

Disability and Abuse Survey

Recommendations

(per individual or agency)

From the Report on the 2012 National Survey on Abuse of People with Disabilities

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

Mandated Reporters

1. Educational Materials. The offices and service environment of mandatory 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 doctor’s 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. (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 speciality 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)

The report was released on September 5, 2013.

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