

Mistreatment of Adults with Disabilities

This research brief synthesizes the latest available information and research relating to the mistreatment of adults with disabilities (**AWD**). This brief addresses the intersection of AWD and elder mistreatment. Information is provided on risk factors, national survey findings, intimate partner violence (**IPV**), adults with intellectual and developmental disabilities (**IDD**), barriers to reporting and help-seeking, and recommendations for intervention.

KEY ACRONYMS

AWD – Adults with disabilities

IPV – Intimate partner violence

IDD – Intellectual and developmental disabilities

KEY TAKEAWAYS

- There is a lack of knowledge and training on how to identify and respond to the unique dynamics that arise when disability and violence intersect
- **Mistreatment of AWD is underreported**, especially among women
- **Disability-related abuse** is a unique problem that needs special attention
- Decreased physical function among older adults may increase the risk of mistreatment
- **Both men and women with disabilities experience IPV at a higher rate than men and women without disabilities**
- Mistreatment, particularly sexual violence, of IDD is a significant problem that is approached in a variety of ways; older adults with IDD are a particularly vulnerable group
- **Collaboration is needed among the multiple service providers who work with AWD** to better respond to cases of mistreatment
- Accessible screening tools tailored to AWD and training on the unique dynamics of disability and mistreatment are possible interventions to mitigate harm in this population

Background

The Americans with Disabilities Act defines a disability as: **“A physical or mental impairment that substantially limits one or more major life activity.”**¹



Approximately **26.7%** (1 in 4) of adults aged 18 and older in the U.S. have some type of disability²



Approximately **43.6%** (2 in 5) of adults aged 65 and older in the U.S. have some type of disability²



Among AWD aged 65 and older, the disability type with the highest prevalence (27.7%) is **“mobility disability.”**²

Through the aging process, illness or injury may lead to a disability including limitations in vision, hearing, mobility, communication, cognition, or self-care. Additionally, difficulties performing activities of daily living, such as bathing, dressing, and toileting, and instrumental activities of daily living (e.g. housework, managing money) can affect an individual's ability to live independently.³

Paternalistic attitudes toward AWD often lead to this population being unacknowledged and segregated from society.⁴

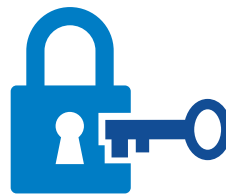
DISABILITY-RELATED ABUSE

Although AWD may experience forms of abuse that are similar to those experienced by adults without disabilities, perpetrators of AWD may resort to methods that take advantage of a person's disability.⁴ **Disability-related abuse** is well documented, yet it is often not measured or reported.⁵ It can include destruction of medical equipment, refusal to assist with basic activities of daily life, or manipulation of medication.⁵

A perpetrator may use an individual's disability to⁶:



Emotionally abuse or bully the individual due to their disability



Force the individual to do something by threatening to withhold vital assistance



Isolate the victim or force their victim to stay in a dangerous situation until their demands are met

NEGLECT OF AWD

Disability-related abuse can overlap with neglect.⁶ However, AWD may need more intensive and long-term support and assistance than those without disabilities. Systems and professionals may not be adequately equipped or trained to assess for and address denial of care that is related to disability needs as opposed to chronological age.⁷

RESEARCH GAPS

There is a **dearth of research on the abuse of women with disabilities**. The voices and experiences of this population have largely been missing in the research focused on violence against women.⁸

RISK FACTORS

Factors contributing to heightened risk of victimization for AWD⁴:

- Devaluation throughout society: AWD are viewed as “less than” those without disabilities
- Presumed lack of credibility: AWD are less likely to be believed
- Isolation and segregation: Separate classrooms, work environments, and housing remove AWD from the mainstream
- Increased exposure to potential abusers: AWD tend to have numerous personal care attendants, further increasing their risk of potential harm and exploitation
- Culture of compliance: Adults with IDD are instructed to follow the instruction of those in charge, increasing the risk of victimization

National Survey Findings

ADULT PROTECTIVE SERVICES (APS) CLIENTS BY DISABILITY TYPE

As reported in 2020 by the National Adult Maltreatment Reporting System, **the most frequent type of disability for victims of adult maltreatment is “ambulatory difficulties” and the most frequent type of disability for APS clients overall is cognitive impairment.**⁹

Disability	Definition	% of Clients	% of Victims
Ambulatory Difficulty	Having serious difficulty walking or climbing stairs	26.2%	35.2%
Cognitive Difficulty	Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.	27.1%	20.8%
Communication Difficulty	Because of a physical, mental, or emotional problem, having difficulty with speech or language.	5.1%	4.8%
Hearing Difficulty	Deaf or having serious difficulty hearing.	3.6%	3.9%
Independent Living Difficulty	Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor’s office or shopping.	24.9%	16.2%
Self-Care Difficulty	Having difficulty bathing or dressing.	16.5%	14.0%
Vision Difficulty	Blind or having serious difficulty seeing, even when wearing glasses.	3.8%	10.4%
Other	Disabilities other than those specified in the categories provided.	16.7%	4.7%
None	Assessed, and no disability determined.	5.9%	2.7%

Note: Based on 19 states submitting data for 94,860 victims and 20 states submitting data for 270,059 clients, disability type was listed as Unknown for 41.6% of victims and 35.2% of clients. Multiple disabilities may be recorded for a single client or victim. National Adult Maltreatment Reporting System, 2020.

FREQUENCY OF FORMS OF ABUSE BY DISABILITY TYPE

For most disability categories, **the most common form of adult maltreatment reported by disabled victims is abandonment.**⁹

Disability	Abandonment	Emotional abuse	Exploitation	Neglect	Other	Physical abuse	Self-neglect	Sexual abuse	All Victims
Ambulatory Issues	54.5%	23.6%	22.7%	37.0%	13.1%	24.2%	39.2%	13.7%	35.2%
Cognitive Issues	81.8%	20.2%	27.3%	38.2%	19.2%	21.7%	19.0%	41.9%	20.8%
Communication Issues	18.2%	5.8%	5.9%	13.8%	4.0%	6.1%	3.8%	9.0%	4.8%
Hearing Issues	0.0%	5.5%	5.5%	6.9%	3.4%	3.6%	3.5%	2.3%	3.9%
Independent Living Issues	84.8%	23.2%	25.8%	37.2%	18.9%	24.0%	13.1%	21.7%	16.2%
No Disability Identified	3.0%	7.1%	9.6%	1.4%	4.0%	10.2%	1.3%	4.4%	2.7%
Other Issues	30.3%	27.5%	20.4%	21.1%	38.4%	16.3%	7.2%	25.8%	10.4%
Self-Care Issues	90.9%	18.7%	20.1%	33.4%	21.5%	18.3%	11.6%	16.8%	14.0%
Vision Issues	3.0%	7.2%	5.5%	6.8%	2.4%	4.1%	4.6%	3.1%	4.7%
Unknown	15.2%	39.2%	38.2%	32.2%	36.7%	35.2%	44.8%	23.5%	41.6%
Total	33	3,661	9,240	8,578	97	5,790	71,474	387	94,860

Source: Case Component. States may select multiple disabilities for each individual. National Adult Maltreatment Reporting System, 2020.

VIOLENT CRIMES AGAINST PERSONS WITH DISABILITIES

According to data from the National Crime Victimization Survey, from 2017 through 2019, **the rate of violent victimization against persons with disabilities was at least 3.5 times the rate against those without disabilities** for each age group measured, except persons aged 65 or older.¹⁰

Age	Persons with Disabilities			Persons without Disabilities		
	Average Annual Number	Percent	Rate per thousand persons	Average Annual Number	Percent	Rate per thousand persons*
16-19	1,041,050	3.1	179.0**	15,604,310	6.5	24.7
20-24	1,244,540	3.7	130.4**	20,005,220	8.4	28.8
25-34	2,149,640	6.3	111.6**	42,412,320	17.8	23.4
35-49	3,980,010	11.7	78.7**	56,849,770	23.8	17.5
50-64	8,380,670	24.7	47.2**	53,902,240	22.6	13.3
65+	16,142,650	47.5	7.5	34,591,780	14.5	5.7

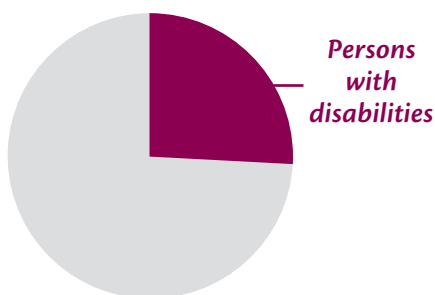
Based on the noninstitutionalized U.S. resident population. Excludes persons with an unknown disability status

*Comparison group

**Difference with comparison group is significant at the 95% confidence level

National Crime Victimization Survey, 2017–19

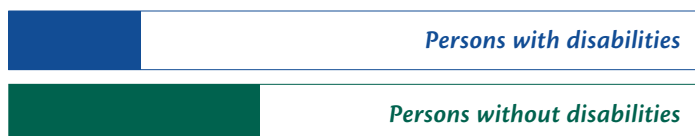
During 2017-2019¹⁰:



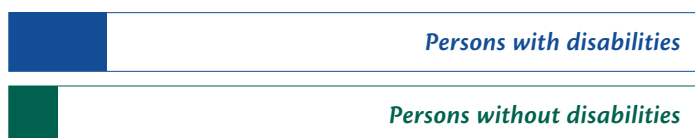
Persons with disabilities were victims of 26% of all **nonfatal violent crime**



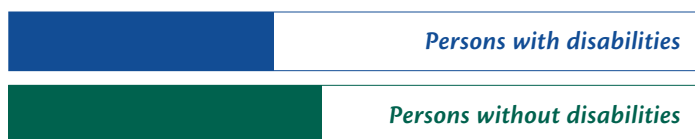
Persons with cognitive disabilities had the highest rate of **violent victimization** (83.3 per 1,000) among the disability types measured



19% of **rapes or sexual assaults** against persons with disabilities were reported to police, compared to 36% of those against persons without disabilities.



Other relatives (including parents, children, and other relatives) accounted for a higher percentage of **violent victimizations** against persons with disabilities (14%) than against persons without disabilities (7%)



Violent crime against persons with disabilities (38%) was less likely to be reported to police than violence against persons without disabilities (45%)

Mistreatment of Older Adults with Disabilities

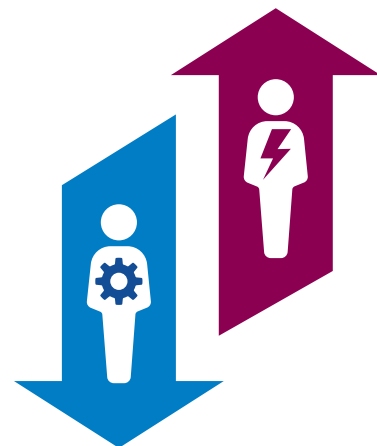
INTERSECTIONALITY OF DISABILITY AND OLDER AGE

Considering that older adults and AWD are often perceived by society as helpless and dependent, the vulnerability of individuals who are of older age and disabled may be compounded. Therefore, it is likely that older disabled adults are at particularly high risk of mistreatment.¹¹



PHYSICAL FUNCTION AND ELDER MISTREATMENT

A study of 6,159 adults aged 65 and older found that **decline in physical function and greater impairments were associated with greater risk of elder abuse.**¹² The strength of this association varied according to different forms of abuse. Elder abuse victims had lower levels of physical function at baseline but decline in physical function was greater for those with elder abuse. It was also found that **decline in physical function was associated particularly with greater risk of caregiver neglect.**¹² Interestingly, an inverse relationship was found in a study of 3,158 Chinese elder adults aged 60 years and older in the Greater Chicago area in which greater levels of physical function impairment were associated with *lower* risk of elder mistreatment.¹³ This result could be explained by the value of filial piety in Chinese culture or possibly a result of improved aging related programs implemented in recent years in the location where the study was conducted.¹³



INTRUSIVE INTERVENTION

AWD may be subjected to more intrusive interventions if they experience mistreatment. A policy study discovered that some elder abuse responders described instances where they were unable to use the least intrusive measures because of limited resources. Older adults who have a cognitive disability are the most likely to experience intrusive intervention since they are perceived to be legally incapable of decision making.¹⁴

HYBRID FINANCIAL EXPLOITATION

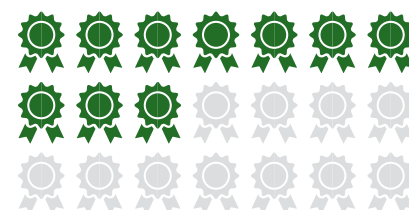
A study identifying socioecological factors strongly associated with financial exploitation based on a sample of substantiated older adult mistreatment cases found that those who experienced “hybrid FE” or financial exploitation in the presence of other forms of mistreatment had the highest proportion of cognitive impairment, physical disability, and mobility impairment.¹⁵

OLDER ADULTS WITH IDD

Individuals with IDD are a fast-growing segment of older adults in the U.S. and IDD is a major risk factor for this group.¹⁶ Likely causes for this correlation are weak social relationships, lack of financial resources, and barriers to adequate services and care. There is a strong need for research on the experiences of abuse of older adults with IDD and prevention efforts for this group.¹⁶

QUALITY OF LIFE OF ADULTS WITH SEVERE DISABILITIES

A study on quality-of-life outcomes for adults aged 55 and older (n= 800) with severe disabilities found that **while most participants were free from abuse and neglect, the majority had fewer than half of the 21 quality-of-life outcomes** from the Personal Outcome Measures tool (only 2.44% of participants had all 21 outcomes present).¹⁷



Intimate Partner Violence (IPV) and AWD

A study of women with disabilities found that for each of the participants reporting sexual violence, there was mention of a lack of resources unique for women with disabilities specific to violence. Each participant described various ways in which their partner “used their disability” to take advantage of them.¹⁸

Data from the National Epidemiologic Survey of Alcohol and Related Conditions (shown in the chart below) revealed that **both men and women who identified as having either a mental health or physical impairment were more likely to report experiences of IPV in the last year compared with the general population.**¹⁹

Past-year IPV victimization by physical and mental health status

	With physical health impairments	Without physical health impairments	With mental health impairments	Without mental health impairments
All respondents	4.3% (1,490)	3.2% (1,108)	6.4% (2,217)	2.7% (936)
Women	4.1% (823)	3% (602)	6.5% (1,306)	2.2% (441)
Men	4.7% (684)	3.6% (524)	6.1% (888)	3.3% (481)

Another study found that men with disabilities were nearly twice as likely to have experienced lifetime IPV victimization compared with nondisabled men and were more likely to report lifetime attempted IPV and past-year physical and/or sexual IPV than men and women without disabilities. **Men and women with disabilities were both more likely to experience IPV than their counterparts.**²⁰

Lifetime and Past-Year IPV Among Men and Women with and without Disabilities

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Intellectual and Developmental Disabilities (IDD) and Abuse

Numerous studies have shown that **intellectual disability is a strong risk factor for abuse.**^{16,21} Both a longstanding culture of dependency and a lack of opportunity for self-determination have perpetuated the risks of abuse in this group.^{5,16}

The strategies which many service providers use to address mistreatment of individuals with IDD often vary, which can lead to inadequate support for adults with IDD.^{5,16} A study that compared the perspectives of support professionals working with adults with IDD to those of support professionals working in the field of domestic violence/sexual assault (DV/SA) demonstrated a need for increased communication and collaboration between these two groups. While the IDD professionals were attentive to personal factors that can contribute to vulnerability of individuals with IDD, the DV/SA professionals were more attentive to environmental and contextual factors that can limit the responsiveness of responders to the needs of adults with IDD.²²

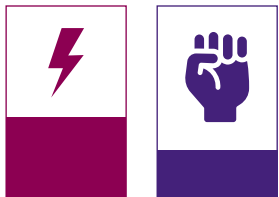
A study of adults 18 and older with developmental disabilities (N=350) found that experiences of abuse in both childhood and adulthood were significantly related to depression, PTSD, physical symptoms, and secondary health conditions.⁵

Sexual violence is a serious issue among adults with IDD. Applying the Ecological Systems Theory to this issue helps to underscore the layers of risks for this group as well as the opportunities to intervene such as comprehensive human sexuality education, establishing risk assessment and management procedures, coordinated statewide efforts, and surveillance systems.²³

Underreported Harms

Although AWD experience higher rates of violent victimization than those without disabilities, crimes committed against this population are underreported. **Knowledge and training are needed to identify and respond to the unique dynamics at play when disability and violence intersect.**⁴ When law enforcement, prosecutors, or APS investigators miss these dynamics, the result is often inaccurate investigations, dismissed cases, and AWD remaining in abusive situations.⁴

A study examining facilitators and barriers to disclosing abuse among women with disabilities (n=305) reported the following²⁴:



42% were afraid the abuse would get worse and 25% believed they would be injured or killed if they reported abuse.



Almost **half** of the women who had experienced abuse had **never disclosed the abuse** to a doctor, nurse, case manager, or police officer.



Nearly **one in five women agreed there was no point in reporting abuse** because nothing could be done to change it.



Women 65 years and older were **significantly less likely to have disclosed abuse** compared to their younger counterparts.

BARRIERS TO ACCESSING RESOURCES AND SERVICES

AWD face multiple barriers to accessing supportive services, such as⁴:

- Lack of collaboration between victim services and disability services
- Lack of awareness among hospitals and schools of the prevalence of violent victimization against AWD
- Limited community outreach and prevention efforts
- Accessibility barriers



Interventions



PROMISING SCREENING TOOLS

VOICES: Swierenga and colleagues developed VOICES, a screening tool for older adults with visual and hearing disabilities that screens, educates, and motivates older adults to self-report elder abuse. A usability study with 14 older adults who were blind, had low vision, or were hard of hearing provided promising results.²⁵

Safer and Stronger Program (SSP): Oswald and colleagues developed an audio computer-assisted self-interview program created for women with disabilities to help increase awareness of abuse, encouraging safety-planning behaviors, and providing information about community resources. An evaluation of the tool with 305 women with disabilities received positive feedback.²⁶



EDUCATION

- Work with individuals, community organizations, leaders, and others to promote social awareness, change, and justice around the issues of inclusion, acceptance, and well-being of survivors with disabilities.²⁷
- Develop training programs for family members and caregivers of individuals with IDD to increase knowledge about the patterns of risk and vulnerability; religious communities may offer an ideal setting.²²
- Expand the discussion and definition of “disability” within the field of IPV.⁸



PRACTICE

- Include AWD as central stakeholders.⁴
- Use a strengths-based perspective in working with AWD by promoting community integration and reduction of physical and social barriers.⁸
- Improve collaboration across fields that service victims of adult mistreatment, victims of domestic violence, AWD, and older adults with IDD, to create links between services and increase sensitivity to the needs of AWD.^{8,16,22}
- Develop programs that address disability-related abuse and teach skills for responding to abusive situations⁶ including cognitive decision-making strategy interventions for adults with IDD.¹⁶
- Use a lifespan approach to reduce abuse of adults with IDD by recognizing protective individual competencies, fostering protective relationships and networks, and building protective systems and services at all life stages of adults with IDD.¹⁶
- Incorporate support for AWD in religious settings; religious organizations have the potential to prevent IPV among AWD by helping create inclusive communities.²⁸



SURVEILLANCE

- Screen for elder abuse alongside screening for physical function.¹²
- Ask specifically about disability-related abuse and its sequelae in adults with IDD.^{5,8}
- Use various examples of abusive behaviors, including disability-specific types of abuse when screening women with disabilities.²⁴



RESEARCH

- Study the manifestations and effects of disability-related abuse⁶
- Include disability as a category in IPV and sexual assault research.⁸
- Specify forms and severity of disability, as well as degree of impairment type in diverse samples, to better understand specific risks among subgroups.¹⁹
- Develop longitudinal studies to examine the potential impact of abuse on the physical and mental health of AWD.⁸
- Identify preferences of women for responding to questions about abuse²⁶ and identify effective methods for women with disabilities to recognize and label abuse.²⁴

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