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Examining Criminal Justice Responses To and Help-Seeking Patterns of Sexual Violence Survivors with Disabilities

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PROJECT GOALS AND OBJECTIVES

Despite national survey estimates indicating a sharp increase in rates of violent victimization and an increased risk of serious outcomes for people with reported disabilities compared to people without reported disabilities,[i] few studies have examined criminal justice responses to and help-seeking patterns of sexual assault survivors with disabilities. Goals of this exploratory study were to:

1. Describe criminal justice reporting of sexual assault against persons with disabilities (e.g., number and source of reports, characteristics of survivors and perpetrators, case characteristics, and case outcomes) using administrative and case file data from a large metropolitan area's District Attorney's Office (DAO)[ii] consisting of all sexual assault cases involving adults from 2008 to 2013 when the reported victim had a disability/was Deaf;
2. Assess how cases of sexual assault survivors with disabilities proceeded through the criminal court system, using administrative data, case file reviews, and Assistant District Attorney and Victim-Witness Advocate informational interviews; and
3. Describe help-seeking experiences of sexual assault survivors with disabilities from formal and informal sources, including influences on how and where they seek help, their experiences in reporting, barriers to reporting, and outcomes of this reporting, drawn from interviews with community-based survivors and service providers.

PROJECT DEFINITIONS

Sexual Violence/Assault. For purposes of this study, sexual assault was defined as any sexual act that is perpetrated against someone's will. This encompasses a range of offenses, including: (a) use of physical force to compel a person to engage in a sexual act against their will whether or not the act is completed, (b) a completed or attempted nonconsensual sex act, (c) abusive sexual contact, and (d) coercive control to obtain sexual compliance (e.g., controlling resources like medication or

use of threats to compel sexual acts). All types of sexual assault include both heterosexual and same-sex acts in which the victims do not consent, are unable to consent and/or refuse.[iii]

Disabilities. Disability was defined as a physical, mental, or health impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such impairment. Disabilities included intellectual/developmental disabilities, physical disabilities, sensory disabilities (e.g., low vision/blind, hard of hearing, Deaf), psychiatric disabilities (e.g., depression, schizophrenia), and multiple disabilities, including those described above.[iv]

PROJECT DATA SOURCES AND SUBJECTS

This study used a mixed-methods approach to explore criminal justice reporting of sexual assault against persons with disabilities and included quantitative and qualitative data from two sources:

A special unit in a large metropolitan District Attorney's Office that handles all cases involving adult victims who have disabilities, are Deaf, or are elderly (hereafter referred to as the DEU), including electronic administrative data, paper case files, and informational interviews with staff processing cases. The unit is responsible for investigating and prosecuting a range of offenses involving people with disabilities and elders, including robbery, assault, physical assault, neglect, fraud, and theft. During the study period, two assistant district attorneys were funded for the unit.

Supplemental community-based interviews with (a) Survivors – people with disabilities and people who are Deaf at least 18 years of age who had experienced a sexual assault after the age of 15, whether or not they had had contact with the criminal justice system; all respondents had disabilities at the time of the assault; and (b) Providers – staff and volunteers who provide services to individuals with disabilities and people who are Deaf who had been sexually assaulted.

PROJECT DESIGN AND METHODS

1. DEU Administrative and Case File Data were collected for <u>all</u> sexual assault cases from 2008 to 2013 (the most recent years available) when the reported victim (RV) had a disability (n=417). Three types of information were gathered:

a. **Quantitative administrative data** from the electronic case management system. For RVs, these data included referral sources, race/ethnicity, age, gender, type of disability, relationship of RV to the Reported Perpetrator (RP), location of the reported assault, and case outcome. Information about RPs included whether or not they were identified, the number of perpetrators, race/ethnicity, age, gender, and disability status if known.

b. **Paper case files** for all 417 cases. Paper case files were used to fill in data missing in the electronic records and to record additional information not recorded in the electronic records. The case files also provided important data on case characteristics, and included some overall reasons for case closure, based on ADA notes. Case file data were merged with the electronic administrative data to form a dataset for all sexual assault cases against persons with disabilities handled by the DEU from 2008 to 2013.

c. **Informational interviews** with district attorneys and victim witness advocates. Semi-structured informational interviews were also conducted in person and by phone with two Assistant District Attorneys (ADA) and a Victim Witness Advocate (VWA) in the DEU (the total number assigned to the unit at that time), to better understand the overall process of investigating, charging, and/or closing these cases. These interviews were intended to provide a better understanding of the decision points and processes in the system to inform the analysis of administrative and case file data and did not focus on individual cases. Interview questions centered around case flow, interactions with RVs, collaboration with police investigators, decisions regarding case viability, and the role of mandated reporting in sexual assault cases. Interview data were coded thematically and used to provide context for the quantitative findings from administrative and case file review data. They were not collected or analyzed as a source of original data on case processing.

Measures of Key Variables Included:

a. **Disability Type.** Classification of the type of disability of the RV (and RP, if identified as having a disability) was based on the three categories used by the DEU: (1) psychiatric disability, (2) physical/sensory disability, and (3) intellectual/developmental disability. RVs and RPs could be characterized as having one or more than one type of disability.

b. **Sexual Assault.** All cases at the DEU are classified as: (1) rape, (2) sexual assault, or (3) indecent assault and battery.[v] This classification is based on information DEU staff has from the initial report and is updated if new information becomes available. Only the most recent/current classification indicated by the case files was used for analyses.

c. **Case Outcome.** Case outcomes were examined only for cases that had been open for at least six months, to provide time for the DEU to have taken action and to avoid over-counting open cases. Case outcomes were coded as: (1) closed without charges, (2) referred to another unit (e.g. sexual assault unit or child/family unit), (3) referred to lower court (municipal or district court), (4) nolle prossed[vi], (5) heard by a grand jury, and (6) convicted.

2. Supplemental Community-based Interviews. Supplemental semi-structured individual interviews were conducted with survivors (n=7) and service providers (n=15) from the metropolitan area surrounding the DEU to assess help seeking experiences in reporting victimization to formal and informal help sources. These data were obtained by conducting in-person interviews with (a) sexual assault survivors with a range of disabilities and (b) service providers, including those providing services to rape victims and/or persons with disabilities. Recruiting and interview protocols used research methods and accommodations designed especially for persons with disabilities. Project staff contacted over 90 area service organizations that might have contact with sexual assault survivors and/or people with disabilities including disability services, victims' services, rape crisis services, medical/hospital-based organizations, advocacy groups, and private practice

counselors. The locally based research interviewer and the Principal Investigator also met with key agency administrators to learn about their and other area services.

Sexual assault survivors were recruited via flyers describing the study, an American Sign Language video translation of the flyer, announcements of the study on agencies' social media pages, and newsletters. Respondents primarily reported accessing recruitment information electronically through social media sites, newsletters and mailing lists, and agency websites. Survivor interviews took approximately 60-90 minutes to complete and were conducted at service organizations chosen for safety, accessibility, and familiarity among persons with disabilities. Interviews focused on what happened after the sexual assault, including how survivors sought help, the barriers they faced, experiences in reporting victimization, and outcomes of reporting to various sources.

Service providers from the metropolitan area were also interviewed. Providers were first recruited through three partner organizations, who reached out to agency staff and private practitioners to whom agencies referred clients. Snowball sampling techniques were used to connect to key individuals from other sectors. The local research interviewer also made presentations at agencies to present information about the study and the survivor and provider interviews. Provider interviews took approximately 45-60 minutes to complete. Interviews focused on disclosure and help seeking behaviors of survivors, effectiveness of help sources for survivors with disabilities, barriers these survivors experience in receiving help, and barriers for practitioners and agencies to providing accessible and responsive services. The emphasis in both types of interviews was on sharing expertise: either as a survivor based on experiences in personal life, or as providers based on work experience. All interviews were conducted by a woman researcher with expertise in interviewing diverse metropolitan populations about violence, sexual assault, and community and criminal justice responses to help seeking after assaults.

DATA ANALYSES

1. DEU Administrative and Case File Data. The DEU data set was analyzed using measures of central tendency and frequencies as well as cross-tabs with chi-square analysis and one-way ANOVAs with post-hoc adjustments to compare group means. Based on the data available, analyses provide detailed descriptions of characteristics of reported victims and reported perpetrators, victim-perpetrator relationship, case characteristics, case length, and case outcomes.[vii]

DEU Data Limitations. Limited resources and staffing and a large caseload contributed to data collection challenges for the unit. Electronic data files were created by office support staff, who entered information from the paper case files into a spreadsheet. If information was not recorded in paper case files at the time electronic data were entered, those fields remained blank; electronic files were not always updated when information was added to the paper files. Data fields included in the spreadsheet also varied from year to year, creating some areas of missing data. Most of this missing data occurred in information about perpetrator' characteristics: a critical area for future studies on sexual assaults against people with disabilities. Although the unit held cases open over time and made multiple attempts to reach RVs and gather additional evidence, missing data also resulted when cases were eventually closed without key information – for example, when an RV could not be contacted (e.g., had moved or was hospitalized).

2. Supplemental Community-based Interview Data. Survivor and provider interview data were analyzed using a Grounded Theory approach, which allowed for identification of crosscutting experiences, perceptions, challenges, frustrations, and recommendations among those interviewed. Specifically, both survivor and provider interviews were coded for emergent common themes across interviews internal to each respondent group and for themes that emerged in both provider and survivor interviews for this metropolitan area. Information about demographics and general questions about the assault (e.g. age at incident, relationship to perpetrator) were used to compare survivors with RVs from the quantitative data.

FINDINGS [viii]

1. District Attorney's DEU Data. A high proportion of DEU cases in this sample came from a government agency's 24-hour hotline established to receive reports of abuse and neglect of adults with disabilities. The standard of reporting requires only 'a mere suspicion' based on a reasonable cause to believe abuse (or neglect) has occurred. Reports to the hotline are reviewed by agency staff to assure they fall within their jurisdiction and by detectives from the State Police to assess if there is evidence that a crime has occurred. If both these conditions are met, the case is referred to the District Attorney's Office for further investigation and charging. Almost half (48.9%) of the cases in the DEU sample originated from this hotline (Table 1). The next largest source (44.4%) was the police department (PD) with a total of 93.3% of all cases originating from these two sources.

There were no differences in source by age or race/ethnicity of the RV. Considering RVs with only one reported disability,[ix] a larger share of RVs with physical/sensory disabilities were referred by the PD (60.9%) than RVs with psychiatric disabilities (46.5%) or intellectual /developmental disabilities (39.1%) (Table 2). Conversely, about half of RVs with psychiatric disabilities and intellectual/developmental disabilities were referred by the hotline, compared to 34.8% of RV's with a physical/sensory disability ($p=0.004$).

Characteristics of Reported Victims (RVs). Descriptive statistics indicated that almost all (87.1%) of the RVs were women (Table 3). RVs' ages ranged from under 18 years of age (4.1%) to 71 years of age or older (1.0%), with an average age of 36 years (Table 4, Table 5). Over half (55.4%) were 35 years of age or younger; nearly one fifth (17.8%) were over the age of 50. The race/ethnicity of RVs was missing in 25% of cases in the study sample, thus RV race/ethnicity is not reported.

Characteristics of Reported Disabilities. The majority of RVs (60.5%) were recorded in DEU case records as having a psychiatric disability (Table 6). In the vast majority of these cases, this was recorded as their only disability. An additional 9.0% were recorded as having a psychiatric disability in combination with another type of disability. About one-quarter (25%) of RVs were

recorded as having an intellectual/developmental disability. This was recorded as the sole disability for 17.5% of cases in the DEU sample. The smallest category of disabilities represented in the sample were physical/sensory disabilities (e.g., disabilities related to mobility, blind/low sight, and Deaf/hard of hearing), with 11.2% of cases recorded as having only physical/sensory disabilities and another 4.4% as having a physical/sensory disability in combination with other types of disabilities, for a total of 15.6% of cases.

Characteristics of Reported Perpetrators (RPs). Almost all DEU cases were recorded as involving only one RP; only 6.5% of cases were reported as involving multiple perpetrators (Table 7). In over a quarter (28.5%) of the cases, the RP was not identified (Table 8). As reported in other literature, almost all (97.5%) of the RPs were men when gender of the RP was recorded in the data (Table 9). For nearly a quarter of DEU cases (23.3%), the gender of the RP was classified as missing.[x]

Relationship between RVs and RPs. Similar to findings on RPs of sexual crimes in the general population, only 15.3% of reported sexual violence in this sample was perpetrated by a stranger (Table 10). In most cases, RPs were known to the RVs; over a quarter were friends or acquaintances (29.5%) and nearly one-fifth were program or facility peers (18.0%). These categories accounted for nearly half (47.5%) of all reported sexual assaults against people with disabilities. 'Authority figures' (e.g., facility and program staff, nurses, teachers) were reported as RPs in 12.7% of the cases, and family members/family friends in 10.3% of cases. Only 8.6% of reported RPs in this sample were current or former intimate partners.[xi] These low numbers might reflect a lack of outside observers in private settings, survivor's or the family's protection of intimates and family friends, and risks in formally reporting sexual violence by family members and intimate partners.

Characteristics of Reported Assaults. Over half (53.0%) of cases in the sample were categorized as rape; nearly one fifth (18.2%) were categorized as indecent assault and battery (Table 11). In 28% of cases, details of the assault were unclear. These were classified as "sexual assault"

pending further investigation. Forty-three percent of reported incidents took place in a home setting, almost all (37.9%) reported as occurring in the RV's or RP's home (Table 12). The next most common locations were a program/group home/shelter (12.2%) and a hospital/doctor's office (11.3%), for a total of 23.5% of cases. Only 7.4% of were reported as occurring in a 'public place'.

Case Outcomes. Analysis of case outcomes was conducted with cases that were closed or had been open for at least six months at the time of data collection. Only 15.4% of DEU cases remained open after 6 months (Table 13).[xii] In an additional 13.6% of cases, there was some action taken; court action included transfer to another court or unit, nolle prose,[xiii] being heard by a grand jury, and sentencing. As Table 13 indicates, 8.7% of cases were referred to another court (5.9%) or District Attorney's Office unit (2.8%) – e.g., a lower court for less serious assaults, or the Child Protection Unit for RVs under age 18. Eight cases resulted in a nolle prose – a decision by the DA not to prosecute, in which they retained the right to re-indict the defendant on the charge(s) at a later date. Two cases were before a Grand Jury at the time of data collection. In nine cases (2.3%), the RP received a sentence for the assault. Only 4.9% of cases in the study sample progressed beyond the investigation stage during the five-year period – meaning they resulted in a nolle prose, had been or were being heard by a Grand Jury, or had been sentenced.

If a case never moved past the investigation stage, the case could be closed with no charges filed. During the study years (2008-2013), a majority of cases (70.5%) were closed with no charge. For half of those cases (49.9%), the DEU felt that the case was not viable for prosecution, e.g., based on lack of an identified RP, lack of sufficient forensic evidence, and/or concerns about the ability of the RV to withstand trial. As described in DEU records, for slightly less than half of cases closed with no charge (43.3%), the decision not to go forward resulted from an RV's or their family's reported preference not to continue or not being able to locate or recontact the RV (e.g., due to changes in residence) (Table 14). Comparing cases closed with no charge to closed cases with all other

outcomes, there were no differences in the percent of cases with court action based on: type of RV disability, referral source, RV-RP relationship, RP gender, or location of the reported assault.

2. Supplemental Community-based Findings

Survivors. Survivors were racially and ethnically diverse and ranged from 22 to 60 years of age at the time of the interview. Less than half worked full time, although most worked at least part-time. Most survivor respondents were not in a relationship at the time of the interview and reported living by themselves in homes or apartments that they rented; one reported living with a spouse and two with other family members. Survivors in the study had unusually high levels of educational attainment; all had some college and several had a graduate degree. Disabilities represented among survivor respondents included physical/sensory (e.g., mobility, blind) and psychiatric (e.g., depression, PTSD). Unlike the DEU sample, none of the survivors in the community-based sample reported more than one disability, had had contact with Adult Protective Services, had been reported as a result of mandated reporting, or resided in group homes or institutions at the time of the sexual assault. Only two had been involved with the legal system regarding their case.

Support. Although most lived alone, none of the survivor respondents had a support person or personal assistant to help them with activities related to their disability. Even with high levels of education attainment, survivors reported that most individuals in their social networks also were people with disabilities with very low income levels. As one survivor explained, "They are mostly people like me...who are really struggling financially, who have tremendous health issues...." Because of this, many survivors were hesitant to rely on their social networks for help.

Sexual Assault Incident. For most respondents, the sexual assault discussed in the interview occurred in adolescence after the age of 15 or in young adulthood; two survivors were 45 years of age or older at the time of the assault. Most of the perpetrators were family members. Other perpetrators were trusted adults, friends, and employers/colleagues, again illustrating the risks of sexual assault across multiple life settings from a range of perpetrators for people with disabilities.

Disclosure. All survivors had disclosed the assault to someone prior to the interview. Most disclosed first to a friend, either immediately or several years after the incident, and then disclosed to others after a positive experience disclosing to that friend. One initially reported the assault to their psychotherapist; another first reported the assault to law enforcement. All except one respondent had disclosed to family members. Two themes emerged related to disclosure unique to survivors with disabilities. One was the fear that they wouldn't believed, based on a history of not being believed in general because of their disability. Another was that disclosure would not be believed because of the sexual nature of the assault and others' stereotypes about people with disabilities.

Barriers to Disclosure. All survivors in the study experienced not being believed or decided not to disclose in specific settings for fear they would not be believed. Consistent with the more general literature, they identified fear of repercussions as a major barrier to disclosure.[xiv] Fears ranged from losing housing, services, transportation, relationships with family, and freedom, to caretakers withdrawing vital care. One survivor described barriers to reporting a primary caretaker as a perpetrator by explaining, "If [a person with disabilities] is relying on [a caretaker], they are not going to want to speak up, partly because [the caretaker] could be one step away from not feeding them, not giving them care when they need it." Another survivor reported that, because their assailant was a family member, "I couldn't stay with [the perpetrator] and that was the reason I was in the psych ward…. I just needed somewhere to stay and it was because of what my [family member] did." Survivors also reported fearing other types of retaliation from the perpetrator or repercussions for their family, for example that others might blame the family for not protecting them.

Responses to Disclosure. Survivors reported mixed response in disclosing to family members and professionals, ranging from support to disbelief, blame, or discomfort with the idea that a person with disabilities was involved in sexual activities even if forced. One survivor reported the impact of a professional, apparently not understanding the role of predatory behavior and vulnerability in sexual assault, expressing surprise that someone with their disability "would be

sexually attractive to others." Survivors also emphasized the importance of barriers related to specific types of disabilities. For example, one respondent who was blind was told they could not testify effectively, since they could not visually describe the perpetrator or the location of the assault. That survivor reported criminal justice personnel saying, "Your biggest problem is going to be when they have you in that room and they start asking you: describe what [the perpetrator] was wearing, describe what [the perpetrator] looked like. You can't give any of that."

Community Help Seeking. Survivors had disclosed to and sought help from a variety of agencies or organizations after the assault; no one type of organization predominated. The majority of survivors reported that their disclosure and help seeking experiences varied, depending on the agency and who they told. Experiences with law enforcement were reported as discouraging; e.g., they felt their disclosure was not believed, that they were not deemed credible, or that the 'burden of proof' was too high and they couldn't provide enough information. Survivors also reported contacting disability agencies but feeling discomfort with disclosing sexual assault in those venues. Negative experiences with an individual or agency usually resulted in the survivor ending contacts with that agency. Conversely, two survivors reported contact with rape crisis services as particularly helpful and a resource they would recommend to other sexual assault survivors with disabilities.

Other life stressors were also reported as a barrier to disclosure and a gauge for whether to seek help. Many survivors emphasized that people with disabilities often are struggling with meeting basic needs and this affects decisions about pursuing help. As one survivor explained, even after a sexual assault, "People with disabilities are still too busy fighting for the most basic necessities. Are you going to fight for a roof over your head, …make sure you have a safe place to live or make sure you can get food on the table? Or are you going to fight for a lawyer…?" One survivor reported telling law enforcement that they were living with the assailant and asking for help in moving to safety. No one followed up. Another survivor said, "At the time, I was homeless basically and…was telling them I…didn't have anywhere to live. I was couch surfing basically, and they told me that they were

planning on finding me somewhere to live. But they never called back about that." Neither survivor reached out to the legal system again. Help-seeking after the sexual assault, need for safety, and even the possibility of recurring assaults was often overshadowed by the need for fundamental necessities.

What would survivors suggest to others? Asked what advice respondents would give to other survivors, one survivor concluded: "Finding the right advocate is the most important thing you can do. You need to find someone who is willing to collaborate with you, not make decisions for you. Someone who has been assaulted is looking for specific material things and justice, but more than that, they are looking to gain back the control." Others noted the importance of providers asking what type of services and help they wanted and informing them of actions the provider might take, instead of making decisions and taking action without discussing those with the survivor in advance.

Providers. Provider respondents came from a range of professional backgrounds including administrators and staff in victim services and disability services, SANE nurses, mental health professionals, and those involved in transportation and law enforcement.

Barriers to Disclosure. Many common themes emerged when comparing responses from survivor and provider interviews. (See Appendix 3 for protocols.) As noted, survivors' fears of not being believed and of repercussions mirrored barriers to disclosure reported in the literature. Providers' responses to the interview protocol also supported the validity of these concerns. Fear of losing housing, family, and the care necessary for survival were cited by all study respondents as important deterrents to disclosure. One provider noted that survivors who are dependent on assaultive caregivers sometimes conclude, "If I say something to someone, I am not going to be fed. I am not going to be given the medication that I need…. This is my only caregiver; I have no options left." Providers also reported that survivors' fear that vital services might be cancelled by an agency if they reported agency staff as the perpetrator was a barrier to disclosure and help seeking.

As noted by survivors, providers reported that being believed when disclosing sexual assault victimization was especially problematic for survivors with physical/sensory and/or

intellectual/developmental disabilities. An advocate at an agency explained, "People with psychological disabilities are used to not being believed about a variety of things. Even though they might be telling exactly what happened accurately, they're afraid they might not be believed." In discussing effects of this on survivors with disabilities, one provider observed, "People fear, because of the culture we have created, that they are not going to be believed, so they just hint at it, instead of saying it." A clinical administrator noted that many sexual assault survivors with psychological disabilities are already extremely disenfranchised. For example, many are episodically or chronically homeless, which greatly increases their risk and reduces effective reporting and responses.

Providers also observed that people with psychological disabilities sometimes have trouble describing an assault consistently and thus the disclosure may be discounted. One program coordinator explained, "[I]n a disclosure situation, let's say the event happened a long time ago and [the survivor has] been having nightmares. They don't understand [what happened] and they are like, 'Aliens come into my room at night and touch me.' People [respond], 'You had a nightmare.' Whereas someone without a disability might say, 'I am having these nightmares. I think I may have buried something'." Another provider stressed that many people with disabilities have experienced events prior to the assault where they were infantilized and control over life choices or activities were removed. This history also works against disclosure.

Barriers related to people with disabilities not being seen as sexual or suitable for involvement in sexual interactions noted by survivors in the study were substantiated by provider respondents as well. One provider described having to remind medical providers to conduct PAP smears on women with disabilities as part of basic health care. Additionally, providers (particularly those working with developmental disabilities) emphasized that many survivors with disabilities have never received any type of sex education and may not be able to identify or describe a sexual assault. As one provider observed, "Not having the language [to describe a sexual assault] is a big issue…. If you don't have the language to explain what happened, how can you disclose it?" Another,

discussing effects of the extreme power imbalances that sometimes result between adult individuals with disabilities and primary caretakers, asked: "If people can't say, 'no' to if they want peas for dinner, how are they going to say, 'no' to abuse? [If] everyday choices are not respected, why would 'no' to 'Can I touch you here?' be respected?"

Echoing reports by some survivors in the study, providers also described doubt in the hearers of disclosure based on stereotypes of sexual attractiveness. One provider described the underlying question, often only thinly disguised, as, "Who would want to have sex with someone like you?" It's hard to imagine the impact of such an implication on a survivor who had just summoned up the courage to disclose. In addition to barriers to disclosure for sexual assault survivors, a few providers were concerned that some housing or programming agencies might not disclose possible sexual abuse if their staff might have perpetrated that abuse. One provider said, "I hate to say it and I hope this isn't as true now as it has been, but I think agencies are afraid for their reputations. There's a feeling that 'we should just deal with this in house', a pervasive culture of 'don't speak up; just tell your supervisor' – even if that is in contrast to the law."

Lack of services and resources. Finally, lack of service provision for sexual assault survivors with disabilities and of comfort in working with this population were dominant themes across survivor and provider interviews. The sense of discomfort with disclosure of sexual assault that survivors with disabilities reported perceiving at agencies was reiterated through a different lens by provider respondents. Although there were established rape crisis services and the community had been working on improvements, handoffs between agencies were often fragmented. Study contacts across multiple agencies indicated that no agencies in the area considered providing assistance to people with disabilities who had survived sexual violence across disability types as their primary area of focus or expertise.

Service providers sharply delineated their areas of expertise and comfort zones for involvement. Provider respondents articulated sentiments across area agencies that working with sexual assault

and/or with people with disabilities is "not what we do." Some providers mentioned that agency climates and administrators might not be receptive to serving sexual assault survivors or survivors with disabilities and might discourage disclosure, preferring that other agencies or providers handle these cases. This sentiment affected organizational and individual provider responses to survivors and how they viewed their role in offering services and being available for disclosure. As one provider observed, "I told my supervisor that someone had disclosed to me and they told me that there were ways to 'divert that behavior' – 'that behavior' referring to the disclosure, not the sexual assault." Another provider said, "I think that fear of disclosure keeps a lot of agencies…from being as trauma-informed as they could be, and that does a disservice to the people they are providing services to…." Other providers expressed a sense of isolation and a lack of others to turn to for ideas or collaboration in responding to sexual assault survivors with disabilities. When asked, "In your opinion, what aspects of assisting sexual assault survivors with disabilities are working well?" many providers said 'nothing is working well'.

What is most needed? All providers discussed a need for improvement in communications between agencies and development of skill and training at the intersection of sexual assault among people with disabilities. One caseworker, in discussing the gaps, explained, "You often find… somebody that is really great in working with survivors of abuse, but they have no idea how to communicate with somebody with a disability, or vice versa. You might have somebody that is really great working with somebody with a disability [who] has no idea about the sexuality realm or survivors of abuse." Some agencies had made progress in addressing this internally. Providers from agencies that were being proactive about increasing their ability to assist survivors with disabilities noted that having training and specific policies and procedures is helpful in increasing staff capacity and comfort in providing services. One provider noted, "I can't stress enough the importance of staff being 'askable'. Staff have to make a concentrated effort to make sure it is clear that you want to talk about this stuff." One agency working with people with developmental disabilities had made

an effort to develop written policies and train staff, not only to reduce sexual or other abuse before it happens, but also to increase disclosures and handle them more effectively for abuse that had occurred. A "Disclosure Checklist" was prominently displayed throughout the agency for staff to refer to wherever a disclosure occurred at the agency – providing a standardized resource and sending a message that this was a top priority issue that could be effectively addressed.

Community-based Data Limitations. Supplemental interviews with survivors and providers were intended to add insights into survivors' help seeking experiences, including factors that influence disclosure, their experiences in reporting victimization to formal and informal help sources, barriers and outcomes of reporting, and effectiveness of services in the area. Although reports corresponded to findings in the literature and provide a window on issues and gaps faced by survivors and providers, the small number of participants means findings cannot be generalized.

IMPLICATIONS FOR CRIMINAL JUSTICE POLICY AND COMMUNITY SERVICES

Results in this initial study support concerns raised in the literature about risks of sexual assault across multiple life settings and from multiple types of perpetrators for people with disabilities. Findings on the location of the incidents and the perpetrators when identified illustrate the varieties of exposure across settings, many of those related to having a disability. For both RVs and survivors in the supplemental sample, most of the reported assaults occurred in home settings (including group homes). Although the DEU sample had lower numbers of family members reported as perpetrators, both groups reported assaults by friends, trusted adults, and peers.

Findings regarding responses from the criminal justice system as well as community services were also concerning. The quantitative portion of the study focused on cases referred to a special unit handling all cases involving sexual assault against adults with disabilities in a large metropolitan District Attorney's Office. Yet even within an environment dedicated to criminal cases involving people with disabilities, only a few cases (about 5%) progressed past the investigation stage during the five-year period. As noted, cases with disabilities represented only a portion of the cases being

handled by the two ADAs assigned to the unit at that time. In over a quarter (28.5%) of cases in the study, the RP was not identified, making action past the investigation stage impossible. The high proportion of RVs in the DEU sample with reported intellectual, developmental, and psychiatric disabilities – in combination with a lack of specialized mechanisms for these types of victims to testify and provide statements in current criminal justice system procedures more generally – contributed to challenges in establishing case facts and moving cases forward. Even without additional challenges for survivors with disabilities, large empirical studies in the general population find surprisingly high attrition rates for sexual assault cases in the criminal justice system.[xv]

Case file records at the DEU frequently mentioned lack of forensic evidence, lack of positive identification of or ability to locate the perpetrator, lack of sufficient – or shifting – memories of details of the incident, and communications challenges as reasons a case could not be carried forward. Concerns that RVs were emotionally or cognitively too fragile to withstand trial, particularly the adversarial and rapid questioning aspects of traditional cross-examination, were cited as contributing factors in case closures. RV's or their family's reported preference not to continue, or not being able to locate or recontact the RV, also contributed to cases being closed. Case files also indicated that some victims recanted their statements, although in cases with family members as reported perpetrators that raises concerns about potential pressures for recantation.

There also was a reported lack of coordinated community services and supports for survivors of sexual assault with disabilities. Available services that combined knowledge of disabilities and the dynamics of sexual predation and harm were scarce. No providers in the study specialized in or knew of anyone who specialized in the intersection of sexual assault and disability.

In sum: results from this initial study suggest that current structures are not sufficient for potentially one of the highest-risk adult populations for sexual assault and victimization in the US: to respond when a sexual assault occurs, or to prevent repeated sexual assaults from occurring. Traditional justice practices for RVs with disabilities who came to the attention of the system were

clearly insufficient to attain the evidence and information necessary to identify perpetrators and criminal events for this population. Serious understaffing and a lack of resources in units charged with investigation and prosecution also affected these outcomes. The findings strongly suggest the need for specialized training for police in response and evidence gathering, additional supports and procedures, and maybe special courts to process cases of sexual assault against persons with disabilities and better promote access to fair hearings and justice.

Training for all levels of court personnel that includes people with disabilities as trainers, mechanisms to enhance reporting and facilitate communication and testimony of victims, adequate numbers of specially-trained staff and supports within police departments and court systems, and procedures that maximize immediate case investigation and evidence gathering must be established if handling of these cases is to be improved. Information dissemination on alternatives and assistance using appropriate formats, and an emphasis on safety, adequate housing, and needed care while an investigation is ongoing will be vital to reassure survivors that disclosure can be accomplished without increasing risks in their already complex lives. Vulnerabilities of survivors with disabilities across home, residential, and other settings also indicate urgent needs for supervision, training for supervisors and staff, and preventive and appropriate sex education for individuals with disabilities. Finally, strong collaborations and supports for community-based service networks designed to respond to sexual assault survivors with disabilities, provide training, nurture expertise in providers and administrators, and lessen the burden on any one provider or agency are critical next steps to be prioritized by policy makers, agencies, communities, and funders.[xvi]

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[i] Harrell, E. (2014.) Crimes against persons with disabilities, 2009–2012 - Statistical Tables. Bureau of Justice Statistics, http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4884.

[ii] The District Attorney's Office in this study has requested anonymity and is referred to here as the DAO.

[iii] Basile, K. C., Saltzman, L. E., & Centers for Disease Control and Prevention. (2002, 2009). Sexual violence surveillance: Uniform definitions and recommended data elements. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

[iv] Brault, M. W. (2008). Americans with disabilities: 2005. U.S. Census Bureau, Household Economic Studies. Department of Commerce Economics and Statistics Administration, U.S. Census Bureau (70-171).

[v] Under state law, rape includes any unwanted sexual act that involves penetration of any body orifice. Indecent assault and battery is any unwanted sexual act that does not involve penetration. Sexual assault is not an official legal charge. The DEU uses this designation when the extent of the assault is unknown. If the case moves forward in the investigation phase, the DEU's case designation may change to one of the two official charge terms.

[vi] Nolle prosequi (nolle prosse) is a term meaning 'we shall no longer prosecute' – a declaration to the judge by a prosecutor in a criminal case (or by a plaintiff in a civil lawsuit) before or during trial that the case against the defendant is being dropped. It is not an acquittal and the defendant can be re-indicted on the same charges at a later date.

[vii] Due to the small number of cases being formally charged, the study did not focus on case 'progress' through the court system.

[viii] See Tables in Appendix 1

[ix] 15% of RVs (n=60) had more than one identified disability.

[x] Data were missing for 55% of cases for RP age, 49% for RP race/ethnicity, and 71% for RP disability status. Given this level of missing data, findings for these characteristics are not reported.

[xi] Ns in each of these categories were too small to conduct meaningful comparative analysis.

[xii] Cases referred by the hotline were significantly more likely to be open than cases referred by the police: 71.2% of cases referred by the PD were closed versus 50.0 % of cases referred by the hotline (p=0.031).

[xiii] Nolle prosequi (nolle prosse) is a term meaning, 'we shall no longer prosecute' – a declaration to the judge by a prosecutor in a criminal case (or by a plaintiff in a civil lawsuit) before or during trial that the case against the defendant is being dropped. It is not an acquittal and the defendant can be re-indicted on the same charges at a later date.

[xiv] E.g., Andrews, A. B., & Veronen, L. J. (1993). Sexual assault and people with disabilities. Journal of Social Work & Human Sexuality, 8(2), 137-159; Child, B., Oschwald, M., Curry, M. A., Hughes, R. B., & Powers, L. E. (2011). Understanding the experience of crime victims with disabilities and Deaf victims. Journal of Policy Practice, 10(4), 247-267; Oschwald, M., Curry, M. A., Hughes, R. B., Arthur, A., & Powers, L. E. (2011). Law enforcement's response to crime reporting by people with disabilities. Police Practice and Research, 12(6), 527-542; Powers, L. E., Hughes, R. B., &

Lund, E. M. with contributions from Wambach, M. (2009). Interpersonal violence and women with disabilities: A research update. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence; Powers, L. E., Curry, M. A., Oschwald, M., Maley, S., Saxton, M., & Eckels, K. (2002). Barriers and strategies in addressing abuse: A survey of disabled women's experiences. Journal of Rehabilitation, 68(1), 4-13; Sobsey, D., & Doe, T. (1991). Patterns of sexual abuse and assault. Sexuality and Disability, 9(3), 243-259; Wilson, C., & Brewer, N. (1992). The incidence of criminal victimisation of individuals with an intellectual disability. Australian Psychologist, 27(2), 114-117.

[xv] In a large NIJ-funded study, Spohn and Tellis analyzed case progression for over 7,000 rapes and attempted rapes reported to the police between the years of 2005 and 2009 in Los Angeles County. The sample included only cases in which a suspect was arrested, theoretically increasing the likelihood of identification of information and evidence that would support case outcomes. Despite this framework, of all cases in which an arrest was made, fewer than 1 in 10 (reported to the LA Police Department) and 1 in 6 (reported to the LA Sheriff's Department) resulted in the filing of charges. Tellis, K.M. & Spohn, C.C. (2008). The sexual stratification hypothesis revisited: Testing assumptions about simple versus aggravated rape. Journal of Criminal Justice, 36, 252-261, pg. 256.

[xvi] Lund, E.M. (2011). Community-based services and interventions for adults with disabilities who have experienced interpersonal violence: A review of the literature. Trauma, Violence, & Abuse, 12(4), 171-182.

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APPENDIX 1: FINDINGS

Summary Overview
NIJ #2012-WG-BX-050

March 29, 2016

APPENDIX I –– Findings

KEY: **Reported Victim** [RV] **–– Reported Perpetrator** [RP]
Psychiatric Disability [PYD**], Intellectual/Developmental Disability** [IDD]
Physical/Sensory Disability [PSD]

Table 1. Source of Case

Source	Number	Percent
Government Agency Hotline	204	48.9
Police Department	185	44.4
Department of Child and Family Services	7	1.7
District Court	7	1.7
Other	3	0.7
Municipal Court	2	0.5
Missing	9	2.2
Total	417	100.0

Table 2. Crosstab: Source of Referral and RV Disability (sole disability only)

		RV Disability Type		
		PYD	IDD	PSD
Referral Source	Government Agency Hotline	108 50.7%	33 47.8%	16 34.8%
	Police	99 46.5%	27 39.1%	28 60.9%
	Other	6 2.8%	9 13.0%	2 4.3%
	Total	213 100.0%	69 100.0%	46 100.0%

Pearson chi-square = 15.4, df=4, p = 0.004

Table 3. RV Gender

	Number	Percent
Male	54	12.9
Female	363	87.1
Total	417	100.0

Table 4. RV Age - Categories

	Number	Percent
Under 18	17	4.1
18 – 20	69	16.5
21 – 25	60	14.4
26 – 30	46	11.0
31 – 35	39	9.4
36 – 40	32	7.7
41 – 45	43	10.3
46 – 50	30	7.2
51 – 55	33	7.9
56 – 60	23	6.2
61 – 70	11	2.7
71 – 95	4	1.0
Missing	10	2.4
Total	417	100.0

Table 5. RV Age*

	RV Age
Mean	35.6
Median	43.0
Min	18
Max	94
N	390
Excluded b/c age	17*
Missing	10
Total	417

* 17 RVs were under 18 years old and their specific age was not recorded. These RVs are excluded from this table.

Table 6. RV Disability

	Number	Percent
PYD	215	51.6
PYD/IDD	23	5.5
PYD/IDD/PSD	4	1.0
PYD/PSD	10	2.4
IDD	73	17.5
IDD/PSD	4	1.0
PSD	47	11.2
Unknown/Missing	41	9.8
Total	417	100

Table 7. Number of RPs

	Number	Percent
One	357	85.6
Two	8	1.9
Three or more	6	1.4
More than one but # unknown	13	3.1
Unknown	3	0.7
Missing	30	7.2
Total	417	100.0

Table 8. RP Identified

	Number	Percent
No	119	28.5
Yes	279	66.9
Missing	19	4.6
Total	417	100.0

Table 9. RP* Gender

	Number	Percent	Valid Percent
Male	312	74.8	97.5%
Female	8	1.9	2.5%
Missing	97	23.3	
Total	417	100.0	

*If more than one RP, gender of the RP listed first in the data used here.

Table 10. RV-RP Relationship*

	Number	Percent
Current or former intimate partner	36	8.6
Family member/Family friend	43	10.3
Friend/Acquaintance	123	29.5
Program/Facility peer	75	18.0
Authority figure	53	12.7
Stranger	64	15.3
Unknown	8	1.9
Missing	15	3.6
Total	417	100.0

*If multiple perpetrators, reported relationship between primary perpetrator and RV used here.

Table 11. Type of Assault Reported: DEU Categorization

Charge	Number	Percent
Indecent A & B	76	18.2
Rape	221	53.0
Sexual Assault	117	28.1
Missing	3	0.7
Total	417	100.0

Table 12. Reported Assault Location

	Number	Percent
RV or RP Home	158	37.9
Home other than RV or RP	20	4.8
Vehicle	18	4.3
Program/Group Home/Shelter	51	12.2
Hospital/Doctor Office	47	11.3
School/School Bus/Work	19	4.6
Public Place - undefined	31	7.4
Other	7	1.7
Missing	66	15.8
Total	417	100.0

Table 13. Case Outcome (all closed cases and cases open at least 6 months)

	Number	Percent
Open	60	15.4
Closed - No Charge	275	70.5
Closed - Method Unknown*	2	0.5
Transferred to Other Court	23	5.9
Transferred to Other Unit	11	2.8
Sentenced	9	2.3
Grand Jury	2	0.5
Nol pros (*Nolle prosequi*)	8	2.1
Total	390	100.0

* Cases in this category had a close date but no information on how the case was closed (e.g. transfer to other unit, court, etc).

Table 14. Reason for Outcome: "Closed-No Charge" Cases Only

	Number	Percent
DA classified case as not viable	137	49.9
Death	1	0.4
Unknown	17	6.2
RV preference/non-response	119	43.3
Missing	1	0.5
Total	275	100.0

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APPENDIX 2: POWERPOINT PRESENTATIONS

Summary Overview
NIJ #2012-WG-BX-050

March 29, 2016

Methodological Considerations for Research on Victimization of People with Disabilities

American Society of Criminology November 19, 2015 Washington DC

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The opinions, findings, and conclusions or recommendations expressed in this presentation are those of the authors and do not necessarily reflect those of the Department of Justice.

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Importance of Research on Victimization Among People with Disabilities

- Rates of victimization are often very high.
- Access to informed help sources (e.g., who understand both disability and predation) is often very limited.
- They may not have channels to report their victimization on their own.
- Despite suffering and negative outcomes, they may not label what's happening *as* victimization.
- They may depend on perpetrators for survival, care, housing, transportation, and vital services.

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Definitions of Disability

For purposes of our recent NIJ study on sexual assault among people with disabilities,* disability was defined as:

- A physical, mental, or health impairment that substantially limits one or more major life activities of an individual,
- A record of such impairment, or
- Being regarded as having such an impairment.**

Approximately 1 in 5 Americans has some type of disability.

(Brault, M., "Americans with Disabilities, 2010" [2012])

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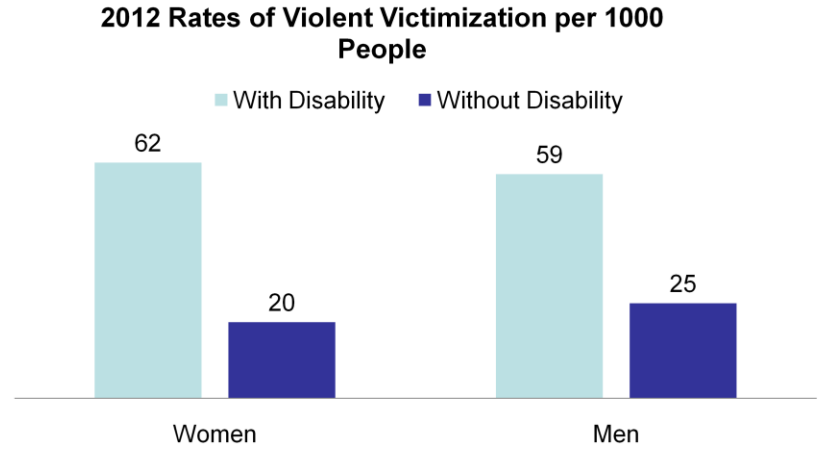
* ***"Examining Criminal Justice Responses to and Help-Seeking Patterns of Sexual Violence Survivors with Disabilities"***

** C.f. Brault, M. W. (2008). Americans with disabilities: 2005. U.S. Census Bureau, Household Economic Studies. Department of Commerce Economics and Statistics Administration, U.S. Census Bureau (70-171).

NCVS Violent Victimization Data



Source: BJS – *Crimes Against Persons with Disabilities, 2009-2012* (2014)

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In 2012, the NCVS estimated that:

- **The rate of nonfatal violent victimization for people over the age of 12 reported as having disabilities was nearly three times** the rate for people without reported disabilities (60 vs. 22 per 1,000 persons),
- even when accounting for age, race/ethnicity, gender, type of disability and other victim characteristics.
- This finding held for both men and women with disabilities.

Harrell, E. (2014.) Crimes against persons with disabilities, 2009–2012 - Statistical Tables. Bureau of Justice Statistics, http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4884.

Types of Disability

- Individuals might have one or more of the following disability types:
  - **Intellectual/Developmental disabilities** *(e.g., cognitive disabilities, severe learning disabilities)*
  - **Physical disabilities** *(e.g., amputations, quadriplegia, paralysis, and others conditions requiring wheelchairs or walkers or impeding mobility)*
  - **Sensory disabilities** *(e.g., low vision/blind, hard of hearing, Deaf)*
  - **Psychiatric disabilities** (*e.g., depression, PTSD, schizophrenia, other mental illnesses)*
- Each type has unique victimization risk factors, reporting challenges, and research considerations.

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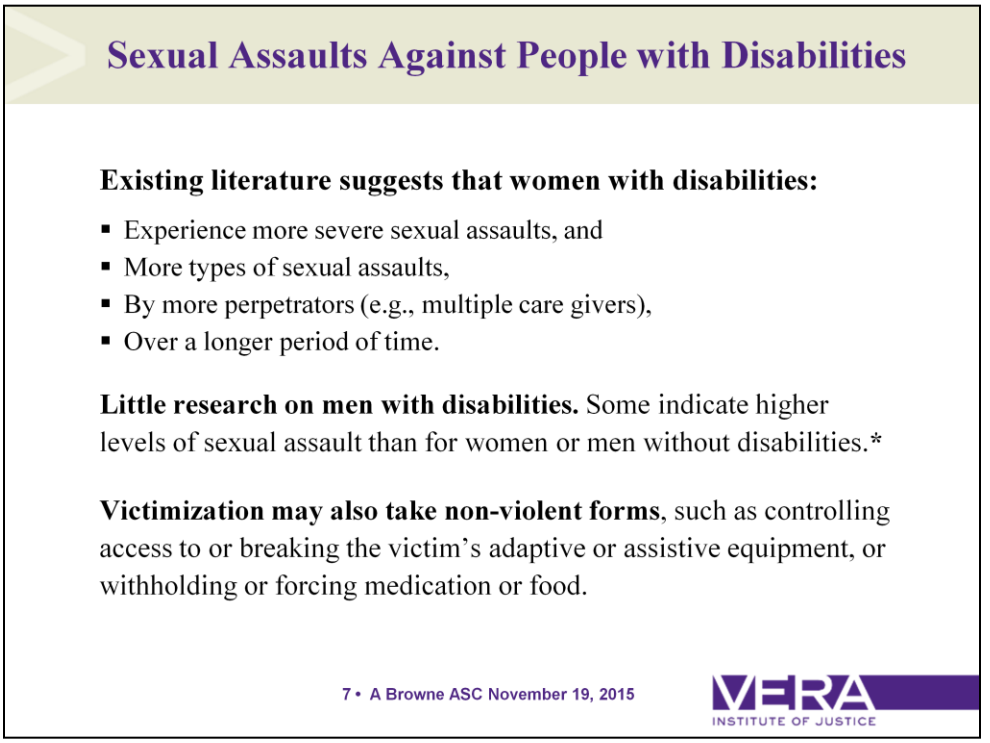

Few studies have examined sexual assault victimization for men with disabilities.

1. A **2011 prevalence study using 2005-2009 data** from the **Massachusetts Behavioral Risk Factor Surveillance System (n=25,756)*** found that:

- One fifth (21.1%) of men and women (21%) in the sample reported a disability.
- Results indicated that men with disabilities were more likely to have experienced past-year sexual assault (5.3%) than men without disabilities (1.5%) or women without disabilities (2.4%),
- But were less likely to have experienced past-year sexual assault than women with disabilities (6.3%).

* Mitra, M., Mouradian, V. E., & Diamond, M. (2011). Sexual violence victimization against men with disabilities. American Journal of Preventive Medicine, 41, 494-497; http://www.ajpmonline.org/article/S0749-3797(11)00515-0/fulltext?mobileUi=0

2. **In a cross-sectional four-site self-report study of adults with developmental disabilities,**** one quarter (24.3%) of the sample reported sexual abuse occurring as an adult: one third (33.7%) of women and 14.9% of men. The adult prevalence rate for men was significantly lower than the prevalence rate for women, but was higher than most findings for men from general population studies (Platt et al., 2015). (Childhood rates of child sexual abuse for this sample of adults with developmental disabilities was 31.5% for men and 37.4% for women; page 16.)

** Platt, L., Powers, L., Leotti, S, Hughes, R. B. (2015). The roles of gender in violence experienced by adults with developmental disabilities. Journal of Interpersonal Violence, 1-29.

Barriers in the Criminal Justice System

- **Lack of necessary accommodations**, e.g.,
  - ASL interpreters, materials in alternative formats, communication assistance for those who are non-verbal.
  - Difficulty travelling to repeated appointments and court dates.
  - Fatigue during extended questioning and court processes.
- **Adversarial process of criminal justice system**, which may worsen chances of receiving justice for survivors with disabilities, e.g.,
  - Intense questioning, repetition of questions over time, and adversarial climate may be confusing and/or incomprehensible to some survivors with disabilities.
  - Literature indicates that those with ID/DD may be especially likely to acquiesce or retract when questioned intensively.

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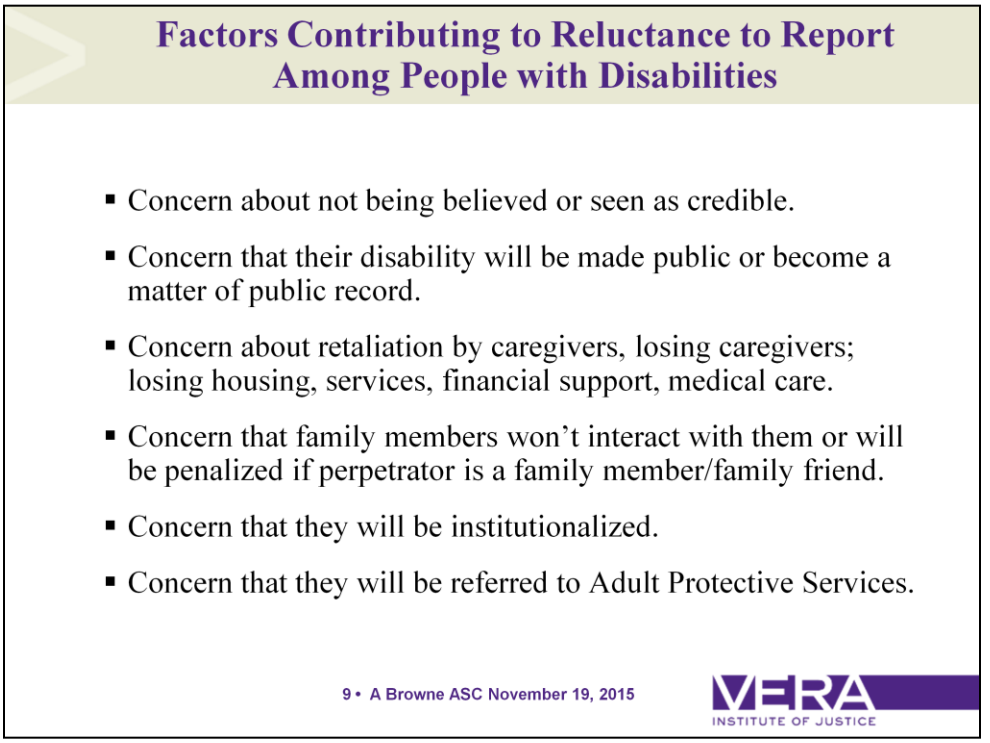
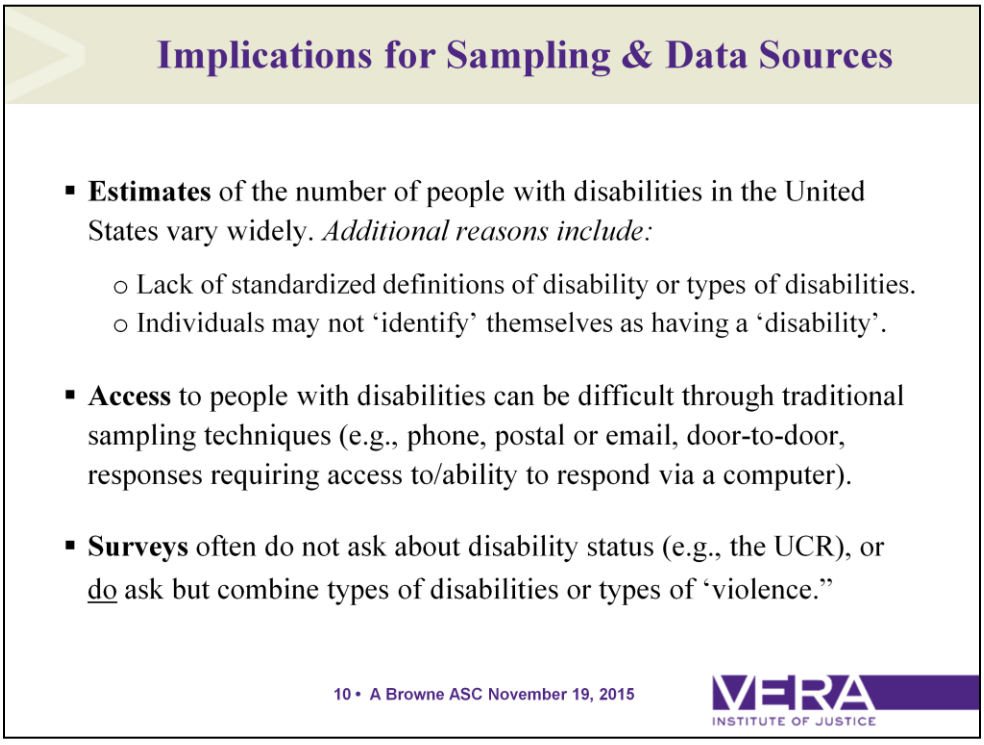


All victims of sexual or other violence may be reluctant to report or discuss sexual assault; all victims may have concerns about:

- privacy,
- retaliation or other consequences,
- and/or stigma if they report.

- People with disabilities are often faced with additional and **critical** considerations.
  - Consequences of reporting may be enmeshed with **daily survival:** e.g., loss of housing, loss of financial support, loss of medical care, sources and services to obtain food, & other vital issues.
  - Additionally, they may be faced with risk of being institutionalized/referred to adult protective services: not something other adult survivors usually face.



As Noted:

- General population studies on 'victimization' often do not provide accommodations to facilitate the inclusion of people with disabilities;
- Do not include questions about disability; or
- Do not distinguish between types of disabilities or ask about disability-specific types of abuse.

- Some large-sample population-based studies assessing 'prevalence and risk' for people with disabilities measure exposure to violence without defining 'violence' or distinguishing between types of violence, including sexual assault.

Implications for Sampling & Data Sources cont'd

Considerations regarding 'proxy respondents' — e.g. family, caregivers — to respond for the participant for phone, in-person, email/mail, and home-based interviews.

A proxy:

- Might underreport victimization due to lack of knowledge.
- Might underreport victimization due to being the perpetrator or knowing the perpetrator.
- Might not understand the victims' perceptions, concerns, and experiences. (Can lead to misinformation and stereotypes.)

If the proxy is the perpetrator or is protecting a perpetrator, may put the person with a disability at increased risk.

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Recommendations for (All) Study Instruments

- **Simplified language:** clear, accessible, interpretable if using sign language or translations from English.
- **Lack of repetition:** to reduce anxiety or confusion, the risk that the respondent will think their answer was wrong, and challenges in interpretation if using sign language (where repetition may be interpreted as a new topic).
- **Questions that capture unique realities and risks, e.g.,**
  - That include clarification of types of disability, and
  - Assess respondents' perceptions of risks in reporting, barriers to reporting, considerations in deciding to report, and outcomes of reporting,
  - Based on understanding the potential for victims to not identify behaviors as abuse, and to fear loss of freedoms, caretakers, care settings, and family based on answers.

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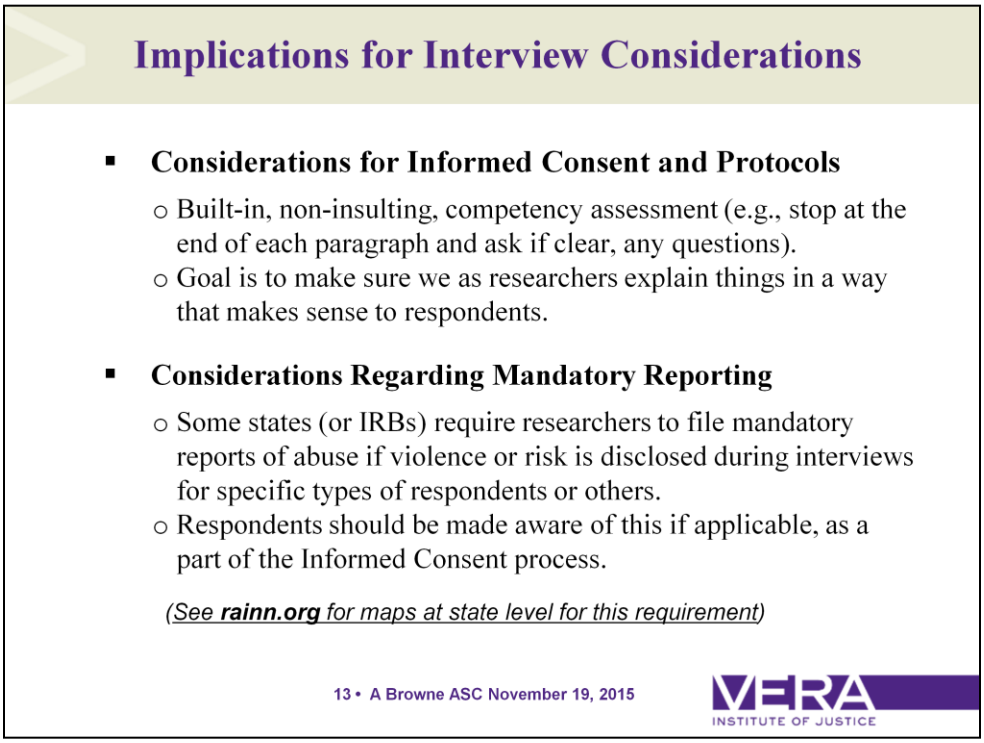

Especially when dealing with a range of individuals and disability types**, it is easy to offend and become identified with a stereotype that makes negative assumptions about people with disabilities** (e.g., that they understand less; that they are less competent than people without disabilities across disability types).

Implications for Study Locations

Considerations for in-person interviews:*

- Accessibility for individuals with a range of disabilities.
- Waiting areas or nearby activities for family members others who might accompany respondents.
- Considerations of safety in the area & safety of transportation and stops.
- Consideration of seasonal weather conditions, accessibility of public transportation, costs of transportation, child care costs.

Explore what resources might be needed during initial screening.

**Scout the routes and sites; ride the transportation, before deciding. Offer multiple sites, if possible, for respondents to choose.*

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Implications for Study Accommodations

Considerations for a diverse range of needs and disabilities.

- **Accommodations for Deaf participants**, e.g.,
  - Video translations into American Sign Language for info, flyers;
  - Qualified ASL interpreter selection with interpreters:
    - Experienced in working with people with disabilities.
    - Able to accurately interpret nuances of and be comfortable with content involving trauma and its effects.
- **Practice in guiding/describing surroundings** for participants who are blind/low vision. (Use self advocates, other experts to advise.)
- **Enhancements to facilitate** computer responses, sound amplification, accommodations for items respondents might need within reach, etc.

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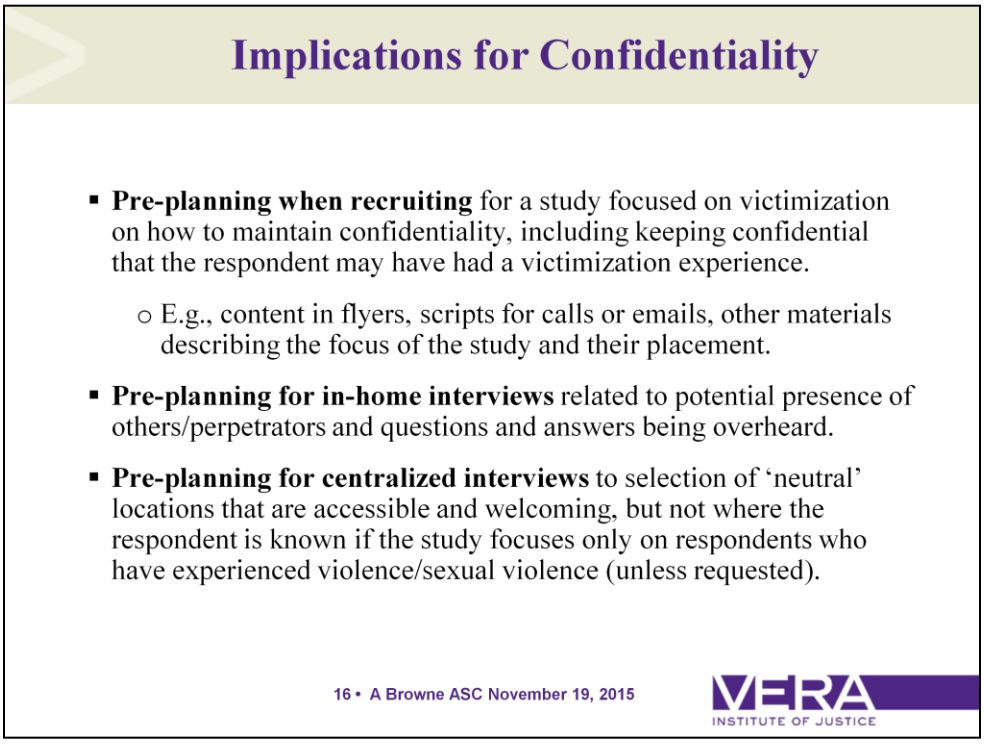
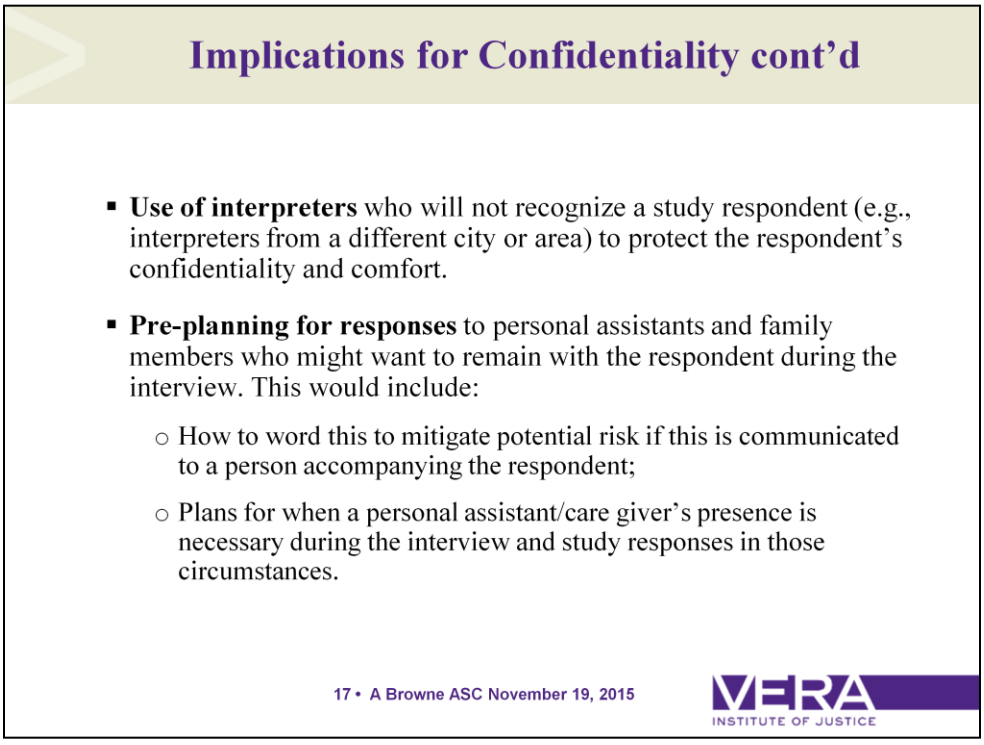


These considerations apply to all kinds of research – especially research on sensitive topics and victimization.



These considerations are specific to people with disabilities.

Implications for Preparation of Resources

Prior to beginning the study:

- Develop knowledge of area-specific barriers, dynamics, resources, interactions/collaborations across resources, and gaps in services.
- Coordinate with a resource network that includes experts with knowledge of:
  - **Challenges** faced by people with disabilities, including expertise with different types of disabilities,
  - **Dynamics** of physical and sexual perpetration and predatory behaviors (e.g., targeting perceived vulnerability),
  - **Crisis and interventions** for high-risk and urgent responses and situations, and
  - **Longer-term resources** for survivors of violence and sexual violence as they heal, potentially change life circumstances, and establish a strengthened base for safety.

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Examining Criminal Justice Responses to and Help-Seeking Patterns of Sexual Violence Survivors with Disabilities: Study Findings

American Society of Criminology November 19, 2015 Washington DC

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This project was supported by Award No. 2012-WG-BX-0050, awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.

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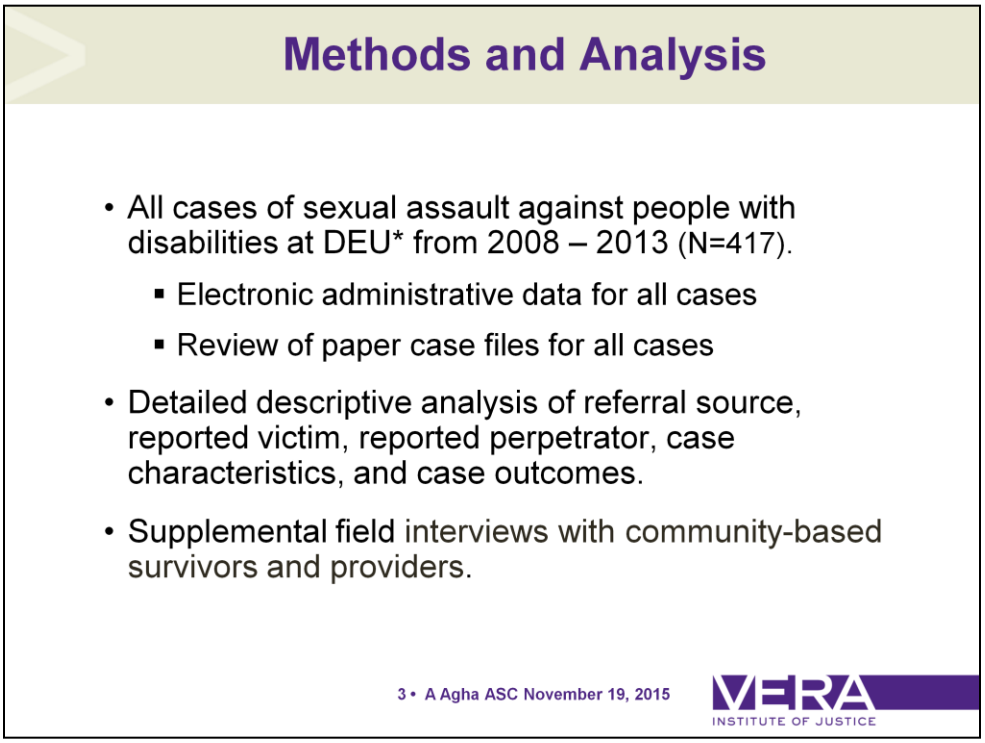


Start with quick review of Methods.

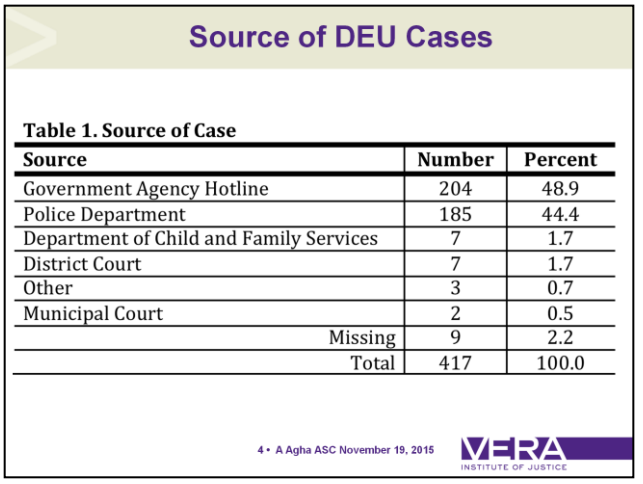
Three major sources of data in this project:

1. **Electronic data from a special unit (DEU)*** ***that handles all cases of sexual assault against adults with disabilities referred to a large metropolitan District Attorney's Office.*** *[This unit is responsible for investigating and prosecuting a wide range of offenses involving people with disabilities and elders: including robbery, assault and battery, physical assault, neglect, financial fraud, and theft.]*
2. **All paper case files** from the DEU for the 417 cases.
3. **Supplemental field interviews** with survivors of sexual assault who have disabilities and people who provide services to people with disabilities and/or survivors of sexual assault.

- We combined electronic and paper case file data and analyzed them together. **Total of 417 sexual assault cases came through the DEU between 2008 and 2013**.

- Will be focusing on the DEU administrative electronic and case file data today.

- Next we'll share with you what we learned about how cases come to the attention of the DEU, characteristics of reported victims and perpetrators, case characteristics and case outcomes.



Source of DEU Cases

Table 1. Source of Case

Source	Number	Percent
Government Agency Hotline	204	48.9
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Other	3	0.7
Municipal Court	2	0.5
Missing	9	2.2
Total	417	100.0

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We'll start with a table that looks at **how cases come to be reported** to the DEU.

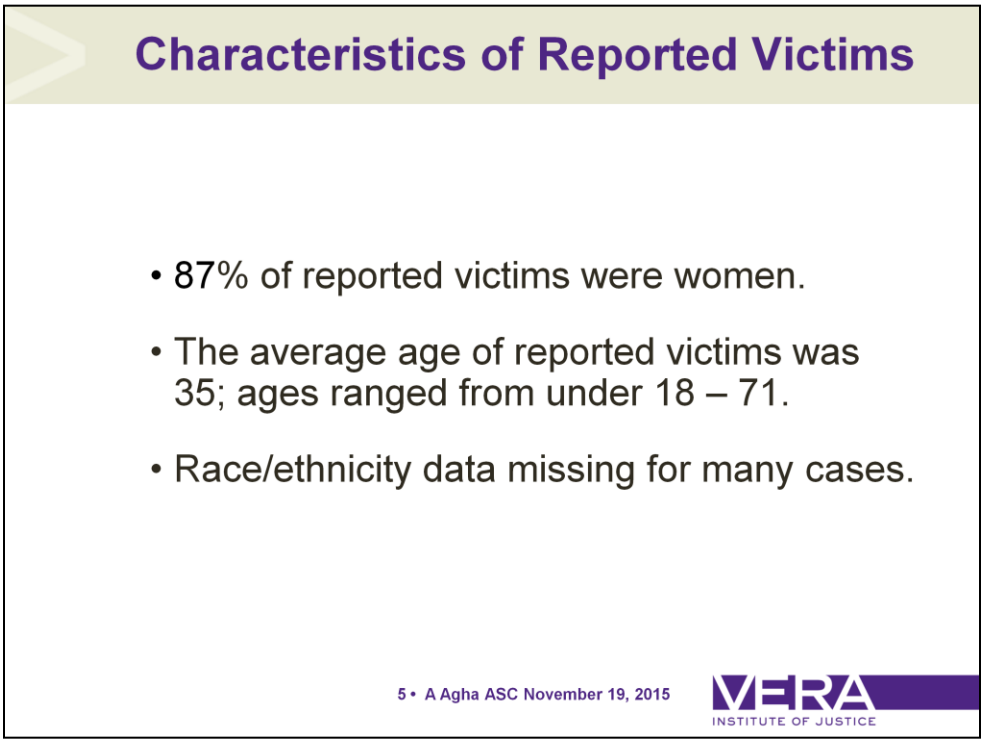
Two biggest sources for cases are a Government Agency Hotline and the Police Department.

1. **Govt Agency Hotline:** 24-hour hotline established to receive reports of suspected abuse and neglect of adults with disabilities (cases for people under 18 are reported elsewhere).

    - The standard of reporting requires only **'a mere suspicion'** based on a reasonable cause to believe abuse (or neglect) has occurred.
    - Reports to the hotline are (a) reviewed by agency staff to assure they fall within their jurisdiction and (b) by detectives from the State Police to assess if there is an indication that a crime has occurred.
    - If both these conditions are met, the case is referred to the DEU for further investigation and charging if applicable.

2. Police: If the police identify the reported victim as having a disability, they refer the case to the DEU.

→ 93% of all cases came to the DA's DEU through one of these two sources.



- **Descriptive statistics** showed that reported victims were overwhelmingly **women: 87%. T**he average age of an RV was **35**.

- Reported victim' race/ethnicity was missing in 25% of cases, so RV race/ethnicity is not reported.

Going forward, there will be other instances in which I mention that large amounts of missing data prevent us from reporting findings, so I'd like to take a minute to talk about missing data:

- **The DEU has limited resources and staffing and a large caseload,** which contributed to data collection challenges for the unit.
- **DEU data were not always updated:**
    - Electronic data files were created by office support staff.
    - If information was not recorded in paper case files at the time electronic data were entered, those fields often remained blank in the electronic files.
    - If additional information was added to the paper case files after the case had been entered, it was not always added to the electronic records.
- **Missing data also resulted when cases were eventually closed without key information**: for example, when an RV could not be contacted or the RV or their family did not want to go forward with the court process.
- **To partially address these challenges**, during the review of the paper case files, Vera researchers filled in some of the data missing from the electronic data files, in addition to collecting data for new data fields that not recorded in the electronic files.

Reported Victim Disability

Table 2. RV Disability

	Number	Percent
Single		
Psychiatric	215	51.6
Intellectual/Developmental	73	17.5
Physical/Sensory	47	11.2
Double		
Psychiatric & Intellectual/Developmental	23	5.5
Psychiatric & Physical/Sensory	10	2.4
Intellectual/Developmental & Physical/Sensory	4	1.0
Triple		
Psychiatric & Intellectual/Developmental & Physical/Sensory	4	1.0
Unknown/Missing	41	9.8
Total	417	100

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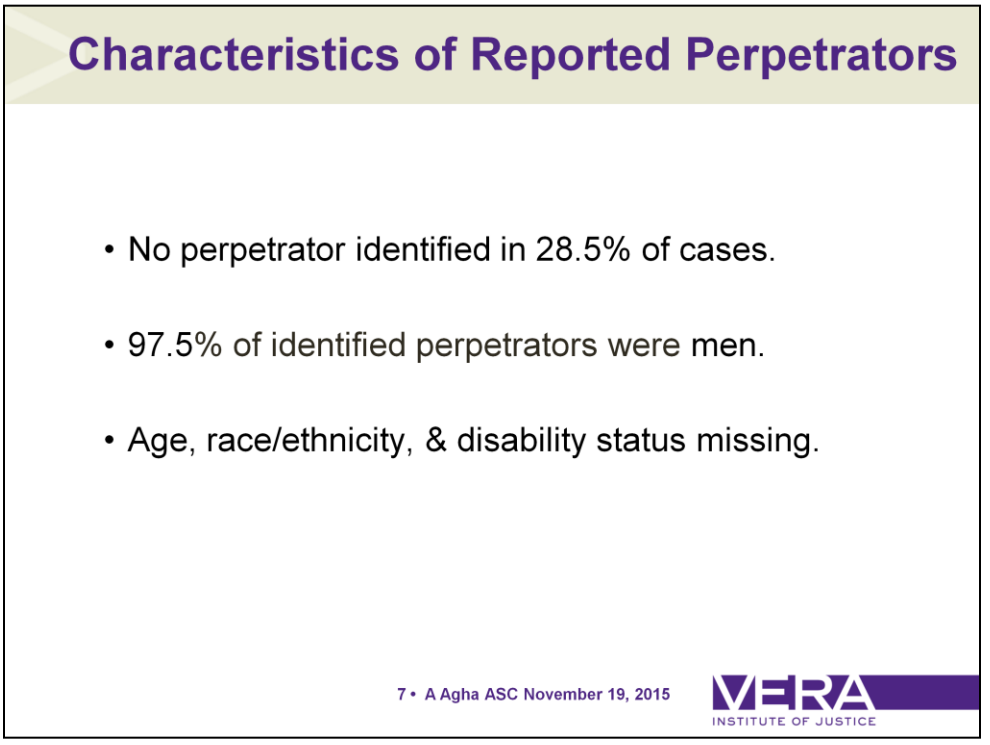
These are the **categories of disability type created by the DEU**. They are fairly broad, but these were the only indicators available.

You can see that people could be classified as having only **one**, or more than **one**, of these types of disability.

- The **majority of RVs (60.5%)** were identified in DEU case records as having a **psychiatric disability**, either alone or in combination with one of the other types.

- About **one-quarter (25%)** of RVs were identified as having an **intellectual/developmental disability**, either alone or in combination with one of the other types.

- The smallest category of disabilities in the sample was **physical/sensory disabilities**: a total of **15.6%** of cases alone or in combination with one of the other types. This category includes disabilities related to mobility (for instance using a wheelchair or walker) as well as being blind or having low sight, and being deaf or hard of hearing.



There was a considerable amount of **missing data** when it came to reported perpetrators.

- **No perpetrators were identified** in **over ¼ – 28.5%** – of cases.
- In cases where the **gender** of the perpetrator was **listed, almost all** of the perpetrators were **men**.
- Unfortunately, missing data on reported perpetrator age, race/ethnicity, and disability status prevents us from reporting these characteristics.

Reported Victim–Perpetrator Relationship

Table 3. RV-RP Relationship*

	Number	Percent
Friend/Acquaintance	123	29.5
Program/Facility peer	75	18.0
Stranger	64	15.3
Authority figure	53	12.7
Family member/Family friend	43	10.3
Current or former intimate partner	36	8.6
Unknown	8	1.9
Missing	15	3.6
Total	417	100.0

*If multiple perpetrators, reported relationship between primary perpetrator and RV used here.

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- Similar to findings from research on sexual crimes in the general population, **only 15.3%** of reported sexual violence in this sample was perpetrated by a **stranger**.

- In most cases, the RPs were known to the RVs, with **over a quarter** being **friends or acquaintances (29.5%)**, followed by **program or facility peers (18.0%**).
- **Combined**, these categories accounted for **nearly half (47.5%)** of all reported sexual assaults.
- **'Authority figures'** accounted for **12.7%** and included facility and program staff, nurses, and teachers.
- **Family members and family friends were reported as perpetrators in 10.3%** of cases**. Only 8.6%** of reported RPs in this sample were **current or former intimate partners**. [These findings may reflect a lack of observers who might report in these settings, survivor's or the family's protection of intimates and family friends, and risks in formally reporting sexual violence by these types of perpetrators.]

These findings illustrate, in part, that **people with disabilities are exposed to a risk of sexual across multiple settings**, including places that may normally be considered "safe" like at home, in a program or facility, or at school or a doctor's office. Some of this exposure is related to having a disability, in particular.

Location of Reported Assault

Table 5. Reported Assault Location

	Number	Percent
RV or RP Home	158	37.9
Home other than RV or RP	20	4.8
Program/Group Home/Shelter	51	12.2
Hospital/Doctor Office	47	11.3
Public Place - undefined	31	7.4
School/School Bus/Work	19	4.6
Vehicle	18	4.3
Other	7	1.7
Missing	66	15.8
Total	417	100.0

Home 42.7% (n=178)

23.5% (n=98)

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Here we're looking at the **location** where the reported assault happened.

- We see that **42.7%** of assaults happened in either the **reported victim or perpetrator's home or someone else's home**. Another **23.5%** occurred in a **group home/shelter/program or a hospital or doctor's office**.

As with the findings about the victim-perpetrator relationship, the **location of reported assaults demonstrates the range of exposure people with disabilities experience**, in part linked to interventions and services **related** to their disability.

Type of Assault Reported

Table 4. Type of Assault Reported: DEU Categorization

Charge	Number	Percent
Rape	221	53.0
Sexual Assault	117	28.1
Indecent A & B	76	18.2
Missing	3	0.7
Total	417	100.0

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We move now from characteristics of the reported victim and perpetrator to **characteristics of the case**.

The **three categories** here – rape, sexual assault, and indecent assault and battery – were **created by the DEU**.

"Rape" – includes any unwanted sexual act that involves penetration of any body orifice. Half **(53%)** of all cases in the sample were classified this way.

"Indecent assault and battery" – is any unwanted sexual act that does not involve penetration and accounted for **18%** of cases.

"Sexual assault" – is a **category used by the DEU** when the details of the case are unclear and they were not able to categorize it as rape or indecent A & B.

- These cases were classified as "sexual assault" pending investigation.
- **28%** of cases reported to the DEU were classified as "sexual assault' by the DEU.

Case Outcome

Table 6. Case Outcome (all closed cases and cases open at least 6 months)

	Number	Percent
Open	60	15.4
Closed - No Charge	275	70.5
Closed - Method Unknown*	2	0.5
Transferred to Other Court	23	5.9
Transferred to Other Unit	11	2.8
Sentenced	9	2.3
Grand Jury	2	0.5
Nol pros (*Nolle prosequi*)	8	2.1
Total	390	100.0

Court Action 13.6% (n=53)

* Cases in this category had a close date but no information on how the case was closed (e.g. transfer to other unit, court, etc).

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When looking at case outcomes we included:

- All **closed** cases, and
- Cases that had been **open for at least six months** at the time of data collection.

We did this to limit analysis to cases that had been open long enough for some sort of court action to have been taken, and to avoid over- representing "open" cases.

In **13.6%** of cases in the sample, there was **some action** take on the case. **"Court action"** included several different outcomes:

- Transferred **to another court** (e.g., municipal or district court),
- Transferred **to another unit** (e.g. sexual assault unit or child/family unit),
- Heard by a **Grand Jury**,
- **Sentenced**, or
- **Nolle pros'd**. This is a decision by the DA not to prosecute where they maintain the right to re-open the case at any time.

- The largest **sub-groups of cases (8.7%)** were **transferred** to another court or another unit.
- In **8** cases, the DA's **Nol Pros'd.**
- **2** cases were being heard by a **Grand Jury** at the time of data collection.
- In **9** cases, the **Defendant** was **sentenced**.

The **largest single category** was **"closed-no charge"** – accounting for **70.5%** of cases. To understand more about why such a large share of cases were closed without a charge, we **examined DA notes about the reason for the closing –** next slide.

Reason for Case Closure

Table 7. Reason for Outcome: "Closed-No Charge" Cases Only

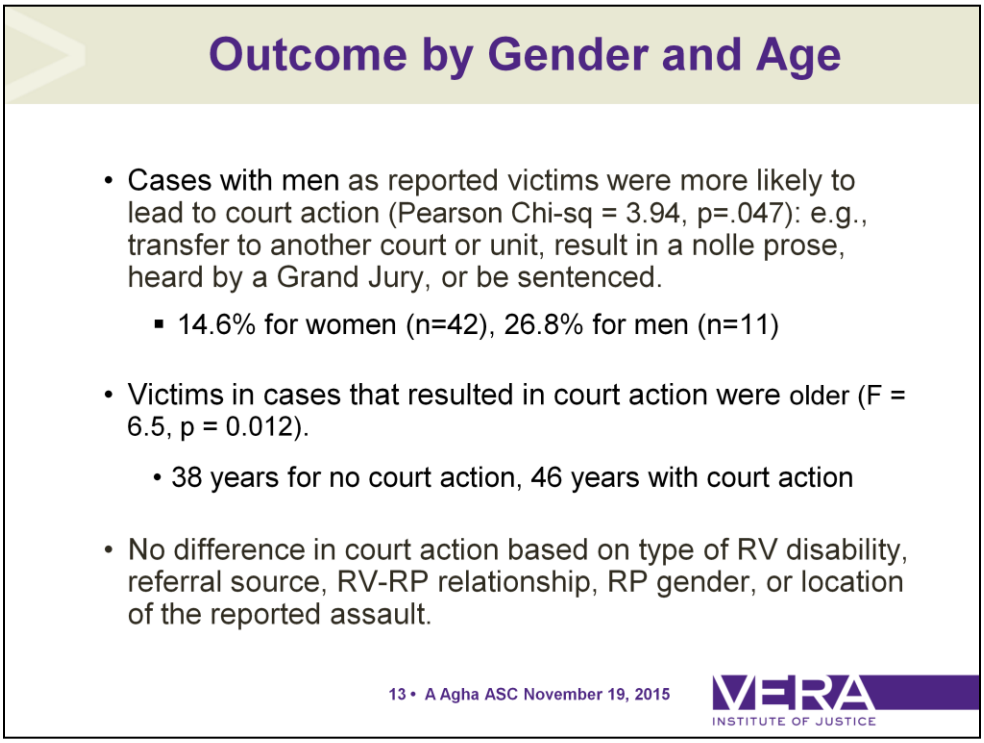
	Number	Percent
DA classified case as not viable	137	49.9
RV preference/non-response	119	43.3
Unknown	17	6.2
Death	1	0.4
Missing	1	0.5
Total	275	100.0

This table includes only the **275 cases that were "closed with no charge."**

In **half** of these cases, the case was closed because it was the DEU's assessment that the case was **not viable for prosecution** — e.g., based on lack of an identified RP (28.5% of the cases), lack of forensic evidence, or concerns about the ability of the RV to withstand trial.

For **just under half** of cases closed with no charge **(43.3%)**, the decision not to go forward resulted from an RV's of their family's preference not to continue, not being able to locate or recontact the RV (e.g., in cases where the RV was hospitalized or moved) – and/or the RV's/their family's non-response to DEU contacts.

In a moment we'll look at case length, which is important for understanding how cases are being processed; but first we'll look at some **differences in outcomes based on characteristics of reported victim**.



Bi-variate analysis showed that cases with **men as victims** and cases with **older victims** were more likely to lead to **some sort of court action**:

- **14.6%** of cases with **women as victims** lead to court action, whereas **26.8%** of cases with **men as victims** resulted in court action.
- The average age of victims in cases with some court action was **46** years old, whereas the average age of victims in cases that remained open or were closed with no charge was **38**.

Its important to remember that "court action" includes several different sub-categories: transfer to other court or unit, nolle pros, Grand Jury, and sentenced. We had to combine all of these outcomes into one category because of the small number of cases in each outcome.

It's also important to note that there were **no meaningful differences** based on: RV disability, source of referral, RV-RP relationship, RP gender, or location of the reported assault.

Length of Cases

- Average length = 8 months
- Median length = 3.8 months

Table 8. Length of Case in Categories (all closed cases and cases open at least 6 months)

	Number	Percent
Same day opened	7	1.8
1 to 7 days	68	17.4
8 days to 3 months	89	22.8
3.1 months to 1 year	106	27.2
1.1 - 2 years	63	16.2
2.1 - 3 years	10	2.6
3.1 - 4 years	6	1.5
4.1 – 5 years	7	1.8
Total	356	91.3
Missing*	34	8.7
Total	390	100.0

21.1%, n=75

54.8%, n=195

24.2%, n=86

*29 of these were missing a close date, two had very short lengths for sentenced cases indicating a data entry error and three were outliers with a case length of more than 5 years.

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We'll shift now from case outcome to the **amount of time a case had been with the DEU**.

The **average case length** was **8 months** and the **median** was **3.8 months**,

- **About 1/5** of cases (**54.8%**) were closed within one week;
- **Over half** remain open for over a week to a year;
- **Almost ¼ (24.3%)** were open for over a year.

<u>The substantial number of cases that were open for a long time</u>, rather than being closed immediately, suggests that there were serious efforts being made to investigate these cases and collect case information.

Case Length by RV Disability

Table 9. Closed Cases - Length of Case in months by RV Disability (Single Disability Only)*

	N	Average Length	Min Length	Max Length
Psychiatric	150	4.0	0.0	26.4
Intellectual/Developmental	54	6.9	0.0	23.7
Physical/Sensory	35	4.4	0.0	18.6
Total	239	4.7	0.0	26.4

*Analysis excludes two cases that were closed by trial but data indicated had only been open for one day and 17 days and 3 cases that were over 951 days long, because a scatterplot showed they were outliers.
F=5.24, df=2, p=.006

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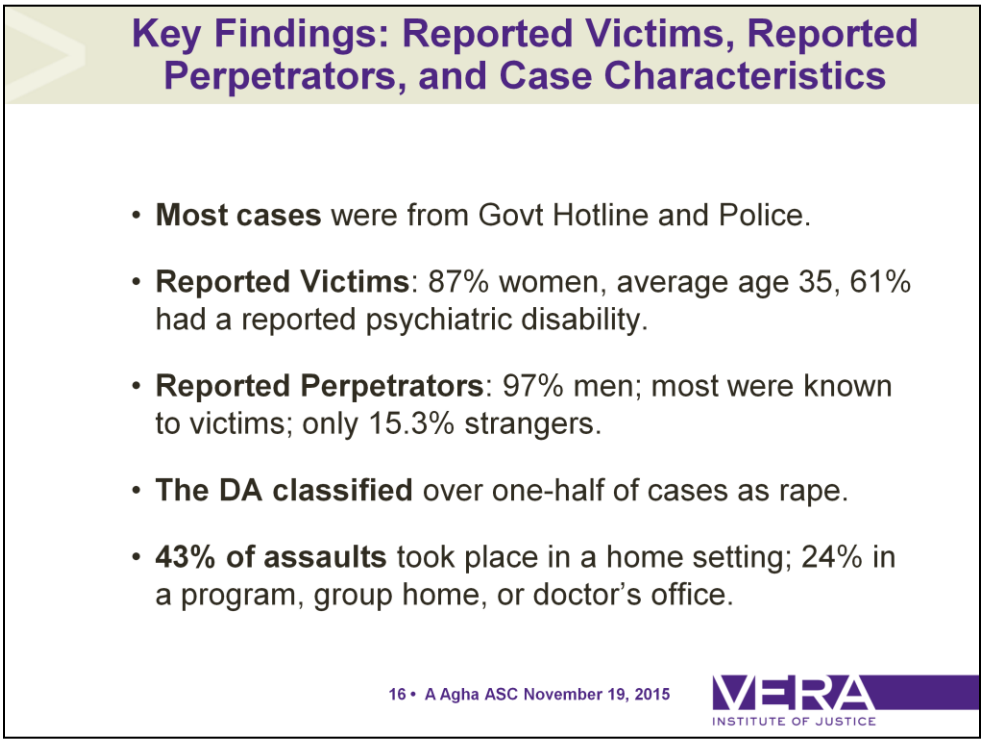
Here we're looking at **case length by type of disability** for the reported victim. This is **only looking at cases** for which there was only **one** type of disability identified.

Analysis showed that **case lengths differed significantly for RV's with different types of disabilities.** Post hoc tests using the LSD correction showed that:

- Cases for RVs who were recorded in DEU records as having **intellectual / developmental disabilities** were **open significantly longer** than cases recorded in DEU records as having **psychiatric disabilities** (p=.001).
- There were **no differences** between either group and RVs recorded in EDU records as having **physical/sensory disabilities**.



In these final slides we'll review key findings, beginning with reported victims, reported perpetrators, and case characteristics.

Key Findings: Outcome and Length

- **14% of cases** result in court action (transfer to another court or unit, result in a nolle prose, heard by a Grand Jury, sentenced)
- **Cases closed** were classified as not viable or were closed because of reported victim's or their family's preference not to go forward or lack of reported victim or family response.
- **Average case length** was 8 months; 24% of cases were open more than 1 year.

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APPENDIX 3: INTERVIEW PROTOCOLS

Summary Overview
NIJ #2012-WG-BX-050

March 29, 2016

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

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PHONE SCRIPT

Thank you for your interest in this study and for [*getting in touch with me / talking with me*]!

Before we get started, are you in a place that's comfortable to talk right now? Are you alone, where no one else can hear what you are saying? We want to make sure you have privacy.

Introduce self and Vera here.

Describe Study Topic

As you know, we're planning a study to talk to people with disabilities and chronic health conditions, or who are Deaf or hard of hearing, about how they seek help after experiencing unwanted sexual touching or assaults. In particular we'll be asking questions about:

- The *people* and *organizations* you sought help from
- Your *experiences* in getting help
- What happened *after* you asked for help
- Your suggestions FOR how to *improve* support for other survivors of unwanted sexual touching or assault

Describe Study Logistics

We would like to do the interview in person. It will last one to one-and-a-half hours and will be held at *[insert name of location, address, intersection; may also talk about potential locations if appropriate]*. Are you familiar with that location? *[Interviewer: describe location.]* If you participate in the interview we will give you a $40 gift card.

Assess Interest and Accommodations

Would you be interested in doing an interview with us? *[Discuss]*

Before we get to scheduling:

1. We want to make sure you are comfortable and have all of the supports you need to fully participate in the interview. Is there any support you need in order to **do** the interview? For example: large print documents, special lighting, an ASL interpreter

   [If they mention an ASL interpreter] : We have arrangements with ASL interpreters who have been trained to provide interpretation in situations where someone has experienced unwanted sexual touching or assault. We will be sure that an interpreter is at the interview site before you arrive.

This consent form expires one year from the date noted, unless special permission is obtained from Vera's Corporate Counsel to extend the expiration date. Such permission will be documented here: _____

Vera staff to initial when page is completed: _____

[If they mention any other person]: It is important that you have the supports you need to feel comfortable doing the interview. The support person can come with you and wait nearby while we are actually talking so they are available if we need them. We will be talking about personal issues during the interview, so it will just be you and me in the room during the interview. This way they would be nearby but would not be able to hear what we were talking about.

[If participant not willing to do interview without support person in room, thank for time and conclude conversation.]

Scheduling

Finally, I'd like to set up a date and time for an interview. [*Scheduling discussion will depend on logistics.*]

Before hanging up, confirm date and time:

1. So, we will do the interview at [Location; confirm that they know location and how to get there.]
2. I will call you on *[INSERT DATE AND TIME AT LEAST 24 HOURS BEFORE THE SCHEDULED INTERVIEW]* to confirm our appointment.
3. If you are not home when I call, is it ok to leave a message?
    a. Is there another way you prefer I confirm our interview?

4. What other questions do you have for me?

Thank you for your time. I look forward to meeting you!

<u>Contact (and alternate contact) Information here</u>:

Special Needs:

About Arrangements:

Other:

Interviewer: _____
Date / Time of Phone Conversation: _____

This consent form expires one year from the date noted, unless special permission is obtained from Vera's Corporate Counsel to extend the expiration date. Such permission will be documented here:

_____

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NIJDA: Survivor Interview

INTRODUCTION:

As you know, we would like to learn more about your experiences with getting help after a sexual assault – for example, whether you decided to tell others and what happened if you did tell others. I'm going to ask you some questions. Some will be easy to answer; others might be hard to think about. Some memories might be hard to access at first. I may ask some questions for clarification during the interview, just to make sure I am understanding you. I will also be writing notes, but everything I write will be kept safe and confidential.

DEMOGRAPHIC INFORMATION

1. How old are you? _____

2. How do you describe your gender? _____

3. How do you describe your race or ethnicity? _____

[***INTERVIEWER:*** *Ask these questions as open-ended*.][i]

4. Where do you live?
   Probes: for example
   ___ In my own home
   ___ In my family's or someone else's home or apartment
   ___ Group home, assisted living, or other group care setting
   ___ College dorm
   ___ Homeless shelter or a domestic violence shelter
   ___ Other [where?] _____

5. Who do you live with?[ii]
   Probes: for example
   ___ I live alone
   ___ A husband, wife, partner, boyfriend, girlfriend
   ___ A parent or stepparent
   ___ Other adult family members over the age of 18
   ___ A child or children under the age of 18
   ___ A friend, roommate, or other unrelated adult
   ___ Personal care assistant / personal attendant
   ___ Other [who?] _____

6. What was the last grade you successfully completed?[iii]
   Probes: for example
   ___ I never went to school
   ___ I went to school but did not finish high school
   ___ I have a school completion certificate
   ___ I have a high school diploma or GED
   ___ I went to trade school (e.g. hairdressing, auto mechanic) but did not finish
   ___ I finished trade school
   ___ I went to college but did not get a degree
   ___ I have an Associate or Bachelors degree
   ___ I have a graduate degree [what kind?] _____

7. Do you work for pay right now? (Work for pay includes working for someone else or being self-employed)
   ___ Yes, full-time ___ Yes, part-time ___ No

8. Do you have any other sources of income?[iv]
   ____ Yes ____ No
   If yes, what are they?
   Probes: for example
   ____ Social security
   ____ Pension
   ____ Disability insurance
   ____ Other: _____

9. Are you in a relationship right now?[v]
   Probes: for example
   ___ Single
   ___ Have a boyfriend / girlfriend
   ___ Married
   ___ Divorced
   ___ Widowed
   ___ Separated
   ___ Other _____
   ___ Do not want to say

DISABILITY INFORMATION[vi]

We'd like to learn more about the disability or chronic health condition you have.

10. Do you use any assistive devices during the day or at night? For example, a wheelchair, scooter, or service animal?
    ___ Yes ___ No
    (q 11) (q 12)

11. I'm going to read you a list of assistive devices. Let me know which you use. *[Check all that apply]*
    Do you use:
    ___ Crutches, Cane, Walker
    ___ Braces, Artificial Limbs, or Other Prosthetic Device(s)
    ___ Manual Wheelchair
    ___ Scooter
    ___ Power Wheelchair
    ___ Communication Device or Language Assistance
    ___ Service or Guide Animal
    ___ Ventilator or Respirator
    ___ Hospital Bed
    ___ Any others that I didn't ask about?
    _____

12. I'm going to read you a list of types of disabilities and chronic health conditions. Let me know if any of these apply to you. *[Check all that apply]*

    ___ Deaf or hard of hearing
    ___ Mobility or other physical disability such as cerebral palsy or amputation
    ___ Blindness or other vision loss
    ___ Speech
    ___ Ongoing health condition, such as diabetes, obesity, arthritis, or lupus
    ___ Other type of disability/chronic health condition, please write the name
    ___ Chronic mental health or psychiatric condition
    ___ Intellectual, cognitive, or other thinking disability such as childhood traumatic brain injury or stroke
    ___ Autism Spectrum

[Adjust as needed based on person identifying as Deaf or hard of hearing earlier]

a. Are you Deaf or hard of hearing?
   ___ Yes: _____ (specify which - go to q12b)

   ___ No

b. Do you use hearing aids or other hearing devices?
___ Yes ___ No

13. In the list above, you picked [X, Y, and Z]. Which of these causes you the most limitation or difficulty? *[Check one]*

___ Deaf or hard of hearing
___ Mobility or other physical disability such as cerebral palsy or amputation
___ Blindness or other vision loss
___ Speech
___ Ongoing health condition, such as diabetes, obesity, arthritis, or lupus
___ Other type of disability/chronic health condition, please write the name
___ Chronic mental health or psychiatric condition
___ Intellectual, cognitive, or other thinking disability such as childhood traumatic brain injury or stroke
___ Autism Spectrum

14. At what age did you first develop a disability or condition?
___ At birth
___ Age if not at birth ____

15. Do you use a support person or personal assistant to do activities that are hard for you to do alone (for example, dressing, eating, communicating, walking, going out in the community)? This person may be a family member, friend, or someone else who could be paid or unpaid.
___ Yes ___ No

CONNECTIONS IN THE COMMUNITY/SUPPORT

We are interested in learning more about who supports you. These next questions will be about all of the different people, like family and friends, who support and help you. We will also ask about the people you support.

16. Who helps you? Help can come in many forms, such as helping around the house, taking care of children, helping with transportation, or being a shoulder for someone to cry on.

17. And who do you help?

18. What social service agencies / non-profit organizations are you connected to or do you use?
[Will add list of local agencies/organizations]

___ Other: _____

19. Which do you find most helpful?

20. Is there someone in your life that you can talk to about any problems in a relationship, with your family, or with your health?

21. Who would you stay with if you had an emergency that required you to leave your home?

SEXUAL ASSAULT HISTORY

We are interested in learning about the ways people ask for help after a sexual assault. The actual details of the assault are not important for this study, but I would like to ask you some general questions about what happened. Would this be ok with you? You can share your story if it is helpful to you. I want to remind you that any information you give will be kept private. Also, you do not have to answer any of these questions if you don't want to, and you can stop or take a break at any time. If you feel you might want to talk to someone after this interview, I will give you contact information for the Rape Crisis Center.[vii]

I want to start by explaining what I mean by "sexual assault". A sexual assault is an unwanted sexual act. People do not always report unwanted sexual acts to police or discuss them with family or friends. The person who did this to you isn't always a stranger but might be someone you know like a friend, family member, or caretaker. [viii]Unwanted sexual acts can include many different things, including:[ix]

- Being touched in a sexual way when you did not want it
- Being forced to touch someone else in a sexual way when you did not want to
- Being made to look at sexual pictures when you did not want to
- Having someone take a sexual picture of you when you did not want it
- Someone making you be naked in front of them when you did not want to
- Someone being naked in front of you when you did not want it

22. Have you experienced anything like this since you were 15 years old?
    ____ Yes ____No

23. Did you experience these unwanted sexual acts one time, or more than one time, since you were 15 years old?
    ____ One time (go to q27)
    ____ More than one time (go to q24a)

24. I need you to pick one incident to talk about for the rest of this interview. You can pick either the one that happened most recently (if interviewer can name it, e.g. the one that happened last year) or the most serious one. Which incident would you like to talk about?

____ **Most serious**
When was this? – [Season/month, year] _____

____ **Most recent**
When was this? – [Season/month, year] _____

[***INTERVIEWER:*** *IF the survivor begins talking about a second sexual assault, use reverse of this page to ask Questions 25 through 35 for the second assault mentioned.*]

25. Why did you pick this assault?

[***INTERVIEWER:*** *IF appropriate, use respondent language for event: e.g., assault, rape, incident.*]

26. How old were you when this happened?

27. Was it one person or more than one person who assaulted you?

28. Did you know the person/people who assaulted you? If yes, how did you know them?
Probes:
___ Family
___ Friend
___ Aide/support person
___ Acquaintance
___ Stranger
___ Friend of friend or family
___ Other _____

HELP-SEEKING BEHAVIOR[x]:

First report/Disclosure: Now I'd like to ask you about who you told about the assault.

29. Have you ever talked to anyone about the assault before today?
Probe: Has anyone found out about the assault, even if you didn't tell them?
_____ Yes (**go to** q30) _____ No (**go to** q33)

30. Who did you tell first? Who found out first?
    Probes:
    - How/what did you tell them?
    - How did they find out if it wasn't from you?

31. Why did you tell them?

32. How did they respond to you?
    Probes:
    - Were they supportive?
    - Were they helpful?
    - **Do you feel like you got what you needed/wanted?**
    - What did _____ do that was good?
    - What was not so good during your experience with ____?
    - What did she/he do/say that you wish she wouldn't have?
    - What do you wish would have been different?
    - **Do you feel like they listened to what *you* wanted or needed?**

*[**Go to** "Family/Friend Help"]*

33. Why have you chosen not to tell anyone about the assault?

34. What was different about deciding to talk with me today?

***[Go to** OTHER – Q 43]*

Family/Friend Help

Now, I'd like to get a sense of other people or organizations you may have gotten support from, besides [*fill in from initial disclosure above*]. We'll start off with [other] family and friends you might have talked to about the assault.

***[INTERVIEWER:** Adjust as needed based on what learn above from first report/disclosure]*

35. Did you tell anyone in your family or any of your friends about the assault that happened to you? If yes, who did you tell? Did someone else tell them about what happened? How did that make you feel?

[Record each person and their relationship to respondent (e.g. parent, brother, friend)]

_____

_____

For each person listed above, ask the following questions:

36. How did they respond to you?

Probes:

- Were they supportive?
- Were they helpful?
- **Do you feel like you got what you needed/wanted?**
- What did ___ do that was good?
- What was not so good during your experience with ____?
- What did she/he do/say that you wish she wouldn't have?
- What do you wish would have been different?
- **Do you feel like they listened to what *you* wanted or needed?**

Community Help

Now we're going to shift from talking about family and friends to people and organizations in the community, like the police, a doctor, or a counselor.

37. I'd like to know about the community resources you chose to use. I'm going to list out several types of community resources that other survivors report using. Tell me Yes or No if you used these types of resources.

a.	Someone from a peer disability organization, like Centers for Independent living or a self-advocacy organization	Yes	No
b.	Someone from a disability or government agency	Yes	No
c.	Adult Protective Services (APS) or Child Protective Services	Yes	No
d.	Police, prosecutor, or anyone else from the legal system	Yes	No
e.	Doctor, nurse, or other health care professional	Yes	No
f.	Counselor, therapist, or other mental health professional	Yes	No
g.	Someone from a rape crisis center	Yes	No
h.	Someone from a domestic violence or general victim service organization	Yes	No
i.	Your religious community or a particular member of your religious community (e.g., your pastor, minister, priest, rabbi)	Yes	No
j.	Any other professionals or organizations in your community	Yes	No

*[**INTERVIEWER:** For each person/organization indicated above, ask the following questions]:*

38. When you did talk to _____, what was that experience like?

Probes:

- Was it supportive?
- Was it helpful?
- **Do you feel like you got what you needed/wanted?**
- What did ___ do that was good?
- What was not so good during your experience with ____?

- What did she/he do/say that you wish she wouldn't have?
- What do you wish would have been different?

Only ask if respondent did not seek help from the police.

39. So, you did not have contact with the police. Can you tell me why you decided not to talk to them?

    Probes:

- Did anything prevent you from getting help?
- What prevented you from getting help?

Only ask if respondent did not seek help from a rape crisis center.

40. So, you did not have contact with a rape crisis center. Can you tell me why you decided not to talk to them?

    Probes:

- Did anything prevent you from getting help?
- What prevented you from getting help?

DPPC Hotline

41. In Massachusetts there is a law that says some people (like doctors, therapists, or teachers) have to call a hotline if they think a person with a disability or chronic health condition has been hurt or has experienced unwanted sexual contact. Have you heard about this before? If no, offer more explanation.

42. Did anyone called this hotline to report what happened to you?

____Yes
____No
____Don't know

43a. If YES: *probes:*

- Who called to make the report?
- Did they tell you they were going to do this?
- How did you feel about them calling to make this report?

OTHER:

43. From your experience, what advice about getting help would you give to a person who was sexually assaulted? What if the person had a disability, was Deaf, or had chronic health condition?
    a. [If hesitating]: This question may have put you on the spot—it's okay if you can't think of an answer right now.

44. What should people like the police, advocates, and nurses know about working with people with disabilities or chronic health conditions who have experienced a sexual assault?
    Probe:
    What can they do differently when working with people with disabilities or chronic health conditions?

45. Is there anything else you would like to share with me that I didn't ask about?

CLOSING

Those are all the questions I have. **Thank you for talking with me today.** I really appreciate your time, even though I know that some of the questions may have been difficult to answer.

Interviewer: _____
Date of Interview: _____

Interviewer Comments:

---

[i] Adapted from Curry & Oschwald, SSP.
[ii] Adapted from Curry & Oschwald, SSP.
[iii] Adapted from Curry & Oschwald, SSP.
[iv] Adapted from Curry & Oschwald, SSP.
[v] Adapted from Curry & Oschwald, SSP.
[vi] Adapted from Curry & Oschwald, SSP.
[vii] Adapted from Berliner et al, 2001.
[viii] Adapted from Berliner et al, 2001.
[ix] Adapted from Curry & Oschwald, SSP.
[x] Some questions adapted from Campbell 2010 NIJ study.

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VERA INSTITUTE OF JUSTICE

Provider Interview Guide

Examining Criminal Justice Responses to and Help-seeking Patterns of Sexual Violence Survivors with Disabilities

As we said, **we are doing a study to learn more about help-seeking experiences of sexual assault survivors with disabilities,[1] and survivors who are deaf, including: (1)** disclosure and help-seeking after a sexual assault; **(2)** barriers for survivors with disabilities in reporting, identifying help, and receiving help; (**3)** effectiveness of help sources for these survivors; and **(4)** barriers for agencies in providing services to these survivors.

Service providers working with people with disabilities in the community have valuable insights about the challenges these individuals face, as well as challenges providers face in offering services to sexual assault survivors with disabilities. We look forward to learning from you!

[For providers from a Disability Organization]

1. **We'd like to start off by learning a bit more about the work you do with people with disabilities. Could you talk a little about the work you do at this agency?**

[For providers from a Rape Crisis Center]

2. **We'd like to start off by learning a bit more about the work you have done with survivors with disabilities. Could you talk a little about your experiences in this area?**

3. **Overall, do you see <u>similarities</u> in the experiences of survivors with and without disabilities in disclosing a sexual assault and seeking help? If yes, what kinds of similarities?**

4. **Have you noticed any <u>differences</u> in disclosure and help-seeking experiences among people with and without disabilities? If yes, what kinds of differences?**

[For providers from ALL agencies]

Now we'd like to focus on survivors *with* disabilities in particular. In your experience,

5. **What are some <u>barriers to disclosure</u> for sexual assault survivors with disabilities?**
    a. Why might a survivor with disabilities decide **not** to disclose?
    b. What are some barriers if they **want to** disclose?

[1] <u>For this project, disability is defined as:</u> a physical, mental, or health impairment that substantially limits one or more major life activities of an individual, a record of such impairment, or being regarded as having such impairment.

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6. **Who do survivors with disabilities <u>most often tell</u> about a sexual assault – IF they disclose?** *(Use as Prompts, or as Follow-ups if not covered):*
    a. Are survivors with disabilities likely to report the assault to police?
    b. Are they likely to tell friends or family?
    c. Are they likely to seek help from other agencies? What types of agencies?

7. **How might <u>mandatory reporting</u> affect people with disabilities who have experienced a sexual assault?** *(Prompt DPPC Hotline if not covered)*

8. **In your experience, what about the <u>effectiveness of different types</u> of help sources for sexual assault survivors with disabilities?**
    a. What kinds of resources have you seen as most helpful or not helpful?
    b. Why? *(if applicable)*

[For providers from a Rape Crisis Center]

9. **Are there any <u>differences in the procedures</u> for providing services to a survivor if they have a disability, compared to those who do not? If yes, what are they?**

[For providers from other agencies]

10. **<u>If a survivor with disabilities discloses</u> a sexual assault to you, what is the typical procedure you follow?**

[For providers from ALL agencies]

11. **To what services/agencies do you typically refer survivors with disabilities, if any? Do you find them <u>accessible and responsive</u>?**

12. **What about <u>barriers you/your agency experience</u> in providing accessible and responsive services to sexual assault survivors with disabilities?**

13. **In your opinion, what aspects of assisting sexual assault survivors with disabilities are <u>working well</u>?**
    a. For your agency?
    b. For other agencies survivors in this geographical area might access?

14. **What do you think is <u>most needed</u>?**
    a. Expansions, improvements, or services that are currently missing?
    b. Other

15. **Is there <u>anything else</u> that I haven't asked about that is important for us to know?**

Thank you for talking with me today.

Interviewer: _____ Date of Interview: _____

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VERA INSTITUTE OF JUSTICE

HELP-SEEKING BEHAVIOR STUDY
Interviews with People Who Have Experienced Sexual Assault

WHO WE ARE AND WHAT WE'RE DOING

We are a team from a non-profit organization called the Vera Institute of Justice (Vera). Vera is not a part of the Boston Rape Crisis Center. **We are doing a study about how people with disabilities and Deaf people get help after a sexual assault.** This study started in January 2013 and we expect it to end in January 2016.

WHAT WE ARE ASKING OF YOU

We are asking for your help so we can learn more about the experiences people have had when trying to get help after a sexual assault. To help us learn more, **we are asking that you to give us permission to talk with you about how you sought help after a sexual assault.** For example, we will ask about: your disability, people who support you, a little about the type of assault you experienced, and about any ways you tried to get help after the assault. This might include talking to people you know about it, talking with the police, talking with a nurse or a doctor, or getting help from other people or service providers. We will also ask about what happened when you tried to get help. We would like to tape record this interview, so that we will be able to better remember what you have told us when we are working on our reports. You **DO NOT** have to agree to the recording of this interview. The interview will not be longer than 90 minutes.

WHAT WE PLAN TO DO WITH THIS INFORMATION

We will use what we learn from doing these interviews to better understand your experiences and to help improve services available to people with a disability or who are Deaf who have experienced a sexual assault. We will produce written reports about what we learn, which we will give to disability organizations and post on Vera's website.

COMPENSATION

If you decide to participate in this interview, we will pay you $40 for your time. You will not get any other benefits or privileges for participating.

YOU DO NOT HAVE TO PARTICIPATE

You **DO NOT** have to talk with us if you don't want to. You can choose **not** to participate; you don't even have to give a reason. Your decision to talk with us won't affect the services you receive at any agency.

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RISKS OF PARTICIPATING

Some of the questions in the interview might make you feel uncomfortable or upset. You do NOT have to answer anything you don't want to. You can skip a question, take a break, or stop participating at anytime. There is a very small chance that someone outside the project team could accidentally see information about you, but this is unlikely, since we are not writing down your name on ANY materials connected to this interview.

KEEPING YOUR INFORMATION PRIVATE

Your name will NOT be included in my notes or on the recording from the interview. We will keep what you tell us safe and private. If you allow me to record this interview, it will be kept on a locked computer drive that is only accessible to the research team. The recording will be destroyed once our project is over.

The things you tell me will not be shared with anyone outside of the team working on this project.

In an extreme situation, I might need to notify someone if you tell me about these three things:

1. You tell me that you are planning to commit a crime,
2. You tell me that you are going to harm or kill yourself, OR
3. You tell me a child is being abused or mistreated.

If you agree to participate, I will read you another form that asks you if it is okay for us to tell someone if you tell us about any of these things. But in the interview, I will not ask you any questions about these things.

IF YOU HAVE ANY QUESTIONS

You can ask me about them right now or contact a Vera researcher at any time.

Ashley Demyan
202.465.8918
ademyan@vera.org
233 Broadway, 12th Floor
New York, NY 10279

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Vera staff to initial when page is completed: _____

WHAT YOU NEED TO KNOW BEFORE YOU AGREE AND SIGN THIS FORM:

1. **YOU DON'T HAVE TO DO THIS.**
2. **PARTICIPATION INCLUDES BEING INTERVIEWED.**
3. **YOU CAN REFUSE TO ANSWER OR SKIP ANY QUESTIONS.**
4. **YOU CAN STOP PARTICIPATING AT ANY TIME.**

Participation in this study is **VOLUNTARY** and **PRIVATE**.

Do you want to participate in this interview?

Participant answered _____**Yes** _____**No**

Can I record this interview? (Remember, you do not have to agree to this.)

Participant answered _____**Yes** _____**No**

Interviewer Name:

(Please print)

Signature:

Date:

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CONSENT TO REPORTING

You have agreed to participate in a research study. As I explained earlier, the information you share with me as a part of this interview will be kept private. The only times I may have to share what you've told me is if you tell me about any of these three things. **I will have to tell someone if:**

(1) You tell me about a crime you plan to commit.

(2) You tell me that a child is being abused, or give me strong reason to believe that a child is being abused, I would need to report what you tell me to the state's Child Abuse Hotline**.** I would only share your name or other personal information if I had to include it in the report.

(3) You tell me that you want to kill yourself or give me strong reason to believe you want to kill yourself, I would need to tell the authorities, including the police, or call someone to get you medical help.

Again, I will not ask you any questions about these things. We are **only** asking you whether it is ok for us to tell someone if you say any of these things. You do not have to tell us this is okay. If you do not say it is okay for us to tell someone, we will not be able to interview you, but nothing bad will happen. **No one will know your answer to this question.**

I'm going to ask you if it is okay for us to tell someone if you do say these things. Remember, **you do not have to agree to this.**

_____ **(1)** If you tell me that a child is being abused, or give me a strong reason to believe a child is being abused, do I have your permission to report it to the state's Child Abuse Hotline?

_____ **(2)** If you tell me that you want to kill yourself or give me strong reason to believe that you want to kill yourself, do I have your permission to report it to the authorities, including the police, or to call someone to get you medical help?

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_____

Vera staff to initial when page is completed: _____

At this point, do you want to proceed with the interview?

Participant answered _____**Yes** _____**No**

Interviewer Name:

(Please print)

Signature:

Date:

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Examining Criminal Justice Responses to and Help-seeking Patterns of Sexual Violence Survivors with Disabilities

WHO WE ARE AND WHAT WE'RE DOING

We are a team from a non-profit organization called the Vera Institute of Justice (Vera). As part of a National Institute of Justice funded project, **we are doing a study about disclosure and help seeking by survivors with disabilities and those who are Deaf after a sexual assault; barriers survivors with disabilities face in reporting, identifying, and receiving help; and challenges for agencies in providing services to these survivors.**

WHAT WE ARE ASKING OF YOU

We are asking for your help so we can learn more about your experiences in providing services to sexual assault survivors with disabilities. For example, we are interested in learning more about the mandatory reporting process and how it might affect people with disabilities who have experienced a sexual assault, disclosure patterns and help seeking by survivors with disabilities, the effectiveness of different types of help for survivors with disabilities, barriers to receiving help, and any challenges you/your agency experience in providing accessible and responsive services to sexual assault survivors with disabilities. If it is alright with you, we would like to tape record the interview so that we will be able to more accurately remember what you have told us. You **DO NOT** have to agree to the recording of this interview. The interview will last about 45 minutes. **Your name will NOT be included in our notes or on the recording of the interview**.

WHAT WE PLAN TO DO WITH THIS INFORMATION

We will use what we learn from interviews with providers to better understand the services available to sexual assault survivors with disabilities, the effectiveness of those services, barriers to receiving help, and what would help improve services available to survivors with a disability or who are Deaf. We will produce written reports about what we learn from survivors and providers and will make those available to service organizations. All information in those reports will be in the aggregate so that no individual story or participant can be identified.

COMPENSATION

No compensation will be provided for your participation. You will not get any other benefits or privileges for participating.

YOU DO NOT HAVE TO PARTICIPATE

We are asking you because of your experience as a provider. You do **not** have to participate if you don't want to.

RISKS OF PARTICIPATING

There are very few risks in participating. We are interested in your perspectives and will ask only about general topics as noted above. You do NOT have to answer anything you don't want to. You can skip a question or stop at anytime.

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_____

Vera staff to initial when page is completed: _____

KEEPING YOUR INFORMATION PRIVATE

As noted, we will not include your name or any identifying information on any materials connected to this interview. Your name will NOT be included in our notes or on the recording of the interview if you decide it is okay to record. Any information you tell us about clients' experiences will never be shared in a way that will allow the identification of an individual client's identity. We will keep everything you tell us private. If you participate in a focus group, to protect the confidentiality of all participants we ask that you do not discuss anything that was mentioned in the focus group after the focus group is completed.

All materials related to this interview will be kept on a locked computer drive that is only accessible to the research team and will be destroyed once our project is complete. **All non-identifiable data** collected as part of the project will be archived with the National Archive of Criminal Justice Data (NACJD) at the end of the project, as required by the National Institute of Justice.

IF YOU HAVE ANY QUESTIONS

You can ask me about them right now or contact me at any time.

Ashley Demyan
202.465.8918
ademyan@vera.org
233 Broadway, 12th Floor
New York, NY 10279

WHAT YOU NEED TO KNOW BEFORE YOU AGREE AND SIGN THIS FORM:

1. **YOU DON'T HAVE TO DO THIS.**
2. **PARTICIPATION INCLUDES BEING INTERVIEWED.**
3. **YOU CAN REFUSE TO ANSWER QUESTIONS.**
4. **YOU CAN STOP PARTICIPATING AT ANY TIME.**

I have read this consent form. By signing below, I agree to participate in the interview/focus group.

Please tell us whether or not you agree to allow us to audio tape your interview.

☐ Yes, I agree to be audio taped.

☐ No, I do not agree to be audio taped.

Name: _____ *Witness Name:* _____
(Please print) *(Please print)*

Signature: _____ *Signature:* _____

Date: _____ *Date:*

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