtain, read, and implement Dr. Nora Baladerian's new book on risk reduction. (*A Risk Reduction Workbook for Parents and Service Providers*) The book will be available in the Fall of 2013 through the website of the Disability and Abuse Project ([disabilityandabuse.org/books](http://disabilityandabuse.org/books)) (Page 6)
3. Risk Reduction. *The Rules of Sex* is recommended for people with intellectual disabilities and their parents. (Page 6)
4. Improve Reporting. Read the 10 tips for parents or family members whose loved one receives school, residential, transportation, day program, vocational, or other direct or support services. (Page 34)



## **Service Providers**

1. Risk Reduction. If you are a provider of services to people with disabilities, you need to be aware that someone associated with your company or agency may abuse a client. (Page 6)
2. Risk Reduction. It is highly recommended that people with disabilities and those in their circle of support obtain, read, and implement Dr. Nora Baladerian's new book on risk reduction. (*A Risk Reduction Workbook for Parents and Service Providers*) The book will be available in the Fall of 2013 through the website of the Disability and Abuse Project ([disabilityandabuse.org/books](http://disabilityandabuse.org/books)) (page 6)
3. Risk Reduction. *The Rules of Sex* is recommended for people with intellectual disabilities and their parents. (Page 6)
4. Improve Reporting. Service providers should have a policy in place that requires parents and guardians to be given a fact sheet on abuse, including possible signs of abuse, and information on how and where to report suspected abuse. (Page 7)
5. Parent Education. Regional centers or similar agencies should conduct risk reduction seminars for parents and direct service workers periodically to emphasize the signs of abuse, the need for parental awareness, and the importance of immediately reporting suspected abuse to the police. (Page 7)
6. Therapy for Victims. Regional centers that operate in California, and similar agencies in other states, coordinate access to needed services for people with disabilities and their families. Victims of abuse who are clients of regional centers should request a referral to a qualified therapist. The regional center should pay the therapist. (Page 10)
7. Improved Reporting. Victims and families might have more of an incentive to report abuse if they are informed by service providers and regional centers that compensation is available to victims who file reports with the police. If victims are told that medical expenses and the cost of psychological therapy can be paid by the Victim Compensation Fund, victims might be more likely to report the crime. Also, reporting is more likely if victims believe the Regional Center will support them, even if abuse was committed by a vendor. (Page 12)
8. Conferences. Advocacy, professional, and service organizations can include panels on disability and abuse in the conferences they sponsor. (Page 13)
9. Zero Tolerance Policy. Service providers can develop a Zero Tolerance Suspected Abuse Policy for their agencies, similar to S.T.E.P. in Sacramento. (Page 13)
10. Client Education. Regional centers and other service coordinating agencies need to inform parents about the risk of abuse to their minor and adult children with disabilities. They should inform the client by using Dr. Baladerian's book: *Risk Reduction for People with Disabilities* or the "Ten Tip Guide". (Page 13)

## **Law Enforcement**

1. Outreach Programs. Police departments should periodically provide speakers to gatherings of people with disabilities, parents, and direct service workers to let them know that abuse of people with disabilities is taken seriously and that reports will be handled promptly, professionally, and with sensitivity. (Page 8)
2. Improve Prosecution. First responders to reported cases of abuse against people with disabilities need special training in how to investigate and assess such cases. Follow-up investigators also need to develop specialized skills for interviewing and gathering evidence. (Page 8)
3. Improve Prosecution. Sometimes relevant trainings on investigative techniques are offered at national conferences. For example, Dr. Baladerian made a presentation on “Child Abuse Victims with Disabilities: The Forensic Interview” at the National Symposium on Child Abuse in Huntsville, Alabama in March 2012. Law enforcement and prosecutorial agencies should send staff to seminars of this nature. (Page 9)
4. Improve Prosecution. APS agencies in each state should send personnel to state and national conferences that offer specific trainings on investigations of suspected abuse of people with disabilities. (Page 9)
5. Training. Training programs by local police departments should advise those who are assigned to take complaints and write incident reports of their duty to advise victims of their eligibility for compensation and how and where to apply for it. (Page 12)
6. Continuing Education. Law enforcement agencies can use videos and materials available through our website for training purposes. ([disabilityandabuse.org/resources](http://disabilityandabuse.org/resources)) (Page 13)
7. Conferences. Advocacy, professional, and service organizations can include panels on disability and abuse in the conferences they sponsor. (Page 13)
8. Each police department could designate one or more officers to receive specialized training. They could also assign a special unit for these cases. (Page 8)

## **Mandated Reporters**

1. Educational Materials. The offices mandatory reporters (doctors, dentists, therapists, etc.) should have brochures on abuse, risk reduction, and reporting available to parents and people with disabilities. A three-fold brochure could be read while clients are waiting or picked up and taken home for later reading. Titles might include: Abuse and Disability: What You Should Know / Abuse and Disability: Risk Reduction Methods / Abuse and Disability: How to Report a Suspected Case. The American Medical Association or state professional associations could take the lead and develop such brochures for their members. (Page 7)
2. Conferences. Advocacy, professional, and service organizations can include panels on disability and abuse in the conferences they sponsor. (Page 13)

## **Legislatures**

1. Mandatory Education. In states that have regional centers or other agencies that coordinate services for people with disabilities and their families, the law should require that such agencies supply clients with an abuse fact sheet of this nature. Even without a law, agencies should do this anyway. Parents should be required to sign a form showing they have received this fact sheet. (Page 7)

## **Universities**

1. Trauma Therapy Courses. Universities and professional training institutes should offer more courses in trauma therapy and skill-building classes and seminars in providing therapy to clients with disabilities. If such classes are not readily available, students can't take them. (Page 10)

## **Psychological Associations**

1. Continuing Education. Professional associations should encourage therapists to take continuing education classes that deal with victimization and trauma or disability and abuse. More panels on these topics should be offered at local, state, and national conferences. (Page 10)

2. Specialty Certification. Professional associations should also offer specialty certification for those with advanced training in providing therapy to clients with intellectual or developmental disabilities. (Page 10)

3. APA Therapy Referral Programs. Identifying therapists who have these skills is a major part of the problem in connecting clients in need with qualified therapists who are available. The American Psychological Association (APA) should develop a pilot project, perhaps with funding from the federal Office for Victims of Crime, to establish an appropriate and effective referral program in two or three states. (Page 10)

4. State Therapy Referral Programs. If the APA does not heed this call, then psychological associations in California and New York should take the lead on this. It is not unusual for these two states to provide leadership to the nation on cutting edge issues. (Page 10)

5. Conferences. Advocacy, professional, and service organizations can include panels on disability and abuse in the conferences they sponsor. (Page 13)

## **Victims of Crime Programs**

1. Therapy Referral Program. These victims compensation programs should fund the creation of a separate nonprofit agency whose sole function is to find therapists who treat trauma victims, train therapists in helping clients with special needs, and refer victims to local therapists who are qualified and available. (Page 11)

2. Parent Education. Since nearly half of abuse cases are not reported to police or protective services workers, the failure to report is an automatic barrier to compensation. So one way to make sure that more victims get compensation is to improve the rate of reporting of abuse that rises to the level of a crime – physical assault, sexual assault, etc. Victims of Crime programs should work with service providers to develop ways to encourage parents and people with disabilities to report cases of abuse. (Page 12)

3. Annual Notices. It is suggested that state Victim Compensation Programs annually send a notice to local police agencies to remind them of the duty to inform victims of their right to apply for financial assistance. (Page 12)

### **Insurance Companies**

1. Continuing Education. Insurance companies can also play a part in improving the quality of therapy services received by abuse victims with disabilities. Insurance companies can sponsor the development of training materials or sponsor seminars for therapists who are members of their network of service. (Page 11)

2. Compensation Rates. A higher rate should be paid to a therapist certified in trauma and disability than to a generic therapist. The certified specialist will be more effective, and possibly help a client recovery sooner than a generic therapist. Paying higher rates to a certified specialist may attract more therapists to seek and develop a specialty in disability and abuse. (Page 11)

3. Telephone or Video Therapy. Telephone or video therapy would be especially helpful for victims with mobility disabilities and for people in rural or isolated areas or those who cannot find a qualified therapist in their vicinity. Insurance companies should authorize payment for telephone or video therapy. (Page 11)

### **Office of Victims of Crime**

1. More Funding. Since therapy is so important for the recovery of victims of crime, and since therapists who are qualified to provide services to victims with disabilities are few in number, the federal Office of Victims of Crime should devote funding to address this issue. (Page 11)

2. Referral System. OVC should fund a project designed to promote more therapy options for victims of crime, especially for victims with disabilities. Such an OVC-funded project should look into the development of a nationwide referral system. It should encourage insurance companies and victim compensation programs to authorize phone therapy or “skype therapy” for those who cannot travel. (Page 11)

3. More Funding. Funding agencies such as the Office for Victims of Crime and the Office on Violence Against Women can provide grants for special projects focused on disability and abuse, such as the ones mentioned in this report. (Page 13)

## **College Students**

1. Therapy Training. When undergraduate students are considering a career, they should think about the possibility of becoming a therapist. Graduate students who are about to do internships should consider aligning themselves with a therapist who provides services to clients with disabilities. (Page 11)

## **Therapists**

1. Continuing Education. Once in clinical practice, therapists should take a seminar or read a book on abuse and disability. Learn the basics. They should consider making this field their specialty. The need certainly exists. (Page 11)

## **Schools**

1. Training and Reporting. Staff at schools should receive training in abuse – definitions, recognition, response and reporting. When abuse is suspected, it should be reported directly to the police. (Page 13)

---

This report was released on September 5, 2013.

---

## **Contact Information**

Nora J. Baladerian, Ph.D.  
Disability and Abuse Project  
2100 Sawtelle Blvd., Suite 204  
Los Angeles, CA 90025 • (310) 473-6768  
[nora.baladerian@verizon.net](mailto:nora.baladerian@verizon.net)  
[www.disabilityandabuse.org](http://www.disabilityandabuse.org)

To view or download a copy of this report,  
or to review sets of data from the survey,  
go to: [www.disabilityandabuse.org/survey](http://www.disabilityandabuse.org/survey)