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How Safe are Americans with Disabilities?

The facts about violent crime and their implications

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From the Director

People with disabilities comprise 19 percent of the population of the United States, making disability a routine part of the human condition. Despite the commonness of disability, people living with disabilities tend to exist out of sight, and out of mind. Their marginalization and invisibility aren't new. Throughout history, people with disabilities have been stigmatized, segregated, often institutionalized. But in the twenty-first century, it is striking that with the growing acknowledgment of why it is important to recognize and embrace the often-stark realities lived within marginalized communities, people with disabilities continue to be excluded.

Perhaps nowhere is this anomaly more apparent than in the event of violent crime, especially domestic violence and sexual assault. People with disabilities are three times more likely to experience violent victimization than people without disabilities, and the rates are even higher for women and those with intellectual, psychiatric, or multiple disabilities. Despite these alarming rates of violence, survivors with disabilities are often excluded from the national infrastructure that exists to prevent and respond to this violence.

To begin to correct this shocking absence of awareness and response in the U.S. public-safety, victim-services, and human-service sectors, the general public as well as crime-prevention and response professionals need to know the basics about people with disabilities. That knowledge includes understanding the unique dynamics of violence against people with disabilities and the structural obstacles that prevent effective responses. The Vera Institute of Justice's Center on Victimization and Safety has produced this brief to inform policymakers and practitioners about the need to create a public safety strategy that both reduces the rate of violent victimization among people with disabilities and ensures that when violence does occur survivors with disabilities have access to the support they need.

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Introduction

According to the most recent census data, people with disabilities make up nearly 19 percent of the U.S. population.[1] Yet the issues faced by people with disabilities—including their disproportionate rates of victimization and the disparities they experience in victim services and criminal justice system use and satisfaction—remain largely invisible. For example, while the problems of domestic and sexual violence in our society—from crises in professional sports to unprecedented efforts to address sexual assaults on college campuses to Lady Gaga standing in solidarity with survivors at the 2016 Academy Awards—are receiving increasing attention in the public discourse, people with disabilities who experience such violence are missing altogether. This silence is particularly alarming, because people with disabilities are among those most at risk of being victims of serious violent crime, which includes rape, sexual assault, robbery, and aggravated assault. They also face overwhelming barriers to getting help: While they are over three times more likely than people without disabilities to experience these serious violent crimes, only 13 percent received victim services.[2]

As long as people with disabilities, individually and collectively, are hidden, effective efforts to address the violence in their lives remain inadequate at best or ignored completely. Increasing awareness of people with disabilities, the violent crimes they experience, and the barriers that impede their access to victim services are important first steps toward including them within the national discourse on public

safety, while promoting the wellbeing needed among crime victims with disabilities.

To improve awareness of these problems, this issue brief provides basic information on disability in the United States and explores what is known about the prevalence of violent crime against people with disabilities.[3] It also discusses barriers that prevent people with disabilities from accessing the services and supports they need to heal, including the limits of existing human service and criminal justice policies and practices in responding to violence against people with disabilities. By refashioning these policies to account for the wide variety of capacities of people with disabilities and the array of challenges they face, policymakers can make the justice system more equitable and accessible.

Disability in the United States

Despite common misperceptions that people with disabilities form only a small segment of the country, they comprise nearly 19 percent of the U.S. population.[4] Disabilities occur among all genders, races, ethnicities, and socioeconomic groups.[5] They have various causes, but in general, they either are congenital—present at birth—or acquired through a genetic condition, illness, traumatic event, or injury. Disabilities also are not exclusive to any particular age group, but exist across the lifespan. In 2014, for example, the age distribution of

people with disabilities ranged from over 5 percent who were between the ages of five and 17 to over 11 percent aged 18–64, and 36 percent aged 65 years or older.[6] In fact, all disability types, as defined by the American Community Survey (hearing, vision, cognitive, ambulatory, self-care, and independent living), increase with age.[7]

Prevalence of disability by type/category

The term "disability" comprises a diverse array of temporary, episodic, and persistent conditions reflecting an extensive range of cognitive and functional impacts on people's lives. Commonly, these variations are represented within broad categories: developmental, psychiatric, mobility, and sensory disabilities. However, there is no universally recognized definition of disability.[8]

Developmental disabilities

Developmental disabilities describe a group of conditions that appear before the age of 22 and affect physical, learning, language, and/or behavior functioning, usually lasting throughout a person's lifetime.[9] Developmental disabilities include intellectual disabilities (formerly referred to as mental retardation), autism spectrum disorder, and cerebral palsy, among others.[10] In the United States, nearly four million non-institutionalized adults have intellectual disabilities.[11] While estimates of the number of children with developmental disabilities vary widely, the Centers for Disease Control and Prevention estimates that among children aged three to 17, about one in six children have at least one developmental disability. [12]

Psychiatric disabilities

Psychiatric disabilities refer to conditions that produce emotional, behavioral, or mental health issues or challenges that impair functioning. Examples include major depression, bipolar disorder, anxiety disorders, schizophrenia, and post-traumatic stress disorder.[13] According to the National Survey on Drug Use and Health, in 2014, there were an estimated 9.8 million adults (4 percent of all adults) aged 18 or older in the United States with serious mental illness and an estimated 43.6 million adults (18 percent of all adults) with any mental illness. This study also estimates that over one in five children (13–18 years of age), either currently or at some point during their life, has had a seriously debilitating mental disorder.[14]

Physical disabilities

Physical disabilities restrict motion or agility and result from congenital conditions, accidents, or progressive neuromuscular diseases. These disabilities may include conditions such as spinal cord injury (paraplegia or quadriplegia), amputation, muscular dystrophy, cardiac conditions, cystic fibrosis, paralysis, polio/post-polio, and stroke.[15] There are more than 36 million adults who experience difficulty with physical functioning.[16] When it affects mobility—defined as an ambulatory disability in the American Community Survey (ACS)—the prevalence rates increase rapidly with age: While for individuals aged five–17, the prevalence rate was less than 1 percent, for those aged 18–64, the rate jumps to over 5 percent and escalates to 23 percent for those aged 65 and over.[17]

Sensory disabilities

Sensory disabilities affect any of the senses, but generally refer to a disability related to hearing and/or vision. Loss of sight and/or hearing can result from traumatic or genetic factors. The prevalence rates of vision-related disabilities closely mirror those of hearing-related disabilities.[18] More than 40 million adults aged 18 or over have hearing trouble.[19] Hearing-related disabilities, defined by ACS as deafness or serious difficulty hearing, are estimated to affect a smaller percentage of younger Americans—approximately 1 percent of the under-18 population, over 2 percent of those aged 18–64, yet nearly 15 percent of those aged 65 and over.

Deaf community

Many Deaf and hard of hearing people identify as members of a distinct cultural and linguistic group in the United States and do not consider themselves to have a disability. Like any culture, Deaf culture is defined by its unique language—American Sign Language (ASL)—values, behavioral norms, and traditions. For additional information about the Deaf community, see *Culture, Language, and Access: Key Considerations for Serving Deaf Survivors of Domestic and Sexual Violence*, online at: http://www.endabusepwd.org.

Violence in the lives of people with disabilities

Living one's life with a disability is not uncommon; unfortunately, neither is living with a disability and experiencing violence. While research exploring the intersecting issues of disability and violence is limited, the existing studies emphasize that disability is inextricably linked to a higher probability of experiencing violent victimization.

High rates of victimization

Existing research indicates that people with disabilities in the United States experience violence, especially sexual violence, to a higher degree than those without disabilities.[20] From 2010 to 2014, for example, the rate of serious violent crime—rape or sexual assault, robbery, and aggravated assault—against people with disabilities was more than three times higher than the age-adjusted rate for people without disabilities.[21] In fact, since 2009 the rate of violent victimization against people with disabilities, which includes simple assault in addition to serious violent crimes, has been at least twice that of people without disabilities, making people with disabilities one of the most harmed groups in the United States.[22]

People with disabilities are three times more likely to experience rape, sexual assault, aggravated assault, and robbery than those without disabilities.

Compounding the problem of high incidence of victimization is that people with disabilities, compared to those without them, are more likely to experience more severe victimization, experience it for a longer duration, suffer multiple episodes of abuse, and have a larger number of perpetrators.[23]

Unfortunately, violent victimization of people with disabilities does not occur only in adulthood. Research suggests that children with disabilities are at increased risk of violence and abuse. Studies have shown, for example, that children with disabilities are:

- three times more likely to be sexually abused;
- 3.8 times more likely to experience abuse or neglect; and
- four times more likely to be emotionally abused.[24]

Rates of victimization high for both males and females

The presence of a disability greatly increases the risk of violent victimization whether a victim identifies as male or female. From 2009–2014, the rate of violent victimization was higher for both males and females with disabilities than those without disabilities.[25] One 2011 study using data from the Massachusetts Behavioral Risk Factor Surveillance Survey (BRFSS) found that approximately 21 percent of male respondents reported having a disability, and the lifetime prevalence rate of sexually violent victimization among these men was approximately 14 percent, compared to just 4 percent of men without disabilities.[26]

Rates of victimization high among different racial and ethnic groups

The presence of a disability greatly increases the risk of violent victimization among studied racial and ethnic groups. From 2010 to 2014, each racial and ethnic group studied—white, black, Latino, and other, which include American Indian or Alaska Native and Asian, Native Hawaiian, or Other Pacific Islander—experienced twice the rate of violent victimization than did people without disabilities.[27] Moreover, people of two or more races had the highest rates of violent victimization both among people with and people without disabilities.[28]

Rates of victimization are even higher for some disability types

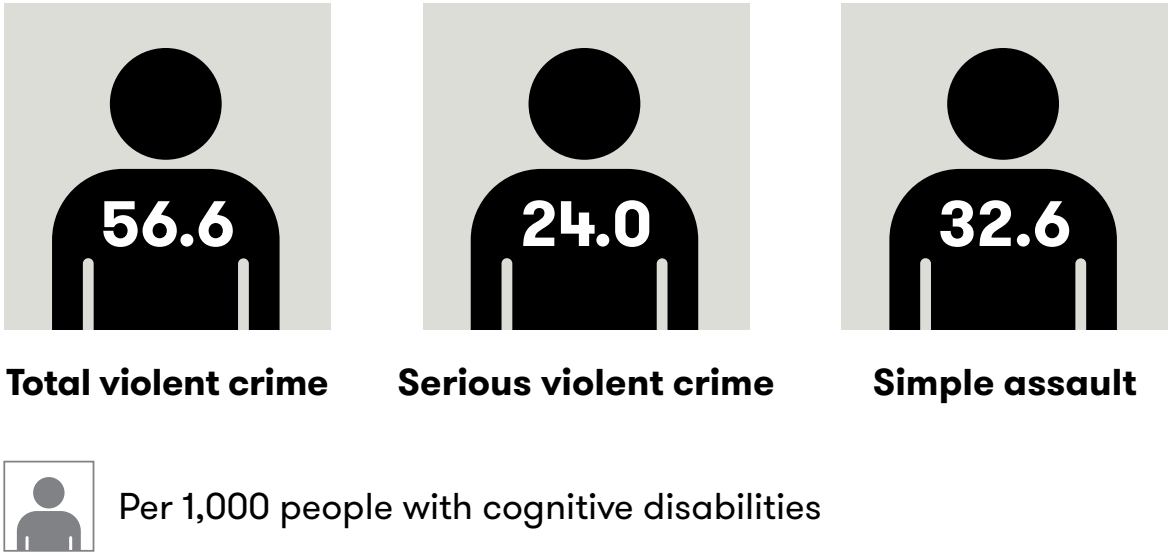
While people with disabilities have higher violent victimization rates than those without disabilities, rates are even higher for certain groups of people with disabilities, including women and those with cognitively related or multiple disabilities.[29] From 2010 to 2014, those with cognitive disabilities had the highest rates of total violent crime (56.6 per 1,000), serious violent crime (24.0 per 1,000), and simple assault (32.6 per 1,000) among the disability types measured. (See graphic, page 12.)[30]

Children diagnosed with behavioral disorders had the highest risk for sexual abuse: five and a half times greater than those without disabilities. Children with developmental delays had four times the risk of sexual victimization, and children with speech and language disabilities had three times the risk.[31]

Risk of sexual violence highest

Particularly alarming are high rates of sexual violence. The 2010–2014 National Crime Victimization Survey (NCVS) found that people with

Violent crime against people with cognitive disabilities



disabilities were over three times more likely to experience serious violent crime, which includes rape, sexual assault, aggravated assault, and robbery.[32] This study also revealed that having multiple disabilities puts a person at high risk of rape or sexual assault: People with multiple disabilities experienced an estimated 69 percent of rapes or sexual assaults against those with disabilities.[33] Children fared no better. Children with disabilities are nearly three times more likely than those without disabilities to be sexually abused, and the likelihood is even higher (almost five times) for children with certain types of disabilities, such as intellectual or mental health disabilities.[34]

Factors contributing to the heightened risk of victimization

Understanding some of the factors that contribute to these high victimization rates sheds light on how to reduce and end crimes against people with disabilities. There are a number of factors that contribute to this heightened victimization risk, from the historical marginalization

of people with disabilities generally to the negative attitudes and stereotypes associated with having a disability.[35]

Devaluation

Throughout society, people with disabilities are viewed as "less than" those without disabilities: less intelligent, less capable, less able, and less deserving. Negative stereotypes, attitudes, and prejudices about disabilities contribute to abuse.[36]

Presumed lack of credibility

People with disabilities are seen as unreliable reporters, less credible witnesses, and less likely to be believed.[37] People with intellectual disabilities, mental health issues, substance abuse issues, or traumatic brain injuries—all of which affect a person's cognitive functioning—often get a skeptical reception when they report victimization. Perpetrators of abuse specifically pursue people with disabilities because these abusers are confident that their victims are unlikely to be believed.[38]

Isolation and segregation

People with disabilities often are segregated and isolated—not just in institutional settings, but also in communities through separate classrooms, work environments, and housing. Social segregation between people with and those without disabilities persists. Segregation and isolation lead to invisibility, and violence thrives behind closed doors.[39]

Increased exposure to potential abusers

NCVS found that intimate partners committed 14 percent of violence against people with disabilities; other relatives committed 11 percent;

A legacy of indignity

Disability-related characteristics often are referred to as "deficits," "limitations," or "impairments," resulting in people with disabilities experiencing discrimination and devaluation relative to those without disabilities. Publicly sanctioned isolation and segregation of people with disabilities in institutions occurred for centuries and denied people opportunities to engage in the full range of life experiences. In 1999, the U.S. Supreme Court declared that unnecessary institutionalization and its resulting isolation of people with disabilities from society's mainstream was a form of discrimination deemed illegal under the Americans with Disabilities Act (ADA).[a] Although deinstitutionalization efforts have resulted in many people with disabilities living within communities, the discrimination, isolation, and segregation continues. Many children with disabilities are educated in separate classrooms. Adults often earn far below minimum wage; work in segregated employment settings; live in congregate homes with others with disabilities; and participate in segregated recreational activities. This legacy of indignity not only perpetuates economic and social disparities that people with disabilities bear; it contributes to the alarming rates of violent victimization they experience and the lack of accessible and effective responses to their victimization. Physical and social isolation and segregation prevent people with disabilities from learning about and gaining experience with understanding their rights to personal safety, experiencing opportunities to learn about and build skills to support healthy relationships, and recognize that experiences of violent victimization are crimes.

a *Olmstead* v *L.C.*, 527 U.S. 581 (1999).

and people the survivor knew well or who were casual acquaintances committed over 40 percent of violence against them.[40] Certainly, intimate partners, family members, and acquaintances also abuse people without disabilities. But the fact that personal care attendants,

transportation providers, and health professionals routinely interact with people with disabilities increases the probability that these service providers could victimize those they are supposed to be helping.[41]

Some people with disabilities have numerous personal care attendants or caregivers, many of whom they know and trust, while others are complete strangers. Exposure to a variety of personal care providers increases a person's risk of potential harm and exploitation: While some people with disabilities have trustworthy and loving caregivers, others do not. Opportunities for abuse and exploitation exist among those who live and closely associate with people because of their disability status.[42] In a study investigating mistreatment of adults with disabilities living in the community who depend on others for assistance with personal tasks, researchers found approximately 30 percent of the respondents reported abuse by their primary caregiver, and 61 percent reported abuse by another provider.[43]

Culture of compliance

Many people who have an intellectual or cognitive-related disability have been taught to comply with the directions of those in charge—meaning almost anyone without a disability. This culture of compliance increases a person's vulnerability and risk of victimization. Expecting people with disabilities, regardless of age and capacity, to be compliant at all times sets them up to be ideal targets for perpetrators and abusers to hurt and harm them.[44]

Seen as "easy targets"

Someone who is devalued, taught to be compliant, and seen as less credible by others is often easier to manipulate and control. It is partly

for this reason that perpetrators of violent crimes target people with disabilities.[45] In 2014, one in five of violent crime victims with disabilities believed they were targeted as a result of their disability.[46] Another study involving more than 3,300 subjects found that having a visible signifier of disability increased the relative risk of victimization by 61 percent. Among women, a visible signifier of disability significantly predicts an increased risk of violent victimization.[47]

Doubly silenced

Few victims, with or without disabilities, disclose or report rape or abuse. People with disabilities are doubly silenced as victims because of the isolation, segregation, and disparate treatment they routinely experience.[48] As a result, although people with disabilities make up nearly one-fifth of the U.S. population, their crime victimization experiences are not widely talked about, understood, or addressed.

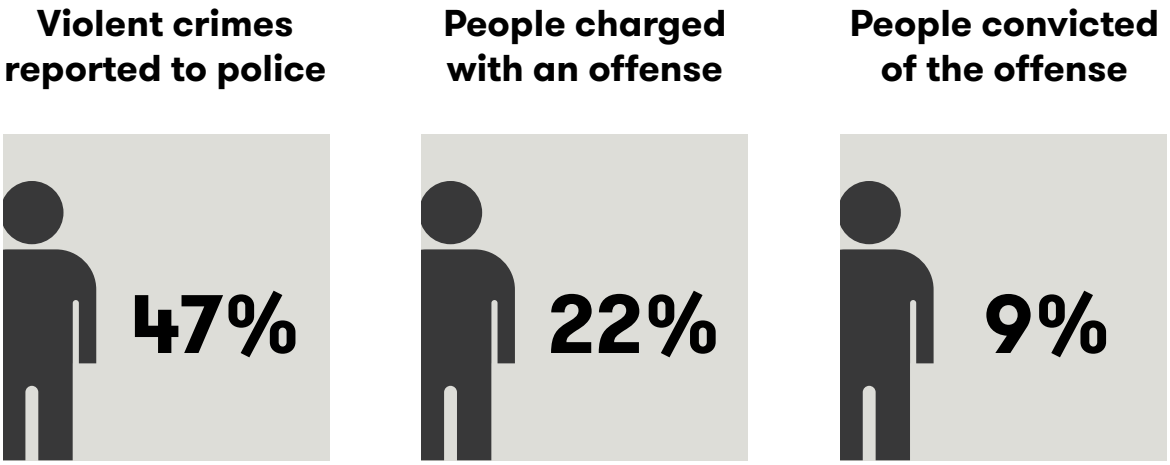
Unique dynamics of violent victimization

Besides the fact that having a disability increases the probability of violent victimization, it also affects the tactics perpetrators use to commit violence. While many strategies used to harm people with disabilities are similar to those used to harm those without disabilities, perpetrators who violently victimize those with disabilities resort to some methods that are specifically aimed at exploiting a person's disability. For example, these targeted tactics often involve withholding or delaying the provision of needed care or medication; refusing to provide care in the way the person wants or needs that care provided; and deliberately isolating the person from family, friends, and needed services.[49] Other

tactics meant to exploit a person's intellectual disability, for example, include exerting power, control, and authority, or grooming someone for sexual exploitation by taking advantage of the person's limited understanding of boundaries, healthy sexuality, and personal rights to not comply.

Many people lack knowledge and training about how to identify and respond to the unique dynamics and contexts that arise when disability and violence intersect. Misunderstanding or ignoring these unique dynamics proves costly to the safety and healing of victims with disabilities. It also can interfere with effective responses to violent victimization by disability service, victim service, and justice-related professionals. For example, disability service providers might miss the signs that ought to alert them that a service recipient is a victim of violent crime. When law enforcement personnel, prosecutors, or adult protective services investigators overlook or misinterpret these dynamics, reports of victimization often result in flawed investigations, case dismissals or closures, and survivors with disabilities who potentially remain in abusive environments. When victim service providers misread or discount these tactics, it can skew effective safety planning and advocacy support for victims with disabilities. Understanding and responding to these unique dynamics are vital components of an informed, effective response to the violent victimization of people with disabilities.

Few reports, fewer prosecutions, still fewer convictions



Sources: See endnotes 2 and 59.

Crimes against people with disabilities are underreported

Despite research that reveals that people with disabilities experience higher rates of violent victimization than people without disabilities, the majority of crimes committed against people with disabilities go unreported to authorities. Nationally, NCVS found that from 2010 to 2014 less than half (47 percent) of violent crimes against people with disabilities were reported to police.[50] Some research has pointed to an even greater percentage of crimes going underreported. For example, a small study of college students with disabilities who were victimized revealed that only 27 percent reported the incident.[51] The magnitude of underreporting results from unique

considerations that victims with disabilities must weigh in light of their diminished status compared to those who hold power and authority in their lives. Additionally, underreporting is typical among victims of certain types of crime, such as sexual assault, regardless of whether or not they have disabilities.[52]

Factors that contribute to underreporting

Silence feels safer, or at the least, less harmful

Because people with disabilities know they hold little power and less credibility as reporters of crime, they often choose to remain silent rather than gamble on others believing their disclosure, or relying on others to take action to prevent further harm.[53]

Loss of independence and fear of institutionalization

Some survivors have to weigh the potential loss of independence if they report victimization by an abusive caregiver. For example, they may wind up in a nursing home or other institutional setting rather than living on their own with a personal caregiver to escape the harm and suffering from violence.[54] Some people may choose not to report abuse and remain vulnerable to the abuser rather than risk a new, unknown care provider or life in an institution.[55]

Lack of knowledge about healthy sexuality and safety

Some people, especially those with intellectual disabilities, might not recognize that what they experienced was abusive or exploitative. Those who have been denied education about healthy sexuality likely will not recognize abusive and exploitative behavior when they experience it. Segregation in educational settings means that many people with

disabilities have not received any education about healthy sexuality, the human body, anatomy, and basic information about personal boundaries and safety.[56] In fact, many children with intellectual disabilities that are considered more profound are removed from these classes at school because the content is viewed as irrelevant to them.[57]

Loss of autonomy

Many people with disabilities choose not to disclose abuse because doing so results in more isolation, more supervision, and less personal control and autonomy. Often acting with the best of intentions, family, friends, and service providers may restrict the victim's personal associations, travel, or involvement in their community to decrease potential exposure to violent crime.

Lack of effective criminal justice response

Victims with disabilities can be reluctant to report crimes because they are wary that law enforcement agencies and prosecutors may view them as unreliable reporters, less credible witnesses, and less likely to be believed.[58] Many survivors with disabilities also forego reporting because the criminal justice system often fails to hold perpetrators accountable. For crimes that are reported that involve a victim with a disability, one study revealed that only 22 percent of offenders are charged and only 9 percent are convicted.[59] Therefore, these crimes are less likely than crimes involving people without disabilities to be reported to law enforcement and, when they are, they are less likely to lead to an investigation, arrest, prosecution, or conviction.[60]

Community-based support remains out of reach for many

Victim services covers a wide variety of public agencies and nonprofit organizations that work with and respond directly to victims of crime.[61] From 2010 to 2014, only 13 percent of violent crime victims with disabilities received assistance from non-police victim services agencies.[62] While underreporting contributes to this low percentage, physical, programmatic, communication, and attitudinal accessibility barriers for people with disabilities further impede full use of the support and services that crime victims may receive from justice, victim services, and medical systems.[63]

The most significant barriers to victimization-related support for people with disabilities include:

- lack of coordination between victim service and disability service systems and organizations, resulting in neither system addressing the needs of victims with disabilities;
- persistence of physical, communication, programmatic, and attitudinal accessibility barriers in victim services;
- lack of training on victimization and how to provide appropriate and effective services to survivors with disabilities in disability organizations;
- limited awareness and knowledge of effective practices to support survivors with disabilities; and,

- lack of awareness about the continued marginalization of people with disabilities and their victimization experiences.

From 2010 to 2014, only 13 percent of violent crime victims with disabilities received assistance from non-police victim services agencies.

Victim and disability services systems lack a history of collaboration

A chasm exists in most communities between victim services and disability services systems that leave victims with disabilities without the services and supports they need and want. Victim services were designed to address victimization. Disability services were designed around disability. In the majority of communities around the country, this chasm helps sustain the invisibility of the connection between disabilities and violence, creating barriers to developing meaningful solutions, and exacerbating the ongoing negative consequences for survivors with disabilities.

Allied systems remain siloed

Allied systems, such as hospitals and schools, that have frequent contact with people with disabilities often remain unaware of the prevalence

of their violent victimization. Therefore, these systems have not given priority to considering their role in supporting crime victims with disabilities. These systems also often lack knowledge and skills about what to do, how to respond, and whom to ask for assistance when confronted with these victims. Moreover, each of these systems remains in its silo, exacerbating the dilemma for violent crime victims with disabilities seeking effective, coordinated responses to their victimization.

Awareness efforts remain limited in victim and disability services

Community outreach and prevention efforts typically are not offered to people with disabilities. Most available victim services fail to address the prevalence, dynamics, and issues relevant to the victimization experiences of people with disabilities. As a result of limited outreach, people with disabilities feel that victim services are not available to or appropriate for them. Because there exists little meaningful collaboration between disability- and non-disability-related organizations (such as victim services organizations), disability agencies generally remain unaware of and uninformed about community resources and effective practices available to address violent victimization. Therefore victims with disabilities remain isolated from available and effective services and support.

Accessibility barriers persist in many victim services organizations

Communication, physical, programmatic, and attitudinal barriers that directly affect accessibility prevent people with disabilities from reaching out and getting the support they need from many victim

services organizations. As a result, people with disabilities feel that victim services are not available to or appropriate for them. Examples of these accessibility barriers include:

- buildings, facilities, and offices that prevent a crime victim using a wheelchair to enter through the front door, navigate down a hallway, or use a restroom.
- public computers and websites lacking assistive technology —a general term that describes devices, equipment, software, and services designed to help people with disabilities. An example of assistive technology to ensure websites are accessible to crime victims is screen-reading software that allows a person who is blind or has low vision to audibly access web-based help such as crime victim compensation information.
- a lack of effective safety planning. Strategies devised for victims and resources available to them to help them stay safe should be relevant to the situation of the particular crime victim. Many victim service agencies that assist survivors in developing safety plans do not think about or include items that relate to a crime victim's disabilities, such as plans that use visuals and pictures instead of words or written plans that use plain, simple language.

Lack of specialized knowledge and response protocols in disability agencies

Barriers also persist in some disability organizations that prevent the people they are serving from reaching out for and receiving help. For example, disability services agencies unfamiliar with the dynamics of

abuse might not recognize some of the signs or indicators that abuse is occurring. Instead, they may misinterpret these potential signals of abuse as aspects of a person's disability. When these service providers do learn of physical or sexual abuse, they may focus on the administrative complications involved in abuse disclosures, including detailed investigation, documentation, and reports to an oversight agency, or informing guardians about the abuse. Moreover, they may report the incidents only to adult protective services rather than to law enforcement. Such responses discount that a crime was committed and fail to trigger the needed victim-focused services and supports. When disability organizations lack specialized knowledge about domestic and sexual abuse against people with disabilities as well as the appropriate response protocols, they cannot guide their constituents to effective services or support.

Continued marginalization distracts victim and disability agency responses

Many victims with disabilities recognize that society at large is skeptical of their ability to make choices that affect their lives. The persistence of this mindset disempowers and further marginalizes victims with disabilities. It also informs the nation's mandatory reporting laws and other policies that reaffirm the commonly held belief that people with disabilities cannot make sound judgments. While there are people with disabilities who are incapable of reporting victimization as a result of their disability, there are many others who can decide what is best for them in a given situation. Mandatory reporting laws divert the attention of victim service and disability organizations from supporting the victim toward paperwork and reporting processes and requirements.

Challenges and action at the disability-violence intersection

Given the myriad challenges surrounding the awareness and understanding of, and responses to, the violent victimization of people with disabilities, policymakers and practitioners must make a concerted effort to educate themselves and the general public about these issues. Now is the time to take action to dismantle the barriers that impede ending the alarmingly prevalent violence against people with disabilities. The following is a list of actions toward that end:

Evaluate and reform mandatory reporting laws

All states and the District of Columbia have statutes that require certain people, such as paid care providers, social workers, school personnel, and physicians to report incidences of abuse of "vulnerable adults" to adult protective services, law enforcement, or other governmental entities with or without the consent of the victim.[64] These statutes—commonly referred to as "vulnerable adult mandatory reporting laws"—vary considerably in who must report, what constitutes abuse, and who is defined as a vulnerable adult.[65]

Mandatory reporting reflects certain assumptions about people with disabilities—for example, that they cannot make decisions in their own best interest and that they require protection above and beyond the protection mandated for people without disabilities. Because mandatory reporting laws require certain specified third parties to report the violence experienced by survivors with disabilities, these laws remove

the rights of survivors with disabilities who are covered by the law's "vulnerable adult" definition to determine for themselves whether it is in their best interests to report abuse. These laws, therefore, diminish, if not extinguish, personal autonomy and self-determination of victims with disabilities. Moreover, the laws' often-broad definitions of who is considered a vulnerable adult eliminate vast differences of capacity among people, thus removing the right to self-determination for anyone falling within the statutes' purview.

Resolving the challenges and unintended consequences that mandatory reporting poses requires a deliberate assessment of the laws to better understand their implications for survivors with disabilities and identify needed reforms. To be effective, this inquiry must be a collaborative effort among experts on disability, self-advocacy, and victim services, including domestic violence and sexual assault agencies, in order to fully understand the benefits and shortcomings of mandatory reporting and explore alternatives that promote autonomy, self-determination, and inclusion.

Fill the research gaps

Vital questions about violent victimization and people with disabilities remain unanswered. To ensure prevention and intervention strategies are most effective for crime victims with disabilities, more research is needed to:

1. formulate consistent definitions of disabilities and violence that would allow for a clearer understanding of the scope and magnitude of violent victimization in the lives of people with disabilities;

2. collect uniform crime data about official police reports, prosecutions pursued and/or declined, and criminal case final outcomes of all reported violent crime incidents committed against people with disabilities; and,
3. analyze data from other reporting systems, such as child-abuse reporting and mandatory reports of vulnerable-adult abuse and integrate it with official crime data and national victimization surveys.

Promote effective prevention efforts

In general, efforts to prevent the violent victimization of people with disabilities are very limited and those initiatives that focus on or are inclusive of people with disabilities are even rarer. Existing prevention initiatives primarily focus on changing the behavior of victimized individuals through risk-reduction strategies. While risk reduction may equip people to identify and leave situations where they may be at risk, they do not focus on measures that stop the abusers and hold them accountable. Moreover, primary prevention efforts that identify and address the underlying societal norms, attitudes, and practices around abuse of people with disabilities have been minimal. Virtually none of these efforts have countered ableism—the deeply entrenched societal norms, attitudes, and practices that devalue and limit the lives of people with disabilities.

Enhance responses and support to survivors with disabilities

There are organizations that work with people with disabilities and those that work with survivors of abuse. Few organizations, however, see

their role as specifically working with survivors who have disabilities. Communication, physical, programmatic, and attitudinal barriers exist in disability organizations, preventing the people they are serving from reaching out for help responding to or preventing domestic and sexual violence. Similar barriers exist in justice systems.

Meaningfully engage people with disabilities

Because of society's paternalistic attitudes toward people with disabilities, they are socially invisible and segregated. Thus, many efforts aimed at benefiting them have failed to include or engage them in meaningful ways. The work to end violent victimization is no exception. Self-advocates—people with disabilities organized to educate the community about issues that affect them and shape effective responses—have yet to be included as central stakeholders. Yet their ability to address the violent victimization they experience and their collective power to transform the national consciousness about this problem are critical to finding solutions.

Conclusion

People with disabilities remain marginalized and hidden from society's view. Despite growing national awareness of and concern about serious violent crime, such as rape and sexual assault, victims with disabilities are largely missing from the public consciousness. To make meaningful progress on ending the violent victimization of people with disabilities, survivors themselves must be central in this effort. Working with their families, their communities, service providers, and experts who understand their unique issues and challenges, they can educate service practitioners and policymakers nationwide. Raising public awareness of the interplay between disability status and violence is the necessary first step to creating effective, accessible strategies to recognize, effectively respond to, and prevent the violent victimization of people with disabilities.

Endnotes

1 Matthew W. Brault, *Americans With Disabilities: 2010*, Current Population Reports (Washington, DC: U.S. Census Bureau, 2012), 70–131.

2 Erika Harrell, *Crime Against Persons with Disabilities, 2009–2014 - Statistical Tables* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2016).

3 The patchwork of research related to the intersection of disabilities and violence makes it difficult to glean the full scope of the problem. Disability-related studies suffer from differences in definition about what constitutes a disability, and violence-related studies use disparate definitions of crimes, i.e., rape or sexual assault definitions.

4 Brault, 2012.

5 U.S. Census Bureau, *Age-Adjusted and Unadjusted Disability Rates by Gender, Race, Hispanic Origin: 2005 and 2010*, https://perma.cc/JYU2-TGJE.

6 Lewis Kraus, *Disability Statistics Annual Report* (Durham, NH: University of New Hampshire 2015). These figures should be considered conservative because they do not account for people with disabilities in institutional settings (for example, correctional facilities, non-correctional institutional settings, and residential schools for people with disabilities).

7 Ibid.

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Acknowledgments

This report honors Amy Judy, who passed away on February 12, 2017. Amy was a senior program associate in Vera's Center on Victimization and Safety, and was a fierce advocate for survivors, people with disabilities, and humankind, in general, throughout her life's work. This report continues her legacy by laying out a foundation of information about the violent victimization of people with disabilities that will inform decisions made by law enforcement, victims services, and policymakers, for years to come.

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Vera's Center on Victimization and Safety (CVS) works with government and nonprofit organizations to enhance efforts to prevent and address interpersonal violence and related crimes, including domestic violence and sexual assault. The center specializes in fostering cross-disciplinary collaboration and promoting policies and practices that hold abusers accountable, prioritize safety, and also help survivors heal. By combining staff expertise and skills with the practical knowledge of professionals in the field, it provides technical assistance and guidance that is timely, relevant, and reflective of current best practices.

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