



SEXUAL ABUSE OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

Brief One: Contributing Factors

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NOTE FROM THE EDITOR

This series focuses on Ohio’s developmental disabilities system of programs and services, including government agencies, private organizations, and public and private providers. It is true that many individuals with developmental disabilities are abused by a family member or friend in the home and some may never participate in the state’s system of programs and supports for people with developmental disabilities. However, most individuals with developmental disabilities do receive services from the DODD, county boards, and providers that the state oversees, and policies aimed at improving the system’s responses to sexual abuse are an effective starting point. While all individuals with disabilities are more likely than the general population to experience sexual abuse, the vulnerabilities of individuals with developmental disabilities are unique. Since Ohio’s developmental disabilities system has different policies and procedures, both operationally and administratively, from the system of supports for individuals with other disabilities, this report focuses only on the developmental disabilities system.

INTRODUCTION

Sexual assault against individuals with developmental disabilitiesⁱ is far more common than most Ohioans imagine. While local news stories occasionally report incidents of sexual abuseⁱⁱ or the prosecution of abusers, these stories are treated as singular events, not evidence of a systemic problem. In reality, research points to a strikingly high prevalence of sexual assaults of individuals with developmental disabilities in Ohio and nationwide. Since 2007, the Ohio Department of Developmental Disabilities (DODD) has substantiated 258 allegations of the sexual abuse of individuals with a developmental disability committed by individuals without a developmental disability and it is likely that many more abuses go unreported or unsubstantiated.

Despite the prevalence of sexual abuse against individuals with developmental disabilities, in Ohio there is inadequate research and no statewide coordinated effort across all involved groups—including state agencies, researchers, care providers, victim advocates, law enforcement, families, and individuals with disabilities—designed to specifically confront sexual abuse and develop new strategies to prevent sexual assaults on individuals with developmental disabilities. It is critical for Ohio to address the void between anecdotal stories of abuse and the statistics that indicate the wider failure to prevent and prosecute these crimes.

This brief is the first in a series on sexual abuse of individuals with developmental disabilities. It focuses on some of the factors that contribute to sexual abuse in the developmental disabilities community and provides recommendations for ways to improve the system. Future briefs will discuss the services and supports provided to individuals who have experienced sexual abuse and the gaps in the criminal justice system’s identification and conviction of offenders. Together, these briefs will identify the social and systematic factors that contribute to sexual abuse against individuals with developmental disabilities, the barriers to justice when such abuse occurs, and recommendations to systematically address these issues in Ohioⁱⁱⁱ.

ⁱ For the purposes of this report, “developmental disabilities” follows the definition outlined in the Developmental Disabilities Act, section 102(8) and is used to encompass impairments of general intellectual functioning or adaptive behavior that is manifested before an individual reaches age 22. This definition is not without problems; however, it is commonly used in rules and laws.

ⁱⁱ For the purposes of this report, “sexual abuse” is defined broadly, using a clinical definition of any assault or crime of a sexual nature performed with a minor or nonconsenting adult. Some of the cited source material may use somewhat different definitions of sexual abuse or sexual assault.

ⁱⁱⁱ This report does not include the specific issue of peer-to-peer abuse, in which an individual with developmental disabilities is abused by another individual with developmental disabilities. Peer-to-peer abuse is fraught with additional complications, since often the abuser is also a victim and may not fully understand his or her actions. Though it is not discussed explicitly, recommendations provided in this report could also help reduce instances of peer-to-peer abuse.

HOW COMMON IS SEXUAL ABUSE OF PEOPLE WITH DISABILITIES?

In 2012, Dr. Nora Baladerian and the Disability and Abuse Project surveyed individuals with any type of disability, family members of individuals with disabilities, caregivers of individuals with disabilities, and responders to abuse. This survey was the first national survey of its kind focusing on incidents of, responses to, and attitudes toward abuse and victimization of both adults and children with any disability^{iv}. An analysis of the survey results revealed that 70% of respondents with any disability reported that they had been victims of abuse, with 41.6% of respondents with any disability reporting some type of sexual abuse^v. One third (34%) of respondents with a developmental disability reported being victimized by some type of sexual abuse [1]. The Disability and Abuse Project survey indicated that, of individuals with any disability who reported abuse, over 90% experienced abuse on more than one occasion and 46% experienced abuse more frequently than they could count [1]. Likewise, a different study indicates that children with developmental disabilities and mental health diagnoses are 4.6 times more likely to be sexually abused than children with no disabilities [3].

^{iv} The Disability and Abuse Project 2012 National Survey on Abuse of People with Disabilities included participation by approximately 7,300 people, including approximately 2,501 people with all types of disability. Because the sample population was voluntary and not a random population, prevalence rates may include sample bias.

^v For the purposes of this report, the term “victim” is used to represent individuals who have experienced abuse in order to avoid confusion in the discussion of state policies, rules, and laws that use that term. The term “victim” is problematic and has been replaced with the term “survivor” by many experts and individuals. Disability Rights Ohio recognizes that individuals who experience abuse often do not identify themselves as victims and we respect and encourage the empowerment that can come from the use of other terms.

FACTORS THAT CONTRIBUTE TO SEXUAL ABUSE

In order to build an appropriate sexual abuse risk reduction and response system in Ohio, we need a thorough understanding of the reasons why this type of abuse occurs. With an understanding of the factors that contribute to sexual abuse of individuals with disabilities, Ohio can build systems that address these factors, reduce abuse, and improve the response to abuse. Abusers are well aware of the factors detailed below and actively seek out individuals with developmental disabilities because of these vulnerabilities.

Dependency and Limitations in Service Providers

Research has shown that if a person is unable to independently perform the basic daily tasks of living (e.g. eating, putting on clothes, bathing), that person is at a risk for abuse. In a 2001 study, women with disabilities said that their limited ability to perform basic daily tasks was the factor that turned ordinary situations into situations where there was potential for abuse [4]. Individuals with developmental disabilities are often restricted to specific locations and activities in their daily lives. These environmental restrictions can also limit their ability to leave abusive situations and report their allegations. The risk is potentially even greater when the individual has difficulty with communication, as potential perpetrators know that the individual will have difficulty telling someone else that abuse has occurred, reducing the likelihood that they will be able to report the incident.

A 2000 study found that individuals with disabilities often depended on their abuser for daily care or economic needs [5]. Individuals in residential facilities typically do not have a choice about who will provide services to them, nor can they ensure that providers and coworkers have had background checks and other character references to ensure that they are not likely to commit abuse.

Accompanying the analyses are real examples of Major Unusual Incidents (MUIs) from the Ohio Department of Developmental Disabilities that exemplify some of these issues. While these examples are real, all identifying information has been removed or altered to ensure confidentiality.

EXAMPLE 1

An individual with developmental disabilities and a mental health diagnosis was repeatedly sexually harassed by a supervisor at her place of community employment. Eventually, the perpetrator told the victim to go to a room where the perpetrator sexually assaulted the victim. The victim later stated that she followed the perpetrator into the room because she thought she would get in trouble at work and lose her job if she did not. The offender was prosecuted and convicted.

Likewise, many individuals with disabilities who live in the community and need assistance with basic daily tasks have to allow others into their homes. Sometimes individuals in the community do not have a choice about who will provide these services, especially if they use a provider agency who determines staff assignments. Some individuals would not be able to live in the community without these services; so even if they do not completely trust the person providing a service, they may have to depend on that person and allow him or her access to their homes and lives. Individuals with developmental disabilities often must fight hard for opportunities to live and work in the community, so they may be reluctant or unable to leave once they achieve these opportunities.

Isolation

Individuals with disabilities continue to be isolated in our society, leading to an increased risk of abuse. A study of 415 women with physical disabilities found that participants who were more socially isolated had a higher likelihood of experiencing abuse [6]. Other research has identified isolation as a factor that could intensify abuse and further restricts a person's ability to respond to the abuse [4]. Lack of employment has also been linked with experiences of abuse [7]. When individuals do not have employment and community involvement, there are fewer opportunities for victims to communicate and for others to observe signs of abuse. Individuals with disabilities in Ohio are often isolated from the larger community and have barriers to community participation, including a lack of affordable housing, minimal transportation options, and limited access to integrated and supportive employment. These factors have the potential to increase social isolation and risk of abuse.

Disability Rights Ohio is particularly concerned with the isolation of individuals with disabilities during transportation by private providers.

DRO is aware of an alarming number of allegations of sexual abuse by drivers. These victims of sexual abuse are often completely isolated during the transportation services because they are alone with the driver.

EXAMPLE 2

An individual with developmental disabilities was sexually abused multiple times by a driver that took the individual from a sheltered workshop to a community job site. On one occasion when other workers were also transported, the perpetrator sexually assaulted the individual once other workers were at a different part of the job site. The perpetrator was prosecuted and convicted.

Lack of Appropriate Education on Rights and Abuse

Lack of education and freedom to make decisions can make individuals with developmental disabilities less likely to report sexual abuse. Stigma and stereotypes create images of individuals with developmental disabilities

as childlike and asexual. These stereotypes make it seem inappropriate or unnecessary to provide education on sexuality and the right to physical integrity, even to adults with developmental disabilities. Failing to educate adults with developmental disabilities about their bodies and sexuality can perpetuate these stereotypes. As a result, many adults with developmental disabilities have not received appropriate education and may not have a full understanding of their sexual bodies or their rights to privacy and physical integrity, including what constitutes appropriate touching and consensual romantic relationships.

EXAMPLE 3

An individual with developmental disabilities living in a residential facility went to visit a neighbor of the facility. After the visit, the neighbor walked the individual home and sexually assaulted her by the building. The individual told police that she did not want to have sex but did not resist because she didn't want to make the neighbor mad. The neighbor was charged but the case did not go to trial.

Society consistently reminds individuals with disabilities of their limitations and simultaneously prepares them for a life of being cared for by others. It is understandable that individuals with disabilities can begin to believe that compliance is the only appropriate action [4]. Despite policies and training to foster an understanding of individual rights among individuals with developmental disabilities, a culture of compliance persists. For some, even basic choices like what to eat or what clothes to wear are not left to the individual. This tendency toward compliance can make individuals with developmental disabilities feel unable to disobey when an abuser tells them to do something, even if they do not feel comfortable or safe. Without a firm understanding and practice of basic rights, including the right to control their bodies, individuals with developmental disabilities who experience sexual abuse may be confused about what has happened to them and unable to explain or seek help.

Research indicates that education and training in the prevention of sexual abuse can teach individuals with developmental disabilities how to respond to abusive situations; however, much of the existing research is based on small case studies and lacks long-term outcomes [9, 1]. A 1993 study indicated that training does not decrease instances of abuse, but it does increase reports of sexual abuse. If an individual with developmental disabilities has no vocabulary for a body part and no knowledge about rights to physical integrity, it is very difficult to determine that abuse has occurred. While this training may not stop abusers, it can help adults with developmental disabilities understand and report abuse.

Currently, a majority of individuals with developmental disabilities do not receive specific training which covers their sexual rights and ways to reduce

the risk of sexual abuse. Although the state also provides funding for the nonprofit organization People First of Ohio to conduct several peer-to-peer trainings a year for individuals with developmental disabilities to learn self-advocacy for health, safety, and sexuality, including risk reduction for sexual abuse, there are currently insufficient funds to provide training to all individuals with developmental disabilities who are at risk. These trainings would be of assistance in potentially curbing sexual assault because they provide individuals with developmental disabilities information on how to reduce their risk of experiencing sexual abuse. State leaders should prioritize increased financial support for People First and other organizations in the disability community to provide free and accessible peer-to-peer sexual abuse and self-advocacy training and materials for all individuals with developmental disabilities on a regular basis.

RECOMMENDATIONS

While the problems detailed above are significant, Disability Rights Ohio believes that the following changes could reduce sexual abuse against individuals with developmental disabilities.

Independence, Community Integration and Education

There should be an increased effort to educate individuals with developmental disabilities, their loved ones, and their service providers on the best ways to prevent and identify sexual abuse.

- Individuals with developmental disabilities should be empowered to make basic decisions about their lives, including their bodies, their environments, and services they receive. This goes hand-in-hand with community integration efforts that are already a high priority.
- The state should address the apparent trend of sexual abuse by transportation providers by identifying the root cause of the trend and determining the best way of ensuring the safety of individuals that are isolated during transport.
- Individuals with developmental disabilities should be educated on their bodies, their basic rights, and ways to protect themselves. Adults with developmental disabilities should be educated on their sexuality and appropriate romantic relationships, especially through self-advocacy trainings like those currently provided by People First of Ohio, so they can be confident in identifying abuse and in reporting it.
- Families and care providers should be educated about signs of abuse, how abusers operate, how to plan against abuse, and how to contact authorities about suspected abuse. Best practices for training should be established and benchmarks should be put in place to measure improvements.

Research

- More research, data gathering, and strategic planning must be done to identify the best practices for decreasing sexual abuse. A 2011 assessment of recent studies of sexual abuse and developmental disabilities indicates that, even on a national level, research is woefully inadequate and quickly becoming obsolete [1]. Ohio has an opportunity to be a trailblazer in research and policy on this issue.
- Ohio has the means to conduct the needed research. The state of Ohio and state universities should prioritize funding for research and data collection on sexual abuse in the developmental disabilities system. The Nisonger Center at The Ohio State University and the University of Cincinnati University Center for Excellence in Developmental Disabilities (UCEDD) would be well equipped to begin this research.

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