Survivors of Crime with Disabilities: What Are Their Needs and How Can We Help?

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Who are we?

- The Protection & Advocacy agency for people with disabilities in Wisconsin since 1977
  - Advocacy
  - Education
  - Public Policy

- Federal requirement for states to have a Protection and Advocacy agency (P&A) for people with developmental disabilities
Types of Disabilities: Hidden or Visible

- Cognitive/Intellectual
- Developmental
- Sensory
- Psychiatric
- Acquired
- Age related
Incidence & Prevalence

- 90% of people with developmental disabilities will experience sexual abuse in their lifetime.

- People with Intellectual disabilities are sexually assaulted at **seven** times the rate of people without disabilities.
Who is committing violence?

The majority of Perpetrators are known by the victim

- Family member
- Intimate partner
- Friend
- Caregiver
- Peer
- Acquaintance
- Stranger

Characteristics of Perpetrators

- 88-98% are males who are known to the victim
- Victimization typically occurs in the home
- 67% of perpetrators who abused individuals with severe cognitive disabilities accessed them through their work in disability services
Why are they targeted?

- Why would a perpetrator target a person with a disability over someone without a disability?
  - Learned compliance
  - Isolation
  - Dependent on others
  - Unaware of rights
  - Lack of appropriate education about their body, boundaries, healthy relationships, or sex
  - Lack of appropriate education about abuse – “I didn’t hurt you”
  - Deprivation of attention and affection
  - Lack of control over life choices
Barriers to Reporting

What are the barriers to people with disabilities reporting abuse they experience?

- Lack of Knowledge or Awareness:
  - Healthy Relationships
  - Sexual Assault
  - Interpersonal Violence
  - Systems
- Fear of:
  - Abuser
  - Losing a caregiver
  - Not being believed
  - Retaliation
- Differences in communication
- Beliefs and Values
  - Generational Differences
- Situational
  - Didn’t “Hurt”
  - Self Blame/Shame
- Loss of Privacy
- Accessibility
- Societal
Barriers to Receiving Services

- **Accessibility Barriers**
  - Attitudinal
  - Policy, Procedural, and Programmatic
  - Physical
  - Communication

- **Reminder:** Title III of the Americans with Disabilities Act (ADA) requires that people with disabilities have equal access to the programs and services that your agency provides and are entitled to accommodations to do so.
Responding to Victims with Disabilities

- Assume Competence of Victim/Survivor
- Do your homework
  - Communication Style
  - Disability Factors
- Check your Attitude (Are you the best person for the interview?)
- Build Rapport
- Slow it down
- Expect it to take longer
- Connect them to advocacy

*More often than not, a person’s disability may not be immediately apparent to responders*
Intervention Considerations

- Person-first language and appropriate engagement are critical to providing effective supports and ensuring that survivors and consumers are not further traumatized.
  - They are a person with a disability, the disability is not who they are “He has autism, not he is autistic”

- Key Assumption:
  - Start where the person is- seek permission to engage the person on their terms.

- Ask: (Be Trauma Informed)
  - Ask the person what they want to happen? What they need to be ok/safe?
Prior to Reporting:
  - Do they want to report?
    - You are not always required to report if the Victim doesn’t want to report
  - Guardianship or other Substitute Decision-Makers
  - Forms, materials, resources – accessible and understandable?

Welcome Environment
  - Comfortable Environment
  - Assure not in Trouble
  - Assure Safety
  - Assure Confidentiality
Building Relationships with State and Local Disability Resources

- Involve people with disabilities in agency activities
- Identify and collaborate with your local and statewide disability/aging networks
- Undertake prevention work that is inclusive (Disability Rights/Healthy Relationships)
- Create relevant and accessible resources
- Become accessible
Co-Advocacy -
Work together with local advocates to provide disability specific support, advocacy and resources

Services Provided Include:

- Personal Advocacy
- Victim Accompaniment
- Information and Referral
- Criminal Justice Support (Law Enforcement, Courts)
- Advocacy within Civil Proceedings
- Crime Victim Compensation
- Crime Victim Rights
- Co-Advocacy with Local Service Providers
- School Advocacy
- Housing Rights
- Employment Victim Related Supports
- Access to Services (criminal justice, victim services, disability services)
- Post Crisis Stabilization
- Safety Planning
Resources:

- ADRC - Aging and Disability Resource Centers
- Your State’s Protection and Advocacy Agency
- County Adult Protective Services
- Picture Guide to the Exam After Sexual Assault for Self Advocates”
Questions...
Crimes against People with Disabilities

Individuals with disabilities are particularly vulnerable to crime for a wide variety of reasons, including, but not limited to, reliance on caregivers, limited transportation options, and isolation from the community. In addition, while people with disabilities often experience the same types of intimate partner violence as people without disabilities, they also experience unique forms of violence, such as denial of care or assistance, destruction of medical equipment, and manipulation of medications. These vulnerabilities not only increase opportunities for abuse and neglect, but they also make reporting victimization more difficult for victims.

Trends

Since 2009, the rate of violent victimization has increased almost 25% among individuals with disabilities, from about 29 per 1,000 people with disabilities to 36 per 1,000. Comparatively, the rate of violent victimization among individuals without disabilities has increased by less than 1%. In 2013, the rate of violent victimization—including rape/sexual assault, robbery, and aggravated assault—among individuals with disabilities was more than 2x that of individuals without disabilities.

Did You Know?

In 2013, 24% of violent crime victims with disabilities believed they were targeted due to their disability, a 13% increase from 2009.

The National Crime Victimization Survey first included questions about disability victimization in 2009.

1 in 5 adults has a disability.

People with multiple disabilities are more frequently victims of rape and sexual assault compared to victims with only one form of disability. In 2013, 68% of rape/sexual assault victims had multiple types of disability.

Among crime victims with disabilities, the rate of violent victimization of individuals with cognitive disabilities is 67 per 1,000 individuals, more than 2x the rate of individuals with other types of disabilities.

*Violent victimization encompasses rape, sexual assault, robbery, aggravated assault, and simple assault. Serious violent victimization excludes simple assault.
Current Data on Crimes against People with Disabilities

In 2013, 96% of individuals with a disability who were victims of violent crime could identify their perpetrator. Of those, 41% were victimized by an acquaintance, 31% were victimized by a stranger, and 15% were victimized by an intimate partner. An acquaintance is defined as someone who was well or casually known to the victim, including caregivers.

In 2013, individuals with a disability reported violent victimization to the police 48% of the time, compared to individuals without a disability who reported their victimization to the police 44% of the time. The majority of crimes reported to the police were reported by the victim.

In 2013, 12.6% of children who were abused or neglected had a disability. Of those, children with behavioral problems were most frequently victimized (24%), followed by children with emotional disturbance (19%). One-third had an unlisted medical condition.

In 2013, victims with and without disabilities reported similar reasons for not reporting the crime to the police: the most commonly stated reason was because the victim dealt with the crime a different way. Other reasons included believing insurance wouldn’t cover costs related to the crime, thinking the police wouldn’t be able to help, not wanting the offender to get in trouble, and fear of reprisal.

In 2013, individuals with a disability were slightly more likely to receive assistance from victim service agencies compared to individuals without a disability. Overall, only a small percentage of violent crime victims receive victim services.

### Sources

**SOURCES**


POWER & CONTROL WHEEL: PEOPLE WITH DISABILITIES AND THEIR CAREGIVERS

**Physical Violence**
- COERCION AND THREATS:
  - Threatening to hurt the person; withhold basic support and rights; terminate relationship and leave the person unattended; report noncompliance with the program; use more intrusive equipment. Using consequences and punishments to gain compliant behavior. Pressuring the person to engage in fraud or other crimes.

**Emotional Abuse**
- Raising a hand or using looks, actions, or gestures to create fear. Destroying property and abusing pets. Mistreating service animals. Displaying weapons.

**Economic Abuse**
- Using person’s property and money for staff’s benefit. Stealing. Using property and/or money as a reward or punishment in a behavior program. Making financial decisions based on agency or family needs. Limiting access to financial information and resources resulting in unnecessary impoverishment.

**Isolation**
- Controlling access to friends, family, and neighbors. Controlling access to phone, TV, news. Limiting employment possibilities because of caregiver schedule. Discouraging contact with the case manager or advocate.

**Withhold, Misuse, or Delay Needed Supports**
- Using medication to sedate the person for agency convenience. Ignoring equipment safety requirements. Breaking or not fixing adaptive equipment. Refusing to use or destroying communication devices. Withdrawing care or equipment to immobilize the person. Using equipment to torture people.

**Caretaker Privilege**
- Treating person as a child, servant. Making unilateral decisions. Defining narrow, limiting roles and responsibilities. Providing care in a way that accentuates the person’s dependence and vulnerability. Giving an opinion as if it were the person’s opinion. Denying the right to privacy. Ignoring, discouraging, or prohibiting the exercise of full capabilities.

**Minimize, Justify, and Blame**
- Denying or making light of abuse. Denying the physical and emotional pain of people with disabilities. Justifying rules that limit autonomy, dignity, and relationships for program’s operational efficiency. Excusing abuse as behavior management or as due to caregiver stress. Blaming the disability for abuse. Saying the person is not a “good reporter” of abuse.

**Sexual Violence**
- PUNISHING OR RIDICULING. Refusing to speak and ignoring requests. Ridiculing the person’s culture, traditions, religion, and personal tastes. Enforcing a negative reinforcement program or any behavior program the person doesn’t consent to.

**Mistreatment of Service Animals**
- Displaying weapons.

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Based on the model by the Domestic Violence Intervention Project, Duluth, MN.
PROJECT PEER
Power and Control Wheel
for Women with Developmental Disabilities
and/or Mental Health Issues

Washington DC’s Project Peer, c/o DC Quality Trust for Individuals with Disabilities, can be reached at 202-448-1450.

This diagram is based on the Power and Control wheel developed by the Domestic Violence Intervention Project, Duluth, MN, and the Abuse of People with Developmental Disabilities by a Caregiver wheel developed by the Wisconsin Coalition Against Domestic Violence, Madison, WI.

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