



SEXUAL ABUSE OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

Brief Two: Support Services

APRIL 2015



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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 second in a series on sexual abuse of individuals with developmental disabilities. Brief One of this series discussed the factors that contribute to the prevalence of sexual abuse in the developmental disabilities system and made recommendations of ways that policies could mitigate some of these contributing factors. Brief Two focuses on support services for individuals with developmental disabilities who experience sexual abuse and provides recommendations for ways to improve those services in Ohio. Brief Three will discuss gaps in the criminal justice system’s identification and conviction of offenders. Together, these briefs identify the social and systemic factors that make sexual abuse against individuals with developmental disabilities so common, the barriers to support and justice when such abuse occurs, and recommendations to 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.

EXISTING ABUSE RESPONSE AND SUPPORT SERVICES

Like all survivors of abuse, individuals with developmental disabilities typically experience sexual abuse as trauma that has an impact far beyond the abuse itself. Victims of sexual abuse can begin to recover from the trauma of their experiences more successfully if abuse is identified quickly and if services are available to help them process their emotions and trauma [4] [5]. Whether sexual abuse is either suspected or known, it is critical that victims have access to supports and services that provide the opportunity for recovery [6]. An important first step in supporting victims of sexual abuse is believing and responding to their reports. Even this first step can be a problem for individuals with developmental disabilities, who often face a credibility bias when they report abuse [7] [8]. Victim support services, such as medical assessments and recovery therapy, must also be available and geared to accommodate individuals with developmental disabilities and their particular needs [6] [9]. Beyond immediate response and services for victims of sexual abuse, a system of Trauma-Informed Care (TIC) can assist individuals who have experienced sexual abuse to deal with the long-term emotional repercussions of that trauma [5].

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

A woman with developmental disabilities reported that she had been fondled by staff at her day program. A medical exam was performed, and no injury or trauma was found. The report was determined to be unfounded. The individual had a documented history of sexual abuse, so the victim was counseled not to confuse the past with the present. No sexual abuse recovery therapy was recommended.

Credibility Bias Against Individuals With Developmental Disabilities:

Individuals with developmental disabilities who report abuse should receive specific therapy for abuse, catered to the specific needs of the individual, regardless of whether the abuse can be proven. Sometimes victims of sexual abuse will tell someone about abuse they have experienced, but they may not be seen as credible because of their disability. In a study that surveyed women with disabilities who were victims of abuse, 33% of the women sought help, but only half of those who sought help had a positive experience, in which

service providers accommodated their disability and action was taken by police to resolve the abuse [10]. These negative experiences can begin with negative attitudes, myths, and stereotypes about victims with disabilities that lead to a perception that these individuals lack credibility [11]. As with other survivors of sexual abuse, it is critical to validate individuals with developmental disabilities if they come forward to report abuse. It is important for the crime victim to hear that they are believed.

The belief, by officials and others, that individuals with developmental disabilities are not credible can lead to an insufficient response to sexual abuse, particularly insufficient response services and unequal treatment because responders don't trust victims' accounts and may not take a report seriously.

Individuals with developmental disabilities can be thought to lack credibility because their verbal abilities, mental acuity, and concept of time may be different than that of a victim who does not have a disability. If a victim has difficulty communicating that abuse has occurred, detailing the circumstances of the abuse, or if the victim's report contains inconsistencies or misunderstandings, these problems can make it more difficult to get an appropriate and adequate response and services. For example, if an individual who has a history of sexual abuse makes a new report of sexual abuse but has difficulty reporting the exact time of the new abuse, it may be incorrectly assumed that the individual is confused and referring to the past instance of abuse. If a victim does not have the appropriate vocabulary to describe an abuse, it can be perceived as a misunderstanding about what took place. For example, if a victim who receives help with personal hygiene alleges inappropriate sexual touching, the allegation may be dismissed as a misunderstanding of the necessary touching associated with that type of personal care. Because perceived credibility can stand in the way of successful reporting by the victim, it is crucial that providers, family, and friends be aware of all signs of sexual abuse and that all individuals receive support services, even if the abuse cannot be proven.

Victim Identification and Education for Friends, Family and Community Members

Involvement in the community, including participating in community activities and employment, can reduce the risk of individuals with developmental disabilities being a target for sexual assault by decreasing isolation and increasing the likelihood that abuse will be reported. Isolation of individuals with developmental disabilities can increase vulnerability to abuse. Research shows that, in spite of greater likelihood of experiencing sexual abuse, children with disabilities are less likely to receive care at hospitals following abuse because caretakers do not seem to recognize the abuse as quickly in children with disabilities [12]. Providing access to a variety of services, programs, and community activities can be an opportunity for professionals and community members to recognize indicators and report abuse of individuals with

disabilities. Access to a variety of programs and services in the community can also improve self-confidence and quality of life that can make individuals less likely targets for sexual predators.

Friends, family members, employers, and coworkers in the community can be trained to identify signs of sexual abuse that may be taking place, but they may not have easy access to such training. The state system should collaborate with local organizations in the developmental disabilities community to establish and promote training programs for friends, family, and members of the community to help them identify sexual abuse and provide appropriate support if they suspect abuse. Greater integration into the community may also result in more relationships that foster trust and support necessary for victims to make reports of sexual abuse and reduce the stigma that makes individuals with developmental disabilities more vulnerable.

Victim Services

APPROPRIATE PHYSICAL EXAMS AND SUPPORT

Once abuse is identified or a victim comes forward, victims with developmental disabilities may not immediately receive the support services to help in their recovery. One service that is very important for victims of sexual abuse, but is neither uniformly nor adequately performed for individuals with developmental disabilities, is the Sexual Assault Forensic Examination (SAFE), sometimes referred to as the “rape kit.” These medical examinations are critical to understanding the victim’s physical state after sexual abuse. They are also critical for substantiation and, later, prosecution of allegations of sexual abuse. Because of the possible use of these examinations as legal evidence, it is vital that these exams are performed by a medically trained third party, and it is preferred that they are performed by Sexual Assault Nurse Examiners (SANEs), who receive special training in conducting SAFE examinations. At the very least, these exams should be performed by a party with no stake in whether or not the allegation of sexual abuse is substantiated. In a Disability Rights Ohio (DRO) review of Department of Developmental Disabilities reports investigating allegations of sexual abuse, several reports did not include notes that a physical

EXAMPLE 2

A woman with developmental disabilities who used a wheelchair reported that someone had penetrated her vagina with an object. A full medical exam was not conducted because the medical facility that treated the woman lacked a proper pelvic exam table. The victim’s alleged previous false claims and difficulty grasping time contributed to the report being deemed unfounded. No sexual abuse recovery therapy was recommended.

examination by third-party medical professionals had been performed^{vi}. In some reports, the only examination was an observation of the victim's body. In others, the examination was performed by employees of a provider that could have benefited if the allegation was unsubstantiated, creating a conflict of interest. A SAFE examination should be done within 96 hours of an alleged incident. However, DRO identified instances in which SAFE examinations conducted by a SANE nurse were performed well outside of this timeframe. This is a significant deviance from the recommended collection protocol, and it could make the results less reliable and less useful for prosecution. In some cases, SAFE examinations were not conducted at all because the medical facilities were not able to accommodate the individual's disability.

CRISIS COUNSELING AND VICTIM THERAPY

Crisis counseling and longer-term therapy are also critical services for victims of sexual abuse. Individuals with developmental disabilities who experience sexual abuse are less likely to receive victim services and other supports than individuals without disabilities [14]. In fact, according to one survey, approximately 52% of individuals with any type of disability that experienced sexual abuse did not receive any sort of therapy [7]. Ohio has a limited number of rape crisis centers: 25 serving 32 counties, with more being added each year. Ohio also has approximately 25 child advocacy centers, some of which include individuals with developmental disabilities in their services. However, most of these facilities are not trained in appropriate techniques for victims with developmental disabilities, and child-focused services are not appropriate for adults with disabilities. In a 2000 study of independent living centers, staff reported that there was a barrier to referral for help because there was no place for victims of abuse to go that would accommodate needs like physical accommodations or interpreters [17]. In addition to training for victim services providers, outreach in the disability community is necessary because studies show that individuals with disabilities often do not know about available victim services resources in the community [18] [19]. It is critical that sexual abuse victims participate in therapy intended to help their recovery, because the trauma of sexual abuse demands specialized therapy, different from other forms of abuse [4] [6]. Indeed, all suspected victims should have an opportunity to receive therapy. Even if an instance of abuse is not substantiated, the report could be based on prior, unreported abuse that is still causing trauma.

Victim services providers are not always trained on how to work with individuals with developmental disabilities. Crisis counselors and victim service providers are typically trained to perceive when a victim may be becoming overwhelmed

^{vi} It is not clear from the records that DRO examined whether SAFE examinations were offered but refused by the alleged victim. DRO supports the rights of individuals to refuse SAFE examinations and other victim services; however, we believe they should be offered and available for every allegation of sexual abuse.

and will end a session early or employ techniques to make a victim feel safe during the recovery process. Depending on an individual's developmental disability, the conventional training may not be sufficient to identify when an individual with a developmental disability is experiencing high stress or to make the victim feel safer and more comfortable. Moreover, a victim services worker unfamiliar with individuals with developmental disabilities may not feel comfortable communicating with a victim and may resist providing treatment for fear of doing something wrong. Different types of developmental disabilities can require different techniques. Individuals with cerebral palsy may not need the same techniques as individuals with an intellectual disability, or with autism, though all are classified as developmental disabilities. Education on appropriate techniques for providing therapy to individuals with different kinds of developmental disabilities could be provided or required through continuing education courses for social workers and other victim services providers.

The Ohio Attorney General's office requires its 183 sites statewide that receive funds to serve victims of sexual assault to serve all victims, including victims with developmental disabilities. However, many of these programs are not currently equipped to provide adequate services to victims with developmental disabilities. The Attorney General's office has applied for grants to develop additional services and training on crisis services for individuals with any type of disability, including developmental disabilities. Though the Attorney General's office has not received these grants, they continue to make efforts to improve services.

Trauma-Informed Care

While victim services are a crucial way of supporting victims' recovery when the abuse is known, many instances of sexual abuse are never discovered or reported. It is important that individuals with developmental disabilities who have experienced the trauma associated with sexual abuse have a chance to recover. A practice of Trauma-Informed Care (TIC) can provide such an opportunity for recovery and limit the likelihood of re-traumatizing survivors of sexual abuse. TIC is a method of working with individuals that assumes the individual has experienced trauma and that inappropriate behaviors may be the manifestation of coping mechanisms to deal with the trauma. Trauma-Informed practitioners try to understand the relationship between trauma, mood, and behavior for each individual, based on that individual's experiences. The objective is to respect the individual's dignity and integrity, avoiding re-traumatization. It is important to note that TIC is useful for all types of abuse and can help with many kinds of behavioral changes, not just those resulting from sexual abuse. However, for victims of undiscovered or unreported sexual abuse, a system of Trauma-Informed Care applied to all individuals with developmental disabilities can mean the difference between recovery and re-traumatization and long-term effects [5].^{vii}

^{vii} For more information on Trauma-Informed Care, see the National Center for Trauma-Informed Care (NCTIC) at nasmhpd.org/TA/nctic.aspx

RECOMMENDATIONS

In addition to basic victim services, providers in the developmental disabilities system should be trained in Trauma-Informed Care. While the Ohio Department of Developmental Disabilities (DODD) participates in a statewide TIC initiative with the Ohio Department of Mental Health and Addiction Services (OhioMHAS), DODD should incorporate TIC principles into its requirements for providers.

While the gaps in victim services detailed above are difficult to address, Disability Rights Ohio believes that some basic changes could help to improve support for individuals with developmental disabilities who experience sexual abuse. These changes could help more victims with developmental disabilities deal with the trauma they have experienced, recover from their abuse, and reduce the risk of future abuse.

Independence, Community Integration, and Education

- The right of all individuals with disabilities to live and participate in the community should be protected. Community involvement, such as community activities and employment, can reduce the vulnerability of individuals with developmental disabilities by decreasing isolation and increasing the likelihood of identification when abuse occurs.
- Best practices for risk reduction training should be established and, wherever possible, benchmarks should be put in place to measure improvements in the identification of sexual abuse.
- Education sessions or trainings on the identification and risk reduction of sexual abuse should be offered to family, friends, and community members (such as community employers and coworkers). The state should collaborate with organizations in the developmental disabilities system to create and promote a free and accessible training for community members.
- Connections should be made to train victim services professionals to respond to individuals with disabilities so that all are working to meet their needs.
- Even when an instance of abuse cannot be substantiated, counseling and therapy for possible victims should be available and encouraged. Too often, victims of abuse experience delays in recovery because abuse has gone unreported or unproven.
- SAFE examinations, performed by impartial, trained third-party medical professionals (preferably Sexual Assault Nurse Examiners), should be available and accessible to individuals with disabilities in all cases in which sexual abuse is suspected.
- Individuals with developmental disabilities should be offered the same variety of victim services that all other victims receive, and these services should be accessible to each individual.

Training for Victim Services Providers

- The developmental disabilities system should continue working to eliminate the stereotypes and stigma that lead to credibility bias when victims with developmental disabilities report abuse. This should include education about the diversity of individuals with developmental disabilities, the prevalence of sexual abuse, and tips for communicating with individuals who have different types of developmental disabilities. A specific and detailed training program should be available to all victim services providers, including how to counsel individuals with various disabilities.

Creating a System of Trauma-Informed Care

- Direct care workers should be trained in Trauma-Informed Care (TIC), and all employees of the system should be aware of the principles and tenets of TIC.
- The Ohio Department of Developmental Disabilities should follow in the footsteps of the Ohio Department of Mental Health and Addiction Services and clarify the agency's focus on TIC in its administrative rules, official training, and programming.

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