

Violence and Crimes Against People with Disabilities Bibliography

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Introduction

In the early 1990's, Dr. Dick Sobsey, a leading expert on victims with disabilities, published two comprehensive bibliographies on this topic. These resources, *Disability, Sexuality, and Abuse: An Annotated Bibliography* and *Violence and Disability: An Annotated Bibliography*, provided citations to hundreds of materials on victims with disabilities. Because of the comprehensiveness of these original bibliographies, an attempt was made to use a similar approach when creating this bibliography.

The scope of this bibliography is guided by the following parameters:

- Although there may be a few duplications of the Sobsey bibliographies, materials collected ranged from 1990 – 2007.
- The bibliography only includes materials that focus on people with disabilities who become victims of crime. It does not include materials focusing on disabilities resulting from crimes.
- The bibliography excludes materials which focus only on offenders. However, materials were considered if they addressed both victims and offenders and provided information pertinent to the review.
- Formats included were limited to peer-reviewed publications, research articles, and formally produced reports. However, a few books and editorials from peer-reviewed journals were also included once they were determined to be appropriate additions. Other types of materials, such as training curriculums, issue briefs, or multi-media products, were not included in the bibliography. Although these materials certainly provide valuable information, these resources typically go through a less formalized review process and often replicate information presented in the previously mentioned materials. Additionally, extensive information about these types of products is already available through the *Victims of Crime with Disabilities Resource Guide*.

To locate materials for the review, several strategies were used.

- First, 12 comprehensive, academic databases were searched including: *Academic Search Premier*, *Medline*, *CINAHL*, and *Criminal Justice Abstracts*. In addition to these main databases, approximately 30 other databases were initially searched for resources, but did not provide a substantial amount of resources of interest.
- Second, bibliographies included in more recent articles were reviewed for related publications. Additionally, during the regular process of reviewing materials for the Resource Guide, several current bibliographies were located. Although much smaller than Sobsey's work, these resources were also reviewed for materials.

- Third, since some of the databases provide citation linking directly from an author's name, other publications by key authors were also reviewed for possible inclusion. In addition to using this cross-linking option, when authors were identified from the initial database searching as being somewhat prolific on this topic, an additional search was conducted on those individuals specifically.

These efforts produced an extensive collection of materials focused on violence and crimes against people with disabilities. Provided below is an annotated list of these documents.

Unless otherwise noted, the abstracts were taken directly from the item.

Victims of Crime with Disabilities Resource Guide

Additional materials on this topic can be found through the *Victims of Crime with Disabilities Resource Guide* located at:

<http://www.uwyo.edu/wind/resourceguide/>

Originally funded by the U.S. Department of Justice's Office for Victims of Crime, the *Resource Guide* provides the most comprehensive collection of information and resources focused on ending crimes and violence against people with disabilities.

Aarons, Natalie, Martine Powell, and Jan Browne. "Police Perceptions of Interviews Involving Children with Intellectual Disabilities: A Qualitative Inquiry." *Policing & Society*, 14 (2004): 269 – 278.

This study employed a qualitative method to explore the experiences of 20 police officers when interviewing children with intellectual disabilities. Three main themes were interpreted as representing challenges to the officers when interviewing special-needs children: police organizational culture, participants' perceptions of these children as interviewees, and prior information. Participants in this inquiry mentioned poor organizational priority within the police force for child abuse cases and children with intellectual disabilities, as well as inadequate support for interviewing skills development and maintenance. Participants also attempted to equalize these children by interviewing them in the same way as their mainstream peers. Finally, participants viewed interview preparation as influential in determining an interview's successful outcome, but recognized that preparedness could bias their interviewing techniques. Increased attention towards these issues will provide a basis for developing strategies to minimize such challenges and thus improve the quality of interviews with children with intellectual disabilities.

Agnew, Sarah and Martine Powell. "The Effect of Intellectual Disability on Children's Recall of an Event Across Different Question Types." *Law and Human Behavior*, 28.3 (2004): 273 – 294.

This research examined the performance of 80 children aged 9-12 years with either a mild and moderate intellectual disability when recalling an innocuous event that was staged in their school. The children actively participated in a 30-min magic show, which included 21 specific target items. The first interview (held 3 days after the magic show provided false and true biasing information about these 21 items. The second interview (held the following day) was designed to elicit the children's recall of the target details using the least number of specific prompts possible. The children's performance was compared with that of 2 control groups; a group of mainstream children matched for mental age and a group of mainstream children matched for chronological age. Overall, this study showed that children with either a mild or moderate intellectual disability can provide accurate and highly specific event-related information. However, their recall is less complete and less clear in response to free-narrative prompts and less accurate in response to specific questions when compared to both the mainstream age-matched groups. The implications of the findings for legal professionals and researchers are discussed.

Agnew, Sarah, Martine Powell, and Pamela Snow. "An Examination of the Questioning Styles of Police Officers and Caregivers When Interviewing Children with Intellectual Disabilities." *Legal and Criminological Psychology*, 11 (2006): 35 – 53.

The research provided a detailed analysis of the types of questions and verbal strategies used by police officers and caregivers when interviewing children with

intellectual disabilities about events. Twenty eight children aged 9 to 13 years with a mild or moderate intellectual disability participated in a staged event at their school. Each child was then interviewed on separate occasions by the child's primary caregiver and by a police officer who was authorized to conduct investigative interviews with children. While the approach used by the police officers was broadly consistent with best-practice recommendations (i.e. their interviews contained few leading, coercive or negative strategies), they frequently interrupted the child's account and used relatively few minimal encouragers and other strategies designed to keep the child talking. The caregivers used a high proportion of direct, leading and coercive strategies to elicit information from their children. Even when caregivers used open-ended questions, their children provided less event-related information than they did to the police interviewers.

Ahlgrim-Delzell, Lynn and James Dudley. "Confirmed, Unconfirmed, and False Allegations of Abuse Made by Adults with Mental Retardation Who Are Members of a Class Action Lawsuit." *Child Abuse & Neglect*, 25 (2001): 1121 – 1132.

The purpose of the article is to explore differences in confirmed, unconfirmed, and false allegations of abuse made by consumers with mental retardation in regards to type of abuse and perpetrator. Researchers conclude that the ability of the alleged victim to report information and timing of the investigation are important factors in substantiating abuse. Awareness of consumer-to-consumer violence and prevalence of false accusations against staff necessitates increased safeguards for both consumers and staff.

Aldridge, Michelle and Joanne Wood. "Interviewing Child Witnesses with Disabilities: A Survey of Police Officers in England and Wales." *The Police Journal*, 71.1 (1999): 33 – 42.

In this article, we report on selected findings from a survey of police officers in England and Wales who interview child witnesses. The survey was designed to elicit the officers' opinions on a variety of aspects of the interviewing of child witnesses within the guidelines set out in the Home Office Memorandum of Good Practice (1992). We report on general findings from this survey elsewhere (Aldridge and Wood, 1998 and unpublished). Our attention, here, is focused on one specific aspect of our survey findings, namely, the interviewing of child witnesses who have a disability. Prior to discussing our survey findings, we will address some background issues in relation to current provisions for child witnesses.

Allen, Brad and Kathy Borgen. "Multimodal Therapy for Survivors of Sexual Abuse with Developmental Disabilities: An Evaluation of Treatment Effectiveness." *Sexuality and Disability*, 12 (1994): 201 – 206.

When examining the statistical data on people who have been sexually abused/assaulted, there tends to be a disproportionately large number of victims who have developmental disabilities. Yet, as a group, people with developmental

disabilities also tend to have the fewest treatment resources available. Whereas there may be several reasons for this lack of resources, the question of treatment efficacy seems to arise whenever the needs of people with developmental disabilities are discussed. The following article summarizes the results of a group for survivors of sexual abuse/assault with developmental disabilities which utilized a multimodal approach to address specific treatment goals. Based upon the qualitative evaluations of the authors, it appeared that all of the participants exhibited some degree of positive therapeutic response. Further evaluation of a multimodal approach is suggested.

Allington, Carolyn. “Sexual Abuse Within Services for People with Learning Disabilities: Staff’s Perceptions, Understandings of, and Contact with the Problem of Sexual Abuse.” *Mental Handicap*, 20 (1992): 59 – 63.

This study was concerned with ascertaining the extent to which staff working with people with learning disabilities are aware of issues around the topic of sexual abuse. A questionnaire was completed by 107 staff from day care and residential facilities at both Health Authority and Local Authority services. The data generated indicated that nearly a third of staff (32%) never discuss the subject in their work settings despite the fact that all felt people with learning disabilities to be at risk of sexual abuse, with the majority of staff (88%) felt that further information should be provided in their workplaces. The implications of these data are considered with respect to staff training, support and empowerment.

Allington-Smith, Pru, Richard Ball, and Ruth Haytor. “Management of Sexually Abused Children with Learning Disabilities.” *Advances in Psychiatric Treatment*, 8 (2002): 66 – 72.

No abstract available.

American Academy of Pediatrics. “Assessment of Maltreatment of Children with Disabilities.” *Pediatrics*, 108 (2001): 508 – 512.

Widespread efforts are continuously being made to increase awareness and provide education to pediatricians regarding risk factors of child abuse and neglect. The purpose of this statement is to ensure that children with disabilities are recognized as a population that is also at risk for maltreatment. The need for early recognition and intervention of child abuse and neglect in this population, as well as the ways that a medical home can facilitate the prevention and early detection of child maltreatment, should be acknowledged.

Ammerman, R.T., et al. "Maltreatment in Psychiatrically Hospitalized Children and Adolescents with Developmental Disabilities: Prevalence and Correlates." *Journal of the American Academy of Child and Adolescent Psychiatry*, 33.4 (1994): 567 – 576.

The goals of this study were (1) to determine the prevalence of child maltreatment in hospitalized children and adolescents with developmental disabilities and concomitant psychiatric disorders, and (2) to identify the contribution of specific mother and child characteristics to the use of more severe disciplinary practices by mothers. Method: One hundred thirty-eight psychiatrically hospitalized children and adolescents with developmental disabilities and mothers were assessed using a semistructured interview (Child Abuse and Neglect Interview Schedule) examining factors associated with risk of child maltreatment, and questionnaires measuring maternal and child functioning

Amos, Patricia A. "New Considerations in the Prevention of Aversives, Restraint, and Seclusion: Incorporating the Role of Relationships Into an Ecological Perspective." *Research & Practice for Persons with Severe Disabilities*, 29.4 (2004): 263 – 272.

While many individuals with challenging behaviors now enjoy the benefits of inclusion and self-determination, large numbers of their peers remain in segregated, restrictive settings and continue to be subjected to coercive intervention plans that include aversives, (nonemergency) restraint, and seclusion as "treatment." A rising tide of knowledge and expectations has not lifted all boats, and the gap between the "haves" and the "have nots" continues to grow. To address this gap, it may prove helpful to revisit the issue of coercive interventions from theoretical perspectives that can offer new insight into their persistence as well as a sobering appraisal of the complex collateral damage that can result from their use. New means to frame and develop such insights are at hand. The applied science of Positive Behavior Support (PBS), on which current advances in inclusion and self-determination depend, has been evolving in the direction of broader ecological perspectives and the incorporation of theoretical perspectives from related fields. A growing body of research from the fields of mental health and child development can now be incorporated into the PBS model to enrich our understanding of the dynamics of the use of these coercive interventions on individuals with disabilities, and of the cumulative and negative effects such interventions have on their larger support systems of school, work, family, friends, and community. With an enhanced understanding of the crucial role of relationships in fostering emotional and cognitive development and mental health, coercive interventions can be viewed from the perspective of a breakdown in relationship. Such a perspective yields a powerful, but frequently overlooked, rationale for avoiding their use, may prove helpful in analyzing and preventing the antecedents of such breakdowns, and may suggest more effective ways of coping with and repairing the debilitating individual and systemic consequences of the use of aversives, restraint, and seclusion.

Anctil, Tina M., et al. "Predictors of Adult Quality of Life for Foster Care Alumni with Physical and/or Psychiatric Disabilities." *Child Abuse & Neglect*, 31.10 (2007): 1087-1100.

Introduction: This study used quality of life and resilience as theoretical frameworks for evaluating predictors of outcomes for adults who received foster care services alumni of foster care and were diagnosed with a physical or psychiatric disability while in foster care. Method: First, outcomes for foster care alumni with and without physical and psychiatric disabilities (N = 1,087) were compared according to quality of life variables. Second, using only participants with disabilities (N = 578), stepwise regression analyses were performed to determine whether risk and protective factors were associated with specific outcomes. Results: Alumni with disabilities had significantly lower economic ($p = .020$) and health ($p = .001$) outcomes; and reported lower educational attainment ($p = .002$), more difficulty paying monthly bills ($p = .026$), more psychiatric diagnoses ($p = .006$), lower self-esteem ($p = .013$), and worse physical health ($p = .001$) than those without disabilities. For alumni with disabilities, receiving special education services and experiencing sexual abuse while in foster care were significant risk factors for poor self-esteem; conversely, receiving services and resources that prepared foster care alumni for leaving foster care (e.g., protective factors) predicted better outcomes. Conclusions: By expanding the quality of life outcomes analyses to investigate the impact of risk and protective factors on outcomes of foster care alumni with disabilities, this study fills a gap in the literature by assessing outcome differences within the foster-care population. The study found protective factors were associated with more educational attainment and higher self-esteem in adulthood. Conversely, those who received special education services and experienced sexual abuse while in foster care may be at the greatest risk of poor self-esteem and therefore, could benefit from services that enhance self-esteem.

Andrews, Arlene and Lois Veronen. "Sexual Assault and People with Disabilities." *Sexuality and Disabilities*, (1993): 137 – 159.

This review examines relevant factors, including vulnerability, impact of sexual victimization, assistance needs, and recovery. Individual service plans should always include risk assessments and security plans to promote risk reduction.

Aniol, Karen, et al. "The Relationship Between Respite Care and Child Abuse Potential in Parents of Children with Developmental Disabilities: A Preliminary Report." *Journal of Developmental and Physical Disabilities*, 16.3 (2004): 273 – 285.

This study longitudinally examined the impact of respite care services on child abuse potential and family relations in a sample of parents (N = 14) whose children were admitted for respite care to a center for developmental disability. A sample of parents (N = 18) whose children were admitted for short-term hospitalization (STH) was used as a contrast group. In addition, we examined the interrelationships between child abuse potential, family relations, and parenting stress at 3 time points. Parents completed measures of child abuse potential, family relations, and parenting stress at

time of admission, discharge, and at a 2-month follow-up. Results indicated that neither respite care nor STH resulted in significant effects on child abuse potential or family relations although trends were found in the expected direction. Strong interrelationships were found between child abuse potential, family relations, and parenting stress at each of the 3 time points. These preliminary results suggest that respite care may be insufficient to directly impact child abuse potential; however, interventions that target variables related to abuse (e.g., quality of family relations, parenting stress) might be beneficial.

Aylott, Jill. "Preventing Rape and Sexual Assault of People with Learning Disabilities." *British Journal of Nursing*, 8 (1999): 871 – 876.

This article will explore the increased prevalence of rape and sexual assault among people with a learning disability and identify factors that exist which increase this client groups vulnerability to becoming a victim of sexual abuse. There is significant under-reporting of such incidents and very few cases and up in prosecution. Within the nursing profession, there is much more that can be done to help decrease the level of vulnerability of people with a learning disability and to work with other agencies to advocate for legal justice and therapeutic redress for individuals.

Bailey, A., O. Barr, and B. Bunting. "Police Attitudes Toward People with Intellectual Disability: An Evaluation of Awareness Training." *Journal of Intellectual Disability Research*, 45.4 (2001): 344 – 350.

It is argued that more favourable police attitudes to people with intellectual disability (ID) are essential in meeting the police code of ethics, which stresses impartiality and respect for human dignity. The need to acknowledge and investigate the extent of support for eugenic attitudes in other key professionals who have a significant role in the successful inclusion of people with ID in community settings is discussed. The present paper reports on the evaluation of an awareness training event conducted by the Royal Ulster Constabulary in terms of the impact on attitudes towards people with ID held by police officers. The quasi-experimental design involved the measurement of participants' attitudes prior to and following awareness training, and the comparison of these data with a control group of participants who did not undertake awareness exercises. The Attitudes toward Mental Retardation and Eugenics (AMRE) scale was the instrument used to measure attitudes. Analysis identified the presence of varying degrees of support for the application of eugenic principles to people with ID. Furthermore, the results indicate that participation in the awareness exercise and subsequent discussions is associated with a significant reduction in support for eugenic-based attitudes towards people with ID by the police officers involved. Investment in training events which target attitudes towards people with ID can bring about a shift in reported attitudes. The importance of evaluating such awareness-raising exercises and their impact on police behaviour is highlighted.

Baker, Peter and David Allen. "Physical Abuse and Physical Interventions in Learning Disabilities: An Element of Risk?." *The Journal of Adult Protection*, 3 (2001): 25 – 31.

People with learning disabilities who present challenging behavior are particularly vulnerable to physical abuse. It is argued that training in physical intervention could well be a critical variable in determining whether this abuse takes place. Recommendations designed to minimize the risks associated with physical intervention training are made.

Baladerian, Nora. "Sexual Abuse of People with Developmental Disabilities." *Sexuality and Disability*, 9 (1991): 323 – 335.

This article provides a comprehensive review of the State of the Art, regarding abuse of persons with disabilities as of February 1990. It provides a unique approach to defining abuse, gives statistics on incidence and prevalence, and a national review of data collection efforts. Prevention programs nationwide are scattered, and inconsistent, but represent a growing interest and implementation. Identification of abuse continues to be an obstacle, both for social service and law enforcement, who require information (date, location, perpetrator identification) that many developmentally disabled person are unable to give. Recommendations for specialized requirements and interview approaches are given. Treatment issues include getting someone to make a referral to a clinician, then having a competent clinician available who is trained in the three areas of developmental disability, sexuality, and abuse treatment. Recommendations include training for direct service staff, development of SCAN teams at service sites, and improvement of social and legal systems to address the special needs of this population.

Baladerian, Nora. *Interviewing Skills to Use with Abuse Victims Who Have Developmental Disabilities*. Washington D.C.: National Aging Resource Center on Elder Abuse (1992).

This article provides an in-depth discussion of the important issues that directly affect the interviewing of persons with developmental disabilities. It includes information on myths and stereotypes that, when held as beliefs, could seriously impair the interview. Information is provided on definitions of developmental disability, as well as a brief discussion on the culture of disability and how this would affect the victims' thinking and understanding of the interview and of the abuse. Special strategies and approaches that should be used for this interview are described in considerable depth. The article concludes with a series of general recommendations for pre- and post-interview activities and preparation, along with specific suggestions for conducting the interview.

Baladerian, Nora. “Recognizing Abuse and Neglect in People with Severe Cognitive and/or Communication Impairments.” *Journal of Elder Abuse & Neglect*, 9 (1997): 93 – 104.

It is widely acknowledged that physical abuse of persons with severe developmental disabilities is prevalent, usually perpetrated by a residential care providers and is rarely reported. However, no solid research on the topic has been reported. This article notes the lack of information about protective services directed to the developmentally disabled population and lack of coordination between agencies serving people with developmental disabilities and those providing protective services. The signs and symptoms of abuse in the developmentally disabled population, the alternative communication strategies required when interviewing, and the special skills needed for case assessment are presented. The author ends with a series of federal, state, and community level policy recommendations.

Balogh, R. et al. “Sexual Abuse in Children and Adolescents with Intellectual Disability.” *Journal of Intellectual Disability Research*, 45 (2001): 194 – 201.

The present authors conducted a study of the occurrence of victimization and the perpetration of sexual abuse among 43 in-patients with intellectual disability aged between 9 and 21 years who were admitted to a child and adolescent psychiatric in-patient department over a period of 5 years. A retrospective case-note review was employed that explored the nature and severity of abuse in relation to the age, gender and level of disability. The prevalence of abuse or abusive behavior, i.e. 14% of 300 admissions, did not change over time. In 13 of the 43 cases, the issue of sexual abuse was identified after admission. Victimization alone occurred in 21 cases, perpetration along in six cases, and both victimization and perpetration in 16 cases. Fifty per cent of the victims had been abused by a member of their close or extended family. Most cases (62%) were adolescents. There was only one instance of a victim being abused by a female. However, there were five girls who were perpetrators, all of whom had previously been victims. By contrast, 11 out of the 17 male perpetrators had been victims. Despite difficulties of disclosure, it was possible to establish that severely disabled patients had suffered sexual abuse. The present data support theories which (1) recognize gender differences in sexual abuse patterns and (2) have a developmental perspective, incorporating the influence of adolescence.

Barber, M, R. Jenkins, and C. Jones. “A Survivor’s Group for Women Who Have a Learning Disability.” *The British Journal of Developmental Disabilities*, 46 (2000): 31 – 41.

No abstract available.

Barile, Maria. “Individual-Systemic Violence: Disabled Women’s Standpoint.”
Journal of International Women’s Studies, 4 (2002): 1 – 14.

This article presents an insider reflection on questions of violence and women with disabilities. We explore reasons for the systemic omission of women with disabilities from mainstream research and from services addressing non-disabled women’s experiences. Several questions are postulated. Has segregation of women with disabilities from the mainstream rendered a large part of their experiences, including the experience of violence, invisible? Have misconceptions about the lives of women with disabilities contributed to exclusionary practices within the women’s movement? This article further submits that violence against women with disabilities assumes many forms, both individual and system. It explores several factors, among these how exclusion of disabled women from mainstream services, coupled with the lack of appropriate funding for their organizations, and the poverty lived by individuals women with disabilities; renders more difficult the task about these organizations to respond to member needs. The inaction that allows the cycle of poverty and violence to continue in the individual and collective lives of women with disabilities furthers institutional, system-based violence.

Beail, N. and S. Warden. “Sexual Abuse of Adults with Learning Disabilities.”
Journal of Intellectual Disability Research, 39 (1995): 382 – 387.

This paper reports a clinical study of reported or disclosed sexual abuse of adults with learning disabilities. The findings support the results of a recent survey, but some differences were found, particularly with regard to sex of the survivors. The study also illustrates more than previous studies a link between sexual abuse and sexualized and inappropriate sexual behavior and other challenging behaviors in men with learning disabilities.

Beck-Massey, Debora. “Sanctioned War: Women, Violence, and Disabilities.”
Sexuality and Disability, 17 (1999): 269 – 276.

The article looks at the physical, sexual or emotional abuse of disabled women in the U.S.; Estimated number of disabled women in the country; Incidence of domestic violence; Negative stereotypic image of women with disabilities; Effect of rape and battering to disabled women; Signs of abuse in women; and Guidelines for helping abused women.

Benedet, Janine and Isabel Grant. “Hearing the Sexual Assault Complaints of Women with Mental Disabilities: Consent, Capacity, and Mistaken Belief.” *McGill Law Journal*, 52 (2007): 243 – 289.

No abstract available.

Benedict, Mary, et al. “Reported Maltreatment in Children with Multiple Disabilities.” *Child Abuse & Neglect*, 14 (1990): 207 – 217.

This study examined a population of children with multiple disabilities to investigate whether functional, developmental, or perinatal factors could differentiate children reported and substantiated as maltreated from those not so reported. Data were collected from medical records of a cohort of 500 children evaluated between 1973 and 1984 at the Kennedy Institute in Baltimore, Maryland. Maltreatment reporting was documented through the State of Maryland Abuse Registry and the counties of residence of all study children. Results indicated that the profiles of demographic and family characteristics associated with child maltreatment reporting in this population are consistent with the literature, but child functional and developmental characteristics were not confirmed as risk factors for substantiated maltreatment reports. Indeed, contrary to investigator expectations, the more severely disabled children, in terms of functioning, appeared at less risk of maltreatment than did disabled children functioning at more age-appropriate levels.

Benedict, Mary, Louise Wulff, and Roger White. “Current Parental Stress in Maltreating and Nonmaltreating Families of Children with Multiple Disabilities.” *Child Abuse & Neglect*, 16 (1992): 155 – 163.

Questionnaires were mailed to families of children with multiple disabilities to investigate whether differences in parental perception of stress and burden of care could be identified in those families who had previously been reported and substantiated as abusive or neglectful as compared to those families who had not been so reported. Two hundred and fifty-seven parents completed Friedrich’s revised version of Holroyd’s Questionnaire on Resources and Stress (QRS-F), an instrument designed to measure stress and burden of care in families of children with disabilities. Twenty-five (9.7%) had previously substantiated maltreatment reports. Results suggest that a history of maltreatment is not related to the family’s currently perceived stress levels as measured by the Friedrich scale. Implications of the results are discussed.

Bentovim, Arnon. et al. “Facilitating Interviews with Children Who May Have Been Sexually Abused.” *Child Abuse Review*, 4 (1995): 246 – 262.

The introduction of the Memorandum of Good Practice on interviewing children who have been sexually abused has had an important unifying effect on professional practice. However, because of the traumatic nature of sexual abuse there will be a group of children about whom there are high levels of suspicion and where arrangements need to be made for their future care, protection, and treatment. These include children who have learning disabilities or communication problems, have psychiatric disorders associated with abuse, or where there have been considerable delays since allegations were first made. Such children require a second-stage

facilitative assessment interview. These include different forms of questioning, and the use of a wide range of prompting materials including art work, free and structured play context and the use of anatomically correct dolls. These approaches are reviewed and illustrated through case studies.

Bernard, Claudia. "Child Sexual Abuse and the Black Disabled Child." *Disability & Society*, 14 (1999): 325 – 339.

This paper seeks to document a previously neglected area of study, namely the effects of sexual abuse on black disabled children. With a particular focus on black children with learning disabilities, it examines how the interlocking dimensions of race, gender and disability compound the problems that they are faced with in the aftermath of sexual abuse. This paper presents case studies drawn from data generated from a broader research project of sexual abuse and black families to illustrate the specific ways the negatively valued position of black disabled children shape responses to them. It is argued that the way in which black disabled children and their families interpret their experiences is likely to differ from other groups of disabled children, as multiple marginalized identities shape their lived realities. The paper concludes with some reflections on the implications for making risk assessment for black disabled children.

Bilken, Douglas and Philip Lambert Schein. "Public and Professional Constructions of Mental Retardation: Glen Ridge and the Missing Narrative of Disability Rights." *Mental Retardation*, 39.6 (2001): 436 – 451.

In 1989, a group of teenage, male, student athletes in Glen Ridge, New Jersey, was accused of luring a young woman labeled retarded into a basement recreation room in one of their homes and sexually assaulting her. As is customary for sex abuse cases, the name of the victim never appeared in newspaper or television reports. However, her intellectual competence was scrutinized and contested throughout the legal and public discourse of the case. Relying on New York Times news accounts as well as a book length journalistic account and other related documents, we examine implications of being spoken about, of others speaking for the labeled person, and of a labeled person speaking for him or herself, and consider the possibility of an alternative narrative.

Blackburn, M. "Sexuality, Disability and Abuse: Advice for Life ... Not Just for Kids!" *Child: Care, Health and Development*, 21.5 (1995): 351 – 361.

This annotation addresses the debate about the availability, taboos, choices and risks concerning the sexuality and abuse of young disabled people, it highlights the vulnerability of some disabled young people and discusses the dilemmas of maintaining the disabled person's dignity, safeguarding his/her independence and recognizing the need for appropriate sex education while providing protection from abuse, it is suggested that statutory agencies as well as legislation should assume greater responsibility for protecting and safeguarding the interests of disabled

youngsters, some of whom may risk physical, emotional and sexual abuse beyond childhood. The manner in which sexuality and abuse are dealt with often reflects the way disabled people are regarded by the society. This paper attempts to address some of the legal and conceptual issues surrounding this area.

Bligh, Sally and Phyllis Kupperman. "Facilitated Communication Evaluation Procedure Accepted in a Court Case." *Journal of Autism and Developmental Disorders*, 23.3 (1993): 553 – 557.

No abstract available.

Block, Pamela. "Sexuality, Fertility, and Danger: Twentieth-Century Images of Women with Cognitive Disabilities." *Sexuality and Disability*, 18 (2000): 239 – 254.

Historically, women with cognitive disabilities in the United States have been portrayed as sexually and socially threatening, and in need of professional management and control. Expressions of concern over the "Sexual nature" of this group are still present in medical, legal, and popular cultural discourse. This presentation considers five examples (four nonfictions and one fictional) where the sexual identities of women with cognitive disabilities received national scrutiny: the sterilization of Carrie Buck; the institutionalization of "Deborah Kallikak"; the Glen Ridge sexual assault case; the sterilization of Cindy Wasiek; and the movie "The Other Sister." These examples reveal that implicit cultural assumptions (modern fairy tales) about the sexuality and fertility of women with cognitive disabilities are embedded in United States history, and still very much in evidence today.

Bonner, Barbara, Sheila Crow, and Lisa Hensley. "State Efforts to Identify Maltreated Children with Disabilities: A Follow-Up Study." *Child Maltreatment*, 2 (1997): 52 – 60.

Child abuse and neglect state liaison officers representing 50 states and 7 U.S. Territories were surveyed regarding data collection procedures, accuracy of reporting, state assistance to local agencies, and training for child welfare workers in the area of maltreated children with disabilities. The current study is a replication of a similar survey conducted by Camblin in 1982. Results indicate that (a) more states provided assistance to local child welfare agencies than was reported in 1982, (b) the number of states that routinely collected disability information in child maltreatment cases had declined, (c) seven states documented specific disabilities in children, (d) two states reported on the number of children disabled as a result of abuse, (e) fewer states reported having accurate information on the incidence of disabled children reported for maltreatment, and (f) seven states required training in disabilities for child welfare workers, with an average of four hours required. Implications of the results for identifying and serving maltreated children with disabilities are discussed and recommendations for child welfare agencies are presented.

Bottoms, Bette, et al. “Jurors’ Perceptions of Adolescent Sexual Assault Victims Who Have Intellectual Disabilities.” *Law and Human Behavior*, 27 (2003): 205 – 227.

Children and adolescents with intellectual disabilities are especially likely to be sexually abused. Even so, their claims are not likely to be heard in court, possibly because people assume that jurors will not believe them. We tested this assumption in a mock-trial study in which 160 men and women watched videotaped excerpts from an actual trial. As predicted, when the 16-year-old sexual assault victim was portrayed as “mildly mentally retarded” instead of as “having average intelligence,” jurors were more likely to vote guilty and had more confidence in the defendant’s guilt; considered the victim to be more credible and the defendant to be less credible as witnesses; and rated the victim as more honest, less capable of fabricating the sexual abuse accusation, and less likely to have fabricated the sexual abuse accusation. Men and women were affected similarly by the disability manipulation, but women were generally more pro-prosecution in their case judgments and perceptions than were men. Finally, jurors who had more liberal views toward persons with disabilities were more likely than other jurors to make pro-prosecutions judgments on measures of guilt. Implications for psychological theory and the law are discussed.

Brady, Susan M. “Sterilization of Girls and Women with Intellectual Disabilities: Past and Present Justifications.” *Violence Against Women*, 7.4 (2001): 432 – 461.

This article describes finding from empirical research examining sterilization applications for minors made to the Family Court of Australia between 1992 and 1999. Original materials and written reports from “experts,” family members, and judicial officers are used to highlight the dominant discourse and themes. These are compared with historical characterizations of young women with disabilities used during the notorious eugenics period in the first half of the 20th century. The new ways of justifying sterilization use the sanitized language of “best interest,” silencing constructionist approaches to disability and gender issues. The new ways are reminiscent of the old ways of discrimination, prejudice, and violation.

Brekke, John S., [et al.]. “Risks for Individuals with Schizophrenia Who Are Living in the Community.” *Psychiatric Services*, 52.10 (2001): 1358 – 1366.

Objective: This study examined the incidence and predictors of police contact, criminal charges, and victimization among noninstitutionalized individuals with schizophrenia living in the community. Methods: A total of 172 individuals with schizophrenia or schizoaffective disorder were recruited from community-based programs in urban Los Angeles between 1989 and 1991 and were monitored for three years. At baseline, all participants were housed and did not have co-occurring substance use disorders. Face-to-face interviews were conducted every six months. Results: Eighty-three individuals (48 percent) had contact with the police during the study period. A small percentage of the contacts involved aggressive behavior against property or persons. Being younger, having had more address changes at baseline,

and having a history of arrest and assault were significant predictors of police contact. Thirty-seven individuals (22 percent) reported that charges had been filed against them. Poorer social functioning, more address changes, fewer days of taking medication at baseline, and a history of arrest and assault were significant predictors of criminal charges. Sixty-five participants (38 percent of the sample) reported having been the victim of a crime during the three years, 91 percent of which was violent. Having more severe clinical symptoms and more substance use at baseline were significant predictors of victimization. Conclusions: Individuals in this sample were at least 14 times more likely to be victims of a violent crime than to be arrested for one. In general, the risk associated with being in the community was higher than the risk these individuals posed to the community.

Briggs, Freda. "Safety Issues in the Lives of Children with Learning Disabilities." *Social Policy Journal of New Zealand*, 29 (2006): 43 – 59.

Quantitative and qualitative data were collected from 116 special education students aged 11-17 years (61 females and 55 males) who had been identified as 3 or more years behind their peers in all aspects of the curriculum. The study confirmed the vulnerability of children with learning disabilities to the risks of drugs, violence, psychological bullying, pornography and sexual abuse. Significant levels of violence were found in both schools and homes. The study also showed the need for special attention for the protection of boys. It is possible that children with learning disabilities were targeted because they were less likely than others to (a) recognize abuse as wrong, (b) understand their rights and report abuse, and (c) be regarded as competent witnesses for court proceedings. On the other hand, it is possible that they were learning-disabled as a result of abuse. The findings suggested that children with learning disabilities require more vigilant and more intensive, explicit forms of protection than other children.

Briscoe-Smith, Allison M. and Stephen P. Hinshaw. "Linkages Between Child Abuse and Attention-Deficit/Hyperactivity Disorder in Girls: Behavioral and Social Correlates." *Child Abuse & Neglect*, 30 (2006): 1239 - 1255.

Objective: The objectives of this study were to examine whether girls with attention-deficit/hyperactivity disorder (ADHD) are at increased risk of having histories of abuse and to assess whether the presence of an abuse history may constitute a distinct subgroup of youth with ADHD. Method: We examined rates and correlates of child abuse in an ethnically and socioeconomically diverse sample of girls with attention-deficit/hyperactivity disorder (ADHD; n = 140) and a matched comparison sample of girls without ADHD (n = 88), all aged 6–12 years. A thorough chart review reliably established documented rates of physical and sexual abuse in both samples. Results: There were significantly higher rates of abuse for girls with ADHD (14.3%) than for the comparison sample (4.5%), with most of the abuse found in girls with the Combined as opposed to the Inattentive type. Higher rates of externalizing behaviors (including objective observations in a research summer camp) and peer rejection (indexed through peer sociometric nominations) characterized the subgroup of girls

with ADHD with abuse histories compared to the subgroup without such histories, with moderate to large effect sizes. Subgroup differences regarding internalizing problems and cognitive deficits did not emerge. Findings regarding peer rejection were explained, in part, by higher rates of observed aggressive behavior in the abused subgroup. Conclusions: The findings raise important questions about the possible etiologic and/or exacerbating role of abusive trauma in a subgroup of children with ADHD.

Brodwin, Martin, and Frances Siu. “Domestic Violence Against Women Who Have Disabilities: What Educators Need to Know.” *Education*, 127.4 (2007): 548 – 551.

Throughout human history, violence against women has occurred in every part of the world. Abuse is a serious problem facing women with disabilities in our country. In addition to experiencing all forms of abuse, women with disabilities also suffer abuse unique to their disabilities and for longer periods of time when compared to women without disabilities. Due to the magnitude of this social, health, and criminal justice problem, it is highly probable that educators will have students who have been abused or are currently in abusive relationships. Moreover, abuse of women with disabilities can severely interfere with their educational goals and therefore, their financial resources. Educators may play a significant role in changing the quality of life of these women.

Brown, Hilary and Vicky Turk. “Defining Sexual Abuse As It Affects Adults with Learning Disabilities.” *Mental Handicap*, 20 (1992): 44 – 55.

This paper aims to clarify the basis upon which sexual activity involving people with learning disabilities might be deemed to be abusive. It examines the acts which are committed, explores consent issues, looks at evidence and suggest a scheme for assessing potentially abusive relationships. Such a scheme is necessary for both researchers and practitioners if they are to report consistently and act to protect and support people with learning difficulties who have been the victim of sexual assaults.

Brown, Hilary and Vicky Turk. “Sexual Abuse in Adulthood: Ongoing Risks for People with Learning Disabilities.” *Child Abuse Review*, 3 (1994): 26 – 35.

This paper reports findings of a 3-year research program into the sexual abuse of adults with learning disabilities conducted at the University of Kent. Inconsistent reporting to and by services can be seen in the results, including lack of agreed practices around consent to sexual activities between service users. Abuse is also perpetrated by staff, volunteers, family members and other known and trusted adults. Thus both definition and detection are important competencies for services to develop. Abuse reported was predominantly perpetrated by men on both women and men with learning disabilities, and the gender issues raised by tackling sexual abuse in unequal staff teams, with their male style of management and a female workforce, are considered. Outcomes of the reporting process are considered and services for adults are urged to take a more proactive stance.

Brown, H., N. Hunt, and J. Stein. “‘Alarming But Very Necessary’: Working with Staff Groups Around the Sexual Abuse of Adults with Learning Disabilities.” *Journal of Intellectual Disability Research*, 38 (1994): 393 – 412.

This study focused on the knowledge of front line staff, as individuals and in groups, in relation to the sexual abuse of adults with learning disabilities and was designed to inform staff training and policy initiatives and to explore gender dynamics. It showed that front line staff were alert to the possibility of sexual abuse but unclear about their roles and responsibilities making this an area of great concern to them. One third knew of people who had been abused but these had been dealt with haphazardly, leaving front line staff holding disproportionate anxiety on behalf of the service as a whole.

Brown H, J. Stein, and V. Turk. “The Sexual Abuse of Adults with Learning Disabilities: Report of a Second Two-Year Incidence Survey.” *Mental Handicap Research*, 8.1 (1995): 3 – 24.

No abstract available.

Brown, H. “What is Financial Abuse?” *Journal of Adult Protection*, 5.2 (2003): 3-10.

In this paper the meaning and use of the term 'financial abuse' is explored and new ways of looking at the phenomenon suggested. In particular the paper looks at the interaction between financial abuse and neglect in the context of adults who lack capacity.

Brownlie, E.B., et al. “Language Impairment and Sexual Assault of Girls and Women: Findings from a Community Sample.” *Journal of Abnormal Child Psychology*, 35.4 (2007): 618 – 626.

Both children and adults with disabilities face increased prevalence of abuse and assault, including sexual assault. Women and girls are disproportionately the victims of sexual assault in both disabled and nondisabled populations. Communication difficulties have been identified as a factor that may increase the vulnerability of individuals with disabilities to sexual assault. However, few studies have examined whether language impairment increases risk for sexual assault. This study reports on a community sample of children with speech or language impairment, followed to age 25. Sexual assault history was assessed based on two questions from the Composite International Diagnostic Interview Posttraumatic Stress Disorder module. Women with language impairment (n = 33) were more likely than women with unimpaired language (n = 59) to report sexual abuse/assault, controlled for socioeconomic status. Sexual assault was associated with higher rates of psychiatric disorders and poorer functioning. Women with neither language impairment nor a history of sexual assault had fewer psychiatric disorders and higher functioning than women with language impairment and/or a history of sexual assault.

Brownridge, Douglas A. “Partner Violence Against Women with Disabilities: Prevalence, Risk, and Explanations.” *Violence Against Women*, 12 (2006): 805 – 822.

Using a representative sample of 7,027 Canadian women living in a marital or common-law union, this investigation examined the risk for partner violence against women with disabilities relative to women without disabilities. Women with disabilities had 40% greater odds of violence in the 5 years preceding the interview, and these women appeared to be at particular risk for severe violence. An explanatory framework was tested that organized variables based on relationship factors, victim-related characteristics, and perpetrator-related characteristics. Results showed that perpetrator-related characteristics alone accounted for the elevated risk of partner violence against women with disabilities. Stakeholders must recognize the problem of partner violence against women with disabilities, and efforts to address patriarchal domination and male sexual proprietariness appear crucial to reducing their risk of partner violence.

Bruder, Corinna and Biza Kroese. “The Efficacy of Interventions Designed to Prevent and Protect People with Intellectual Disabilities from Sexual Abuse: A Review of the Literature.” *The Journal of Adult Protection*, 7 (2005): 13 – 27.

This paper reviews the clinical interventions used to address the vulnerability of people with intellectual disabilities to sexual abuse. Prevalence of sexual abuse for this group is discussed. Factors that are considered to put people with intellectual disabilities at an increased risk of sexual abuse are also discussed. As the teaching of protection and prevention skills to adults and children with intellectual disabilities has been put forward as an effective intervention to help avoid sexual abuse, a review of nine studies that attempted to evaluate such intervention programs is carried out. It is concluded that adults with intellectual disabilities can successfully be taught skills to prevent and protect themselves from sexual abuse. However, issues around the generalization and the maintenance of acquired skills have to be considered. Recommendation for future research are made. Finally, the clinical implications of the results of this review are discussed.

Bruder, Corinna. “The Impact of a Vulnerable Adult Protection Policy on the Psychological and Emotional Well-Being of Adults with a Learning Disability.” *Journal of Adult Protection*, 7 (2005): 4 – 18.

The purpose of this qualitative study was to investigate how the proceedings of a vulnerable adult protection policy is understood by referrers to affect the psychological and emotional well-being of adults with a learning disability. During the research process seven referrers of vulnerable adults discussed twelve different cases in in-depth interviews. The interviews and matching case notes of protection meetings released by social services were analyzed by the application of grounded

theory techniques. The result is a model that highlights how appraisals of the experience the emotional and behavioral reactions of the vulnerable adults are shaped by the nature of the abuse, the actions taken by protection meetings, the expectations of the vulnerable adults and the availability of support.

Bruhn, Christina. "Children with Disabilities: Abuse, Neglect, and the Child Welfare System." *Journal of Aggression, Maltreatment, & Trauma*, 8 (2003): 173 – 203. (Co-published in *The Victimization of Children: Emerging Issues*.)

Children in out-of-home care due to abuse and neglect are at disproportionately high risk for disabling conditions. The reasons for the over-representation of children with disabilities in the child welfare system are reviewed and discussed in this chapter. Factors discussed include impact of abuse and neglect, the impact risk factors such as exposure to community and domestic violence and poverty, risk of abuse or neglect associated with disability, and child welfare system factors. In addition, the need for greater efficacy in identification of disability, identification of services needs, and linkage with and delivery of services to serve the needs of children with disabilities in out-of-home care is addressed. Recommendations for policy review at State and Federal levels are offered along with direction for future research.

Bryen, Diane, Allison Carey, and Beverly Frantz. "Ending the Silence: Adults Who Use Augmentative Communication and Their Experiences as Victims of Crime." *Augmentative and Alternative Communication*, 19 (2003): 125 – 134.

Until recently, crime against individuals with disabilities has received little research attention. Information about people who use augmentative and alternative communication (AAC) and their experiences as victims of crime is even more limited. The purposes of this study were to address (a) the extent to which adults who use AAC have been victims of crime or abuse; (b) the characteristics of victimization experiences, including the type of crime, frequency, type of perpetrator, and setting; (c) the likelihood of reporting crime or abuse; and (d) the effects of the crime on victims who use AAC. Survey results from 40 adults who use AAC indicated that 45% of individuals experienced crime or abuse. Ninety-seven percent of those who experienced crime or abuse knew the perpetrators, 71% reported being victimized multiple times, and 66% experienced multiple types of victimization. Only 28% reported their experiences to the police. Long-term effects of the crimes included significant physical and emotional harm as well as loss of property or money. Changes in policy and practice needed to 'end the silence' are suggested.

Buchanan, A. and R. Wilkins. "Sexual Abuse of the Mentally Handicapped: Difficulties in Establishing Prevalence." *Psychiatric Bulletin*, 15 (1991): 601 – 605.

No abstract available.

Burgess, Ann Wolbert. "Mental Retardation Compounds Rape Trauma." *Mental Retardation*, 1 (1998): 68 – 69.

The article presents two separate cases of civil litigation involving mentally retarded persons are provided below. The women in these cases tested at about the same mental levels, though one was living at home and one was institutionalized. In both cases, officials at the agency where the assailants were employed denied the rape accusations until convincing evidence was provided for a criminal conviction.

Burke, Lillian and Cheryl Bedard. "Self-Injury Considered in Association with Sexual Victimization in Individuals with a Developmental Handicap." *The Canadian Journal of Human Sexuality*, 3 (1994): 253 – 262.

Self-injury is identified as a symptom present in individuals who have been sexually abused. Although those with developmental handicaps are three times more likely to be abused than those without handicapping conditions, the literature on self-injurious behaviors (SIB) makes no reference to sexual abuse as a possible antecedent to SIB and therefore does not address treatment in situations where a relationship between self-injury and sexual abuse may exist. The intent of this paper is to explore the possible relationship between these two issues.

Burke, Lillian and Cheryl Bedard. "A Preliminary Study of the Association Between Self-Injury and Sexual Abuse in Persons with Developmental Handicaps." *Sexuality and Disability*, 13 (1995): 327 – 330.

Individuals with developmental handicaps may be three times more vulnerable to sexual victimization than those without handicaps. While the literature on sexual abuse of persons without handicaps describes self-harm as a symptom of victimization, this is not the case for those with developmental disabilities. Conversely, the literature on self-injurious behavior (SIB) in those with a developmental handicap makes no reference to sexual abuse as a potential source of SIB. Results of a preliminary study suggest a relationship between sexual abuse and self-injury in persons with a developmental handicap, reflecting a need for further investigation. This is particularly important to ensure interventions are appropriate.

Burke, Lillian, Cheryl Bedard, and Susan Ludwig. "Dealing with Sexual Abuse of Adults with a Developmental Disability Who Also Have Impaired Communication: Supportive Procedures for Detection, Disclosure, and Follow-Up." *Sieccan Newsletter*, 33 (1998): 79 – 91.

This paper examines the caregiver's role in responding to perceived or disclosed sexual abuse of people with developmental disabilities who also have impaired communication or are non-verbal. Detection, disclosure and support can be difficult with individuals who may have little or no sexuality education and only a limited combination of personal gestures, sounds, words or actions to signal their needs, concerns and feelings. The caregiver's familiarity with an individual's unique forms

of communication provides an opportunity to recognize behavioral changes that may signal sexual abuse, to support his/her attempts to disclose, and to provide the reassurance of a safe environment in which the fears associated with disclosure can be addressed. While caregivers are not usually trained as investigators of abuse and should therefore not adopt this role, they can provide support through non-judgmental listening, assistance with recognition and communication of feelings, personal knowledge of the individual's behavior, and through their understanding of the procedural issues surrounding disclosure and subsequent investigation of sexual abuse.

Calderbank, Rosemary. "Abuse and Disabled People: Vulnerability or Social Indifference?" *Disability & Society*, 15 (2000): 521 – 534.

This paper analyses current literature surrounding issues of abuse and disability, and discusses whether the forms of abuse experienced by disabled people results from an individual vulnerability, or as a consequence of social attitudes towards disabled people. Three case studies form supportive evidence, and have been compiled from personal research, they represent a combination of abusive features, rather than any one individuals situation. The study hopes not to suggest that all disabled people are especially vulnerable to abuse, but asks if society and existing welfare services acknowledge and respond to allegations of abuse without prejudice to disability.

Cambridge, Paul. "The First Hit: A Case Study of the Physical Abuse of People with Learning Disabilities and Challenging Behaviours in a Residential Service." *Disability & Society*, 14 (1999); 285 – 308.

This paper describes the circumstances surrounding the physical abuse of persons with learning disabilities and challenging behaviors in a residential service and the general findings of a related inquiry. Evidence is interpreted in relation to wider policy and practice intelligence on the abuse of people with learning disabilities, with lessons for the recognition, reporting and management of abuse identified. The discussion is designed to help those charged with responsibility for the support and protection of people with learning disabilities understand the complex circumstances and conditions which may be associated with an abusive service culture, with the culture of abuse itself examined at four levels. Suggestions for reviewing the development and implementation of adult protection policies and procedures are offered, along with priorities for action and implementation for purchasers and providers.

Carlson, Bonnie. "Mental Retardation and Domestic Violence: An Ecological Approach to Intervention." *Social Work*, 42 (1997): 79 – 89.

The public and health and law enforcement professionals have finally become aware of the problem of domestic violence among community-dwelling women with developmental disabilities such as mental retardation. This article presents an ecological approach to analyzing factors that contribute to and maintain such abuse.

Service needs of women with developmental disabilities who experience domestic violence as well as assumptions that should underlie treatment are addressed within an ecological framework. Assessment and individual and group intervention are discussed, including the development of a personal safety plan. A case example is provided.

Carlson, Bonnie. "Domestic Violence in Adults with Mental Retardation: Reports from Victims and Key Informants." *Mental Health Aspects of Developmental Disabilities*, 1 (1998): 102 – 112.

This qualitative study examined domestic violence and abuse toward adults with mild mental retardation (MR) through interviews with 11 victims and 19 key informants from the domestic violence and developmental disabilities (DD) fields. Physical violence, sexual abuse, and emotional abuse were found to be pervasive, with emotional abuse the most common. Key informants believed that victims with MR were even more vulnerable to abuse than victims without MR and would have more difficulty accessing appropriate services. Recommendations are offered for further research and beginning intervention.

Carmody, Moira. "Invisible Victims: Sexual Assault of People with an Intellectual Disability." *Australia and New Zealand Journal of Developmental Disabilities*, 17.2 (1991): 229 – 236.

This paper discusses the lack of attention that has been given by helping professionals, police, welfare systems, and legal systems concerning the sexual assault of adults who are intellectually disabled, with special emphasis on the situation in New South Wales, Australia. Reasons why people with intellectual disability are particularly vulnerable to sexual assault are explored.

Cederborg, Ann-Christin and Michael E. Lamb. "How Does the Legal System Respond When Children with Learning Difficulties Are Victimized?" *Child Abuse & Neglect*, 30.5 (2006): 537 – 547.

Objective: To understand how the Swedish legal system perceives and handles mentally handicapped children who may have been victimized. Method: Twenty-two judicial districts in Sweden provided complete files on 39 District Court cases (including the Appeals Court files on 17 of these cases) involving children with learning difficulties or other handicaps as alleged victims of abuse, threat and neglect. The children (25 girls and 14 boys) averaged 11.8 years of age when first allegedly victimized. Sexual abuse was the most frequently alleged crime (33 cases). Court transcripts, court files and expert assessments of the alleged victims' handicaps and their possible consequences were examined to elucidate the ways in which courts evaluated the credibility of the alleged victims. Results: The children's reports of their victimization were expected to have the characteristics emphasized by proponents of Statement Reality Analysis (SRA) and Criterion Based Content Analysis (CBCA) in order to be deemed credible. Expert reports were seldom available or adequate.

Because many reports were poorly written or prepared by experts who lacked the necessary skills, courts were left to rely on their own assumptions and knowledge when evaluating children's capacities and credibility. Conclusions: Children with learning difficulties or other handicaps were expected to provide the same sort of reports as other children. To minimize the risk that judgments may be based on inaccurate assumptions courts need to require more thorough assessments of children's limitations and their implications. Assessments by competent mental health professionals could inform and strengthen legal decision-making. A standardized procedure that included psycho-diagnostic instruments would allow courts to understand better the abilities, capacities, and behavior of specific handicapped children.

Chang, Judy, et al. "Helping Women with Disabilities and Domestic Violence: Strategies, Limitations, and Challenges of Domestic Violence Programs and Services." *Journal of Women's Health*, 12 (2003): 699 – 708.

The purpose of the article is to describe the types of services provided to women with disabilities at community-based domestic violence programs in the state of North Carolina, the challenges faced, and strategies used to provide the services. Of the participating programs, 99% provided services to at least one woman with a physical or mental disability in the preceding 12 months; 85% offered shelter services to women with physical or mental disabilities. Most respondents (94% - 99%) reported that their programs were either somewhat able or very able to provide effective services and care women with disabilities. The respondents also described challenges to serving women with disabilities, including lack of funding, lack of training, and structural limitations of service facilities. Strategies used by the programs to overcome these challenges were networking and coordinating care with organizations that specifically serve disabled populations.

Chenoweth, Lesley. "Violence and Women with Disabilities: Silence and Paradox." *Violence Against Women*, 2 (1996): 391 – 411.

Women with disabilities typically occupy positions of extreme marginalization and exclusion that make them more vulnerable to violence and abuse than other women. There is a profound silence around the lived experiences of many women with disabilities that has meant that the violence in their lives is largely invisible and unknown. Further, many of our social practices involving women with disabilities appear to be based on contradictory assumptions that give rise to a series of paradoxes. Practices such as overprotection, segregation, the training of women with disabilities to comply with request from staff, and a prevailing view that women with disabilities are simultaneously asexual and promiscuous all increase the incidence of abuse and violence rather than prevent it. This article examines experiences of a number of Australian women with disabilities, their mothers and other women who work with them, and official reports of several Australian inquiries into violence.

Civjan, Sheryl R. and Joseph Hughey. "An Exploratory Study of a Sexual Abuse Prevention Program for People with Developmental Disabilities." *Family Violence & Sexual Assault Bulletin*, 12 (1996): 35 – 40.

No abstract available.

Clare, Isabel. "Guest Editorial: Witnesses with Learning Disabilities." *British Journal of Learning Disabilities*, 29 (2001): 79 – 80.

No abstract available.

Clees, Tom J. and David L. Gast. "Social Safety Skills Instruction for Individuals with Disabilities: A Sequential Model." *Education and Treatment of Children*, 17.2 (1994): 163 – 184.

Research and reports concerning the incidence of abuse and neglect indicate that individuals with disabilities are at equal or probably greater risk for physical and sexual abuse than the general population, that abuse occurs across numerous physical and social environments, and that it is perpetrated by no particular demographic group. As learners with disabilities have become increasingly involved in community-based activities, their parents, teachers and other care-givers have identified a need for instruction in social safety skills. Such skills enable individuals to discriminate the occurrence of, and make safe responses to, potentially harmful social situations. In response to these concerns, a seven-step model for developing, teaching and evaluating social safety skills curricula is presented here. The model is based on validated best practices in the areas of instruction for persons with disabilities and programming for generality of acquired skills. Implications for future research are discussed.

Cohen, Shirley. "The Intersection of Disability and Child Abuse in England and the United States." *Child Welfare*, 69 (1990): 253 – 262.

This article reports the findings of a World Rehabilitation Fund Fellowship study on the intersection of child abuse, family support, and disability in England. These findings are then compared to the American picture in this arena, and implications for new directions are delineated.

Cohen, Martin. "Editorial: Sexual Abuse and Post-Traumatic Stress Disorder." *Sexuality and Disability*, 11 (1993): 255 – 257.

No abstract available.

Coker, Ann, Paige Smith, and Mary Fadden. “Intimate Partner Violence and Disabilities Among Women Attending Family Practice Clinics.” *Journal of Women’s Health*, 14 (2005): 829 – 838.

Purpose: To estimate the frequency and type of disabilities preventing work among those experiencing intimate partner violence (IPV) compared with those never experiencing IPV. Methods: We used a large cross-sectional survey of women, ages 18 – 65, attending family practice clinics from 1997 through 1998. Participation included a 5 – 10 minute in-clinic survey assessing IPV experience and a longer telephone survey assessing health status and chronic disabilities that prevented work outside the home or housework. Results: of 1152 eligible women surveyed, 54% experienced some type of IPV, and 24% were currently in a violent relationship. Women who had ever experienced IPV were more than twice as likely to report a disability (adjusted odds ratio [aOR] = 2.2, 95% confidence interval [CI] 1.6, 3.0). The most commonly reported disabilities were those associated with heart or circulatory disease (4.9%), followed by back problems (3.5%), chronic pain (3.4%), arthritis (3.0%), nerve system damage (2.4%), asthma or another respiratory problem including emphysema (1.7%), and either depression (1.6%) or another mental illness (1.0%). Women ever experiencing IPV were more likely to report a disability due to generalized chronic pain (aOR = 2.5, 95% CI 1.5, 4.3) and mental illness (aOR = 4.5, 95% CI 1.5, 13.1). IPV-related injuries were associated in a dose-dependent manner with having any disability and with disability from chronic pain, asthma and other respiratory diseases, mental illness, and chronic diseases. Conclusions: Primary care-based efforts to screen for IPV and effectively intervene to reduce the impact of IPV on women’s lives must be a public health priority to reduce the short-term and long-term health effects including disabilities.

Coles, Walter. “Sexual Abuse of Persons with Disabilities: A Law Enforcement Perspective.” *Developmental Disabilities Bulletin*, 18 (1990): 35 – 43.

No abstract available.

Collier, Barbara, et al. “Reducing the Risk of Sexual Abuse for People Who Use Augmentative and Alternative Communication.” *Augmentative and Alternative Communication*, 22 (2006): 62 – 75.

To date little attention has been focused on the sexual abuse experiences of people who use augmentative and alternative communication (AAC) and on addressing ways to reduce their risk for this type of abuse. This paper describes the results of a 3-year project that aimed to: (a) learn about the sexual abuse experiences of people who use AAC; (b) provide educational forums and resources on topics relating to sexual abuse for adults who use AAC; (c) define implications in risk reduction for various community service workers who support people who use AAC (e.g., attendant service providers, abuse counselors, sexual health educators, police, victim assistance services, legal professionals, and health care professionals); and (d) make recommendations to parents, educators, service providers, and consumer advocacy

organizations about their roles in reducing the risk of abuse for youth and adults who use AAC. The findings suggest that the majority of participants in this project have experienced a range of abuses including sexual abuse, lack information about healthy and abusive relationships, have no way of communicating about sexuality and abuse, and lack supports in their personal lives and from within the community-at-large that are necessary to cope with relationship difficulties and specifically problems associated with abuse and justice system services. These findings and implications are shared with the intent of highlighting the need for more research and attention to the issue of abuse prevention for people who use AAC.

Conway, Robert. "Abuse and Intellectual Disability: A Potential Link or an Inescapable Reality." *Australia and New Zealand Journal of Developmental Disabilities*, 19.3 (1994): 165-172.

Abuse of persons with intellectual disability has, until recently, received limited attention in the research literature. While the main focus of papers, reports and the media has been on sexual abuse, incidences of abuse cover a much broader spectrum including physical and verbal abuse, restraint, and the provision of inappropriate services and treatment. Less commonly identified forms of abuse include chemical, financial and emotional abuse and withholding services and treatment. While the identification of abuse provides an initial dilemma, of greater concern is the actual identification of abuse and finding ways to address the needs of both the person who is abused and the alleged abuser. A national study of abuse and persons with intellectual disability is currently being established to examine incidence of abuse and reporting mechanisms in order to provide a basis for further action.

Cooke, Leila B. "Learning Disability and Abuse." *Current Opinion in Psychiatry*, 10.5 (1997): 369 – 372.

Abuse of people with learning disability is now recognized as a major problem. This review highlights some of the areas in which progress has been made, such as changing attitudes, prevention and service responses, and also recommends areas in which further work is required, such as psychopathology and therapeutic interventions.

Cooke, Leila. "Treating the Sequelae of Abuse in Adults with Learning Disabilities." *The British Journal of Developmental Disabilities*, 49.1 (2003): 23 – 28.

No abstract available.

Cooke, Pamela. "Achieving Best Evidence from Witnesses with Learning Disabilities: New Guidance." *British Journal of Learning Disabilities*, 29 (2001): 84 – 87.

The new legislation contained within the UK Youth Justice and Criminal Evidence Act 1999, which comes into force in 2001, offers 'special measures' to enable

vulnerable witnesses to give improved evidence in court. The present paper examines these measures and considers the guidelines which have been prepared to implement the legislation. The Guidance, currently contained within a Home Office Consultation Paper, *Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including Children*, emphasizes the need for early identification of witnesses with learning disabilities, and offers suggestions regarding identification and the type of support which should be offered in terms of attitude, conditions, practice and language.

Cooke P., A. Laczny, D.J. Brown, and J. Francik. "The Virtual Courtroom: A View of Justice. Project to Prepare Witnesses or Victims with Learning Disabilities to Give Evidence." *Disability and Rehabilitation*, 24 (2002): 634 - 642.

Purpose: With the advent of 'The Youth Justice and Criminal Evidence Act 1999' passed by Parliament in August 1999, vulnerable witnesses can for the first time give evidence to the court with the support of 'special measures'. People with a learning disability fall into the category of vulnerable witnesses, and the purpose of this paper is to describe the development of the virtual courtroom, a virtual reality (VR) and multimedia based training platform to prepare this group of people for such an eventuality. **Method:** A user-centred design methodology was adopted, with a user group being formed of students and adults with learning disabilities. This group, working together with facilitators, experts on the new act, and experienced designers of VR based training systems, designed and implemented the virtual courtroom. **Results:** The virtual courtroom model has been produced using the Realimation Virtual Reality software tool. The next stage of the project is to design and develop three multimedia-based scenarios showing a variety of situations in which a person with a learning disability could give evidence in court. **Conclusion:** One of the recommendations in the 'Speaking up for justice' report, suggested that the Home Office develop further material to assist vulnerable witnesses to prepare for their attendance at court. The virtual courtroom provides one of the first and most innovative of such solutions.

Cooke, Pamela and P.J. Standen. "Abuse and Disabled Children: Hidden Needs...?" *Child Abuse Review*, 11 (2002): 1 – 18.

In order to look at current practices in recording the abuse of disabled children, a questionnaire was sent out to the 121 Chairs of the Area Child Protection Committees in the United Kingdom. Of the 73 responders, over 50% claimed to identify the disability of an abused child but only 10% could give an actual figure. The lack of statistical evidence made it impossible to calculate anything except an approximation of the rate of abuse of disabled children. Schedules completed over a period of 1 year in two Social Services Departments for all disabled children who were conferenced for abuse showed that they were less likely to be put on the child protection register than a comparison group of non-disabled children. Semi-structured interviews with eight of the key workers for the disabled children revealed that they were concerned that there was a tendency 'not to see' the abuse of disabled children and they did not

feel there was sufficient training regarding the interface between abuse and disabilities. Taking into account the responses to the study, a number of national and local recommendations were made.

Copel, Linda Carman, "Partner Abuse in Physically Disabled Women: A Proposed Model for Understanding Intimate Partner Violence." *Perspectives in Psychiatric Care*, 42 (2006): 114 – 129.

Problem: Physically disabled women are a population at significant risk for intimate partner violence. Method: This study used a qualitative research design to address the abuse experience of physically disabled women. Findings: The participants identified multiple incidences of abuse, focusing on how the abuse began, proceeded, and terminated. A model was constructed to depict the abuse experience. The progression of abuse triggers, responses of the women, the abuse episode, the after-effects, and the slow return to usual routines were identified. Conclusions: A model, which is different from Walker's Cycle of Violence (Walker, 1979; 2000), was constructed to demonstrate the journey of women with disabilities through the abuse.

Corbett, Alan. "The Psychotherapeutic Needs of People with Learning Difficulties Who Have Been Sexually Abuse." *The Journal of Adult Protection*, 5.3 (2003): 28 – 33.

The article emphasizes the importance of meeting the counseling and therapy needs of people with learning difficulties who have been sexually abused, citing a case study example of the themes, issues and benefits which this way of working can generate.

Cramer, E.P., S.F. Gilson, and E. DePoy. "Women with Disabilities and Experiences of Abuse." *Journal of Human Behavior in the Social Environment*, 7.3/4 (2003): 183 – 199.

A qualitative study of disabled and non-disabled professionals and survivors of abuse revealed a range of types of abuse endured by disabled women, some of which were unique to that population. Two major themes emerged from data analysis: vulnerable beginnings and complexity of abuse. Three sub-themes are encompassed within complexity of abuse: active abuse, abuse through image, and contextual abuse by social service/legislative systems. The authors present data essential to an informed assessment and analysis of abuse that considers the person-in-environment circumstances of women with disabilities. Implications for future research and the human behavior in the social environment curriculum are discussed.

Cross, Merry. “Abusive Practices and Disempowerment of Children with Physical Impairments.” *Child Abuse Review*, 1 (1992): 194 – 197.

These notes are written mindful of the concepts of the ‘best interests of the child’ and ‘ascertaining children’s wishes’ contained in the Children Act, 1989 and of several recent cases of sexual assault of children while in hospital. Certain practices in health settings serve to disempower children and young people with disabilities, others are further along the spectrum towards abuse and should be regarded as abusive practice. Some of the observations made in relation to clinical practice have implications for all children.

Crossmaker, Maureen. “Behind Locked Doors – Institutional Sexual Abuse.” *Sexuality and Disability*, 9 (1991): 201 – 219.

In exchange for freedom and privacy lost during institutionalization, residents should be provided with reasonable protection from harm. However, the dynamics of institutionalization, factors contributing to sexual abuse, and attitudinal barriers inhibiting the integration of people perceived as disabled, merge to increase the likelihood that sexual abuse will occur in psychiatric hospitals, developmental centers and other places of confinement. Sexual victimization and sexual rights are significant, though largely ignored, disability issues. The vulnerability of institutionalized people labeled mentally ill and developmentally disabled (many of them with histories of abuse) is discussed and recommendations for increased safety offered.

Cruz, Virginia, Douglass Price-Williams, and Linda Andron. “Developmentally Disabled Women Who Were Molested as Children.” *The Journal of Contemporary Social Work*, (1998): 411 – 419.

The problems involved in treatment of developmentally disabled women who were sexually abused as children are discussed. Treatment issues and parental relationships of these women are examined. The authors recommend enlarging treatment for this population.

Curry, Mary Ann, Dena Hassounah-Phillips, and Anne Johnston-Silverberg. “Abuse of Women with Disabilities: An Ecological Model and Review.” *Violence Against Women*, 7 (2001) 60 – 79.

Women with disabilities are at increase risk for emotional, physical, and sexual abuse. They are also at risk for experiencing disability-related abuse from multiple sources. This problem is compounded by the social context of disability, including pervasive discrimination and stereotyping by society. This article highlights the problem of abuse of women with disabilities and examines the state of the science through a review of literature. An ecological model is presented that examines relevant individual, environmental, and cultural factors.

Curry, Mary Ann, Laurie Powers, and Mary Oswald. "Development of an Abuse Screening Tool for Women with Disabilities." *Journal of Aggression, Maltreatment & Trauma*, 8 (2003): 123 – 139.

Women with disabilities are at increased risk for violence, including forms of abuse that can be experienced by all women as well as forms unique to women with disabilities, such as abuse by personal assistants. The purpose of this study was to develop an abuse-screening tool unique to women with disabilities. The tool, which was based on previous research, was field tested with 47 women who experienced physical and/or cognitive disabilities. Final refinement of the tool's wording and formatting was accomplished through focus groups and individual interviews. Women with disabilities were receptive to participating in screening, which facilitated the identification of abuse and risk factors. Recommendations for abuse screening and risk assessment with women who have disabilities are presented.

Davies, Rachel. "Protecting People with Learning Disabilities from Abuse: A Key Role for Learning Disability Nurses." *The Journal of Adult Protection*, 6 (2004): 31 – 41.

Learning disability nurses are in a prime position to help protect clients from abuse. But current training programs are not preparing nurses adequately to fulfill this role. This article argues that a shift in organizational culture is required in order to ensure new knowledge is properly integrated with nurses' experience and training needs.

Davies, Rachel, [et al.]. "Responding to the Abuse of People with Learning Disabilities: The Role of the Police." *The Journal of Adult Protection*, 8.1 (2006): 11 – 19.

The abuse of people with learning disabilities is a significant problem. The response of the police to abuse that is actually a criminal offence is paramount. This paper reports on a qualitative study into the attitudes and opinions of police officers involved in abuse investigations. The aims were to understand more about the perceptions that police have about their role, the contribution made by the police to the area and to identify good practice where it occurs. Semi-structured interviews and focus groups were conducted with police officers regarding their experiences of involvement in vulnerable adult protection and views on the role of the police. Findings are presented according to key themes: structure for abuse work, joint investigator training, understanding the needs of people with learning disabilities, the legislative context for abuse work and sharing good practice and striving for a consistent response. Demand is growing for the police to respond to the abuse of people with learning disabilities in a way that is both appropriate and maximizes the likelihood of victims receiving justice.

Davison, F.M, et al. “Treatment of a Man with a Mild Learning Disability Who Was Sexually Assaulted Whilst in Prison.” *Medicine, Science, and the Law*, 34 (1994): 346 – 353.

The aim of this study is to describe the psychological effects on a man with a mild learning disability who was sexually assaulted whilst in prison, and the treatment which was carried out. J. suffered Post-Traumatic Stress Disorder (PTSD), as defined in DSM-III-R, combined with associated features of depression and anxiety. Treatment involved imaginal exposure to the assault, followed by systematic desensitization to the traumatic experience of imprisonment preceding the assault. Activities were also carried out to develop J.’s self-esteem, coping strategies and anxiety management. The successful outcome of treatment is discussed in relation to models of emotional processing. Some discrepancies between scores on self-evaluation questionnaires and behavioral observations raise issues concerning the best way of assessing treatment outcome for people with learning disabilities.

Debbaudt, Dennis and Darla Rothman. “Contact with Individuals with Autism: Effective Resolutions.” *FBI Law Enforcement Bulletin*, (April 2001): 20 – 24.

No abstract available.

Degener, Theresia. “The Right to be Different: Implications for Child Protection.” *Child Abuse Review*, 1 (1992): 151 – 155.

This paper traces the historical emphasis of defining the disabled child or adult as ‘abnormal’ – to be made ‘normal’. Such an emphasis disempowers the child, who comes to believe that his or her difference is as “bad”, “unacceptable”, and readily allows him or her to be viewed as ‘useless’. Such disabilist attitudes have fostered the belief that child protection services would not be relevant for this child population. The experiences of disabled women are explored, and clear messages emerge that can help us consider the environment of disabilism and the effects of this on disabled children. It helps us to see that, even before the disabled child is abused, his or her experience is one of oppression.

Denno, Deborah. “Sexuality, Rape, and Mental Retardation.” *University of Illinois Law Review*, (1997): 315 – 434.

The article addresses the question of when sexual relations with a mentally retarded individual should be considered nonconsensual and therefore criminal. The article first explores the early treatment of mental retardation, concluding that throughout history society has viewed mentally retarded persons as either asexual and childlike or hypersexual and at risk of producing offspring “as defective as themselves.” The article then demonstrates how these stereotypes influence the moralism inherent in modern conceptions of consent in rape determinations. Illustrating the point with reference to the Glen Ridge rape case, the article shows how courts applying contemporary rape statutes typically hold mentally retarded individuals to a standard

is so strict that it can preclude consensual sex with mentally retarded persons under any circumstances. As a result, courts are hurting the very people they are supposed to protect and failing to respect those people's dignity. To remedy this incongruity, the article proposes that courts making consent determinations apply a contextual approach, which incorporates among other things modern knowledge about the adaptive capabilities of mentally retarded individuals as well as the situational context of the sexual conduct. Finally, the article discusses the regulation of sexual relations in the context of institutions and residential homes for mentally retarded individuals. This issue is important for two reasons. Such regulations demonstrates the maximum extent to which legal standards can infringe upon the rights of mentally retarded individuals, and it illustrates the most complicated dimensions of the contextual approach. This article concludes that most mentally retarded individuals have the capacity to consent to sexual relations, they have the right to do so, and unnecessarily broad and moralistic restrictions infringe upon that right.

Diaz, Angela, et al. "Foster Children with Special Needs: The Children's Aid Society Experience." *The Mount Sinai Journal of Medicine*, 71 (2004): 166 – 169.

Children in foster care have many health needs. This article presents the model of the Children's Aid Society (CAS) of New York City in addressing these needs. In addition to their regular foster care program, CAS developed the Medical Foster Care (MFC) in response to the growing number of boarder babies (children with medical conditions who are abandoned at hospitals), and the Therapeutic Foster Care (TFC) for foster children with emotional and behavioral mental health problems. The MFC serves 145 children considered medically fragile, as evidenced by congenital diseases such as heart disease, renal agenesis, cerebral palsy, seizure disorders and mental retardation. The TFC serves 50 children with severe levels of emotional and behavioral symptomatology. As is indicated by the extensive services offered through CAS's regular foster care program, as well as MFC and TFC, these children require specialized treatment. In addition, systems of information maintenance and exchange surrounding the health care of foster children need to be improved. Often agencies are ill-equipped to do adequate background checks on these young people and as a result deliver them to foster care situations where their health needs are not revealed and therefore not addressed. Health care providers also need to stay informed on the overall subject of foster care, as their voices will probably be crucial in ensuring that the extensive needs of these children are adequately represented to government, medical and other service providers.

Dickman, Beverly Jo and Amanda Jane Roux. "Complainants with Learning Disabilities in Sexual Abuse Cases: A 10-Year Review of a Psycho-Legal Project in Cape Town, South Africa." *British Journal of Learning Disabilities*, 33.3 (2005): 138 – 144.

We describe a project established in 1990 to assist complainants with learning disabilities in sexual assault cases in Cape Town, South Africa. Complainants are prepared for court and psychologists advise investigating officers and prosecutors,

and provide expert testimony. There has been an enormous increase in the utilization of the project by justice personnel. This paper examines 100 cases seen over a 10-year period. We describe the demographics and sexual abuse history of the cohort as well as documenting speed of investigation and outcome of the trials. Almost all charges were of rape and most complainants had learning disabilities in the mild or moderate categories. No men with learning disabilities were among the accused. We raise questions about which cases are perceived as evidentially strong. The conviction rate of 28% was almost identical to the best conviction rate in such cases in the general population in South Africa. In contrast to recent research into conviction rates in South Africa, these cases appear to have been vigorously pursued.

Doe, Tanis. "Towards an Understanding: An Ecological Model of Abuse." *Developmental Disabilities Bulletin*, 18 (1990): 13 – 20.

No abstract available.

Doren, B., M. Bullis, and M. Benz. "Predictors of Victimization: Experiences of Adolescents with Disabilities in Transition." *Exceptional Child*, 63 (1996): 7 – 18.

This study explored predictors of victimization experiences on a sample of adolescents with disabilities while in school and 1 year after leaving school, through phone interviews of students and parents. Logistic regression analyses revealed that people with serious emotional disturbance who demonstrated low personal/social achievement skills were more likely to experience victimization sometime in their school career than were people with other disabilities and higher personal/social skills. Variables affecting victimization rates 1 year out of school included prior victimization (while in school), gender (females were more likely to be victimized), and arrest record of people with serious emotional disturbance after leaving school.

Dunne, T.P. and A. Power. "Sexual Abuse and Mental Handicap: Preliminary Findings of a Community-Based Study." *Mental Handicap Research*, 3 (1990): 111-125.

No abstract available.

Dwyer, Joan. "Access to Justice for People with Severe Communication Impairment." *The Australian Journal of Administrative Law*, 3.2 (1996): 73-119.

People with a severe communication impairment, particularly those using facilitated communication, face difficulties in obtaining access to justice. Those difficulties are accentuated by the inexperience of courts and tribunals in conducting a hearing involving a person with a major communication impairment. The author explains the technique of facilitated communication and studies in detail all the Australian instances, and some international cases, where its use has been in issue before a court or tribunal. The article points to instances where a failure to disclose important relevant evidence or an inappropriate method of testing has led a court, tribunal or

public office holder to find that a communication made by an individual using facilitation was not a valid communication. The author argues that those decisions were wrong and have deprived individuals of their basic rights. In contrast, the article considers one research project in Australia and two cases, one from the United States and the other from New Zealand, where the validity of communication first made with facilitation was supported by later corroborating evidence and was accepted by the courts. In conclusion the article suggests various measures to ensure that in Australia access to justice becomes a reality for persons with severe communication impairment.

Ebeling, Hanna and Hannele Nurkkala. “Children and Adolescents with Developmental Disorders and Violence.” *International Journal of Circumpolar Health*, 61. Suppl. 2 (2002): 51 – 60.

Objectives: The aim of this preliminary study was to investigate how commonly child-psychiatric inpatients have experienced and seen violence, and whether children with developmental disorders are at an increased risk for such traumatic events. **Methods:** The sample consisted of 41 patients, 29 boys and 12 girls, with a mean (SD) age of 11.8 (3.2) years. Ten children had a developmental disorder, 19 an emotional disorder, 9 a behavioral disorder and 3 a psychotic disorder. The study was performed as part of the normal clinical examinations by paying special attention to violence in the lives of these patients. **Results:** 88% of the patients had experienced some form of violence. 49% had experienced active physical violence and 49% active psychological violence. If suspected violence was also taken into account, active physical violence was more common among the patients with developmental disorders (90%) or behavioral disorders (78%) than among those with emotional disorders (37%) or psychotic disorders (67%). On the other hand, passive physical violence without active physical violence had been experienced by 37% of the patients with emotional disorders but not by the other patients. **Conclusions:** Violence was common among all groups of child-psychiatric inpatients. These individuals may be vulnerable to violence, as interaction with them may be especially demanding for peers and adults.

Eckert, Linda, Naomi Sugar, and David Fine. “Characteristics of Sexual Assault in Women with a Major Psychiatric Diagnosis.” *American Journal of Obstetrics and Gynecology*, 186.6 (2002): 1284 – 1291.

Objective: In a previous study of women who had been sexually assaulted, we reported a 26% prevalence of a major psychiatric diagnosis. The purpose of this study was to better characterize sexual assaults in women with a major psychiatric diagnosis. **Study Design:** All female patients ≥ 15 years old with a complaint of sexual assault underwent a standardized history and physical examination by an upper-level resident in obstetrics and gynecology. Data were abstracted and verified. A psychiatric diagnosis was determined by history and by use of computer-linked medical records. Chi-square or Fisher exact test was used for categoric analysis. **Results:** Of the 819 women who were examined, 211 women (26%) had a major

psychiatric diagnosis. In these 211 women, the prevalence of solely mood, thought, or substance use disorders were 26%, 14%, and 16%, respectively, whereas 44% had ≥ 2 diagnoses. Having a psychiatric diagnosis was associated with increasing age ($P = .001$), homelessness ($P = .001$), and incarceration ($P = .001$). In comparison with women with no psychiatric diagnosis, sexual assaults in these 211 women occurred more frequently outdoors ($P = .007$), by a stranger ($P < .001$), or by ≥ 2 assailants ($P = .02$). Being assaulted with a weapon ($P = .04$) and being hit ($P = .01$) were more prevalent in assaults against women with a psychiatric diagnosis, as was anal contact ($P = .03$), contact to ≥ 2 body orifices ($P = .001$), and body trauma ($P = .01$). Conclusion: Sexual assaults in women with a major psychiatric diagnosis are common. These assaults are more violent and result in body trauma more frequently than do sexual assaults in women without a psychiatric diagnosis. Prevention and treatment strategies should target this vulnerable population.

Ellis, Rachael and Enid Hendry. "Do We All Know the Score?" *Child Abuse Review*, 7 (1998) 360 – 363.

A training initiative funded by the Department of Health was set up by the National Association for the Protection from Abuse of Adults and Children with Learning Disabilities (NAPSAC) in 1995 to review, support and initiate training in the field of learning disability and sexual abuse. The project focused on those whose professional work was likely to bring them into contact with people with learning disabilities. Rachael Ellis, one of the authors of this paper, has been the Development Officer for the project from its inception. This paper summarizes what has been learnt both about the current state of training on child sexual abuse and children with learning disabilities and perceived gaps in training. Although the project was concerned with both adults and children, the paper focuses solely on the child protection aspects of the work.

Elman, Amy. "Disability Pornography." *Violence Against Women*, 3 (1997): 257 – 270.

This work provides a critical exploration of various media that both sexualize and ridicule women and girls whose health and relative immobility make them especially vulnerable to sexual abuse. More specifically, pornography made of disabled women and girls is the prominent focus. The article considers how, like all pornography, but in its own way, this genre contributes to the second-class safety and status of all women, and women with disabilities in particular.

Elman, Amy. "Confronting the Sexual Abuse of Women with Disabilities." Harrisburg, PA: VAWNet, National Resource Center on Domestic Violence (January 2005). http://new.vawnet.org/Assoc_Files_VAWnet/AR_SVDisability.pdf.

The article provides a brief summary of the research on sexual abuse of women with disabilities. The document covers the origins of our knowledge concerning the sexual abuse of women with disabilities, the methodological quandaries related to sexual

abuse research in general and the data on women with disabilities and the men who abuse them, and concludes with an exploration of the efforts of women with disabilities and their allies to counter sexual abuse.

Elvik, Sandra, et al. "Sexual Abuse in the Developmentally Disabled: Dilemmas of Diagnosis." *Child Abuse & Neglect*, 14 (1990): 497 – 502.

Evaluation of developmentally disabled persons for physical signs of sexual abuse presents many challenges to the practitioner. This group is especially vulnerable to all types of abuse. A group of 35 mentally retarded females from a residential treatment facility was examined by the child abuse medical team at Harbor/UCLA Medical Center after one inpatient was found to be pregnant. Patients ranged in age from 13 to 55 years. All of the women had some degree of disability, with 24 being categorized as profoundly retarded. No patient was able to provide a history. There were 13 patients who had genital findings believed to be consistent with prior vaginal penetration. Dilemmas which arose during evaluation included the significance of healed genital lesions in this population and the implications of the findings for the residential facility. While developmentally disabled persons need an advocate in the medical and legal systems, these patients can overwhelm the practitioner. Whenever possible, a team approach is recommended to decrease the work load and frustration and provide collegial support and affirmation of findings.

Embry, Richard A. and Frank D. Grossman. "The Los Angeles County Response to Child Abuse and Deafness: A Social Movement Theory Analysis." *American Annals of the Deaf*, 151.5 (2006/2007): 488-498.

There is increasingly strong evidence that children with disabilities are at higher risk for maltreatment when compared to children without disabilities. There is also concern about the adequacy of child welfare services for children and parents with disabilities, particularly those disabilities that result in a communication impairment. This article describes a successful community practice effort in Los Angeles County that resulted in the establishment of a comprehensive array of linguistically and culturally competent child abuse prevention and treatment services for the maltreated deaf child and for the deaf parent at risk for child abuse perpetration. Social movement theory is used to analyze a change effort that was developed and implemented by a broad coalition of members of the Deaf and hearing communities. Elements of the problem, social movement theory, the coalition, the change strategy, and the results are described.

Ericson, Kristine and Nitza Perlman. "Knowledge of Legal Terminology and Court Proceedings in Adults with Developmental Disabilities." *Law and Human Behavior*, 25.5 (2001): 529 – 545.

This research compared 40 adults with mild developmental disabilities (DD) and 40 nondelayed adults (ND) in terms of knowledge of legal terms and court proceedings. For all of the 34 terms studied, with the exception of "police officer" there were

significant differences between the DD and ND groups with respect to degree of conceptual understanding of terms. Results indicate that all but 6 terms assessed (adjourn, allegation, crown attorney, defendant, prosecute, and court reporter) were well-defined by 85% or more of ND participants. In contrast, only 8 of the terms (police officer, lawyer, jail, court, lie, truth, judge, and witness) were reasonably conceptually understood by at least 75% of the DD participants. Reported familiarity with terms in DD participants is not a reliable indicator of actual familiarity with terms. Results are discussed with respect to the need for education of DD individuals and legal professionals to support participation and fair treatment of DD individuals in legal situations.

Erwin, P. E. *Intimate and Caregiver Violence Against Women with Disabilities*. Minneapolis: Battered Women's Justice Project-Criminal Justice Office. (July 2000) Retrieved March 3, 2006 from: http://data.ipharos.com/bwjp/documents/intimate_violence_disabilities.pdf

No abstract available.

Fast, Diane K. and Julianne Conry. "The Challenge of Fetal Alcohol Syndrome in the Criminal Legal System." *Addiction Biology*, 9.2, (2004): 161 - 166.

People with fetal alcohol spectrum disorder (FASD) present challenges to those who work in the criminal legal system. Prenatal exposure to alcohol can cause physical, neurological, and psychological impairments. It is vital to understand the individual offender in order to address the underlying reasons for criminal behavior. Individuals with FASD often come from dysfunctional backgrounds, and may have mental illnesses and substance use disorders. A comprehensive medical - legal report, prepared by a professional experienced with FASD, can help judges and lawyers understand how complex the interactions are among brain damage, genetics, and the environment. The person with FASD can be misunderstood in court, victimized in jails, and mismanaged in the transition back to the community, unless those working with the individual are aware of FASD and its implications.

Fawcett, B. "Convergence or Divergence? Responding to the Abuse of Disabled Women." *The Journal of Adult Protection*, 4.3 (2002): 24 – 33

This paper examines three competing perspectives about appropriate positionings for disabled women in relation to abuse. It concludes that structural oppression must be challenged and proposes that the issue of disabled women and abuse is worthy of much greater attention and collaborative discussion.

Fearday, Frederick and Anita Cape. "A Voice for Traumatized Women: Inclusion and Mutual Support." *Psychiatric Rehabilitation Journal*, 27 (2004): 258 – 265.

This paper reports experiences related to including women in recovery and peer support, in a project that developed integrated services for women with co-occurring mental health and substance use disabilities who have also survived violence. We describe strategies to include women in recovery and a unique peer-run group, which integrates trauma, mental health, and substance abuse recovery. Both research and perspectives of women in recovery are used to discuss the emerging themes of mutuality, bonding, and focus on strengths.

Finlay, W. and E. Lyons. "Acquiescence in Interviews with People Who Have Mental Retardation." *Mental Retardation*, 40 (2002): 14 – 29.

Evidence for acquiescence (yea-saying) in interviews with people who have mental retardation is reviewed and the different ways it has been assessed are discussed. We argue that acquiescence is caused by many factors, each of which is detected differentially by these methods. Evidence on the likely causes of acquiescence is reviewed, and we suggest that although researchers often stress a desire to please or increased submissiveness as the most important factor, acquiescence should also be seen as a response to questions that are too complex, either grammatically or in the type of judgments they request. Strategies to reduce acquiescence in interviews are reviewed and measures that can be taken to increase the inclusiveness of interviews and self-report scales in this population suggested.

Firth, H., et al. "Psychopathology of Sexual Abuse in Young People with Intellectual Disability." *Journal of Intellectual Disability Research*, 45 (2001): 244 – 252.

The present study addressed two issues using a sample of child and adolescent victims and perpetrators of sexual abuse: (1) the extent of posttraumatic stress disorder (PTSD) in the samples; and (2) the possible distinction between perpetrators whose motivations were sexually impulsive, and those who were controlling and abuse-reactive. Retrospective case material from 43 cases (21 victims only, and 22 perpetrators, of whom 16 were also victims) provided data. Post-traumatic symptomatology was not common. Only one case of PTSD was found. Perpetrators could be distinguished by whether they had suffered sexual abuse alone, sexual and physical abuse, or neither. The proposed distinction between perpetrators received support. Sexual abuse directed at younger victims was associated with earlier experience of multiple forms of abuse. The present data does not support the view that post-traumatic symptoms following victimization are a mediator of sexual abuse perpetration. It is argued that an elaboration of the Williams & New developmental model of perpetration better fits the data.

Fitzgerald, Paul, et al. "Victimization of Patients with Schizophrenia and Related Disorders." *Australian and New Zealand Journal of Psychiatry*, 39 (2005): 169 – 174.

Background: Previous research has predominately focused on patients with mental illness as the instigators, rather than the victims, of violence and criminal activity. However, patients with schizophrenia appear to experience a higher degree of victimization compared to general community samples. We aimed to establish the 1-month prevalence of violent and non-violent victimization in a sample of patients with schizophrenia spectrum disorders and to investigate the determinants of victimization. Method: Reports of violent and non-violent victimization were recorded in 348 patients in Dandenong, an outer metropolitan suburb of Melbourne, Australia along with the subjective perception of patients as to their degree of protection from being robbed or attacked. Patients reporting victimization were compared with those who did not, across a range of clinical and psychosocial variables. Results: 11.2% of the sample reported being the victim of non-violent crime and 4.3% the victim of violent crime in the 1-month period. 23.2% reported dissatisfaction with their protection against being attacked or robbed. The major determinant of victimization was the lack of any meaningful daily activity. Conclusions: Patients with schizophrenia spectrum disorders are at increased risk of victimization, both of the violent and non-violent type. Further research is required to understand the pathways through which victimization occurs and to understand whether psychosocial interventions can reduce victimization in this patient population.

Flynt, Samuel and Rhonda Morton. "Bullying and Children with Disabilities." *Journal of Instructional Psychology*, 31 (2004): 330 – 333.

According to a 2001 study by the National Institute of Child Health and Human Development about 3 in 10 children are affected as bully, victim, or both. However, the knowledge base pertaining to the relationship between bullying and students with disabilities is relatively new and somewhat sparse. This paper defines the terms bully and bullying and discusses the bully/disability dyad. Commercial programs and school interventions designed to decrease bullying in the schools are also addressed. Inference to an interagency collaboration of various stakeholders is suggested as a means of addressing the concerns presented by this pervasive threat to the safety and well-being of all children.

Focht-New, Virginia. "Treatment Approaches for People with Disabilities." *Mental Health Nursing*, 17 (1996): 427 – 438.

Abuse has become a focus of concern in today's society. Historically, signs and symptoms of abuse in people with developmental disabilities have not been effectively recognized, assessed, or treated. Preconceived ideas, institutionalization, lack of creative communication and technologies, and limited self-determination

influence the incidence of abuse. These factors impair health care providers' ability to assess, intervene, and treat these people. Development of a supportive culture, education, professional attitudes, and prevention are the tools health care providers may use in partnership with people receiving their services to effectively respond to circumstances of abuse.

Focht-New, Ginny, [et al.]. “Persons with Developmental Disabilities Exposed to Interpersonal Violence and Crime: Strategies and Guidance for Assessment.” *Perspectives in Psychiatric Care*, 44.1 (2008): 3 – 13.

Purpose: Persons with developmental disabilities are frequently exposed to interpersonal violence and crime, directed at themselves and others, and are in need of specific interventions tailored to their unique needs. Conclusions: What may be different in comparison to other survivors are the ways therapeutic interventions are adapted so that fears and ongoing concerns can be effectively expressed and addressed. Practice Implications: Persons with developmental disabilities may benefit from a variety of interventions in the treatment of intrapsychic trauma after exposure to interpersonal violence and crime.

Frantz, Beverly, Allison Carey, and Diane Bryen. “Accessibility of Pennsylvania’s Victim Assistance Programs.” *Journal of Disability Policy Studies*, 16 (2006): 209 – 219.

The prevalence of sexual abuse and domestic violence among women with disabilities is at least as high as the rates experienced by women without disabilities. However, according to anecdotal accounts and preliminary research, many victim service agencies are inaccessible and do not provide appropriate support and services for people with disabilities. This study examined the physical and programmatic accessibility of 55 rape crisis, sexual assault, and domestic violence agencies throughout Pennsylvania. Findings suggest that most programs had several accessibility structures in place, such as ramps and accessible restrooms. However, fewer programs had less well-known physical and programmatic accessibility features in place to ensure equal access to services. Recommendations focus on cross-system collaboration to provide access to victim services by all victims, including those with disabilities.

Frisch, Lawrence and Frances Rhoads. “Child Abuse and Neglect in Children Referred for Learning Evaluation.” *Journal of Learning Disabilities*, 15 (1982): 583 – 586.

During the 1977-78 school year, 430 children from the Island of Oahu, Hawaii, were referred to a central school problem clinic for evaluation of learning problems. The proportion of these children (6.7%) who had been independently reported to the state child abuse agency was compared, after age adjustment, to the rate of such reporting

for all children on the island and was found to be 3.5 times higher. The types of abuse and/or neglect reported were similar for the children with learning problems and for other island children. These findings strengthen the argument for a link between child maltreatment and developmental disabilities.

Furey, Eileen and Jill Niesen. “Sexual Abuse of Adults with Mental Retardation by Other Consumers.” *Sexuality and Disability*, 12 (1994): 285 – 295.

All allegations of sexual abuse of adults with mental retardation by other adults with mental retardation over a five year period were examined. There were 72 cases substantiated with a total of 49 perpetrators. In all 72 cases, sexual abuse of one adult with mental retardation by another occurred; however, the perpetrator was deemed culpable in 31 cases, abuse and neglect were confirmed in six cases and facility neglect accounted for the remaining 35 cases. Victims were represented in all levels of mental retardation and had few secondary disabilities. Men were found to be at as much risk of sexual abuse as women. Ninety-four percent of the perpetrators were men and 81% had or still do live in large congregate settings. Findings were congruent with the theories that perpetrators with mental retardation victimize men and women at similar rates, that living in congregate settings results in significant risks, and that men and women with mental retardation need to be provided with the skills necessary to identify what constitutes sexual abuse and what actions to take to prevent it.

Furey, Eileen. “Sexual Abuse of Adults with Mental Retardation: Who and Where.” *Mental Retardation*, 32 (1994): 173 – 180.

Over a 5 year period, of the 461 cases of sexual abuse of adults with mental retardation, 37% were confirmed by the Abuse Investigation Division of the Connecticut Office of Protection and Advocacy for Persons with Disabilities. As expected, most of the victims were women (72%); their average age at the time of the incident was 30 years. Victims, for the most part, had no problems communicating verbally and had few, if any, secondary disabilities. As is the case in the general population, the majority of the perpetrators were men (88%) and included other adults with mental retardation, paid staff, family members, and others. Most sexual abuse occurred in the victim’s residence, and in 92% of the cases the victim knew his or her abuser. Results were discussed and several concerns raised.

Gast, David, et al. “Teaching Preschool Children with Disabilities to Respond to the Lures of Strangers.” *Exceptional Children*, 59 (1993): 301 – 311.

An investigation was conducted to determine the effectiveness of a constant-time-delay procedure used in combination with multiple exemplars of strangers, lures, and sites to teach a generalized response to the lures of strangers to four preschool children with disabilities. Although the correct response was quickly acquired in the

training site, the response failed to generalize to the probe sites until training was conducted in vivo. Instruction in vivo resulted in acquisition, maintenance, and generalization of the response to strangers' lures. Generalization occurred across probes with novel exemplars of lures, strangers, and sites.

George, Robert and John Van Voorhis. "Special-Education Experiences of Foster Children: An Empirical Study." *Child Welfare*, 71 (1992): 419 – 437.

The article links databases from state departments of social service and of education to examine the characteristics and determine the service experiences of the children receiving services from both systems.

Giardino, Angelo, Karen Hudson, and Judith Marsh. "Providing Medical Evaluations for Possible Child Maltreatment to Children with Special Health Care Needs." *Child Abuse & Neglect*, 27 (2003): 1179 – 1186.

Children with special health care needs are known to be at increased risk of all forms of child maltreatment when compared to children without such needs. The authors describe a health care team's experience providing medical evaluations for suspected child maltreatment to children with special health care needs.

Gilson, Stephen, Elizabeth DePoy, and Elizabeth Cramer. "Linking the Assessment of Self-Reported Functional Capacity with Abuse Experiences of Women with Disabilities." *Violence Against Women*, 7 (2001): 418 – 431.

Women with disabilities are abused at rates similar to or greater than their nondisabled counterparts. Compared with nonabused women, women abused by an intimate partner have a greater risk of being disabled or having an illness that affects their activities of daily living. Although disabled women experience similar forms of abuse to those of nondisabled women, some forms of abuse are unique to disabled women due to the limitations that the disability itself presents. This article presents a conceptual analysis of abuse of disabled women and discusses assessment procedures that can assist in identifying abuse and informing services delivery. We propose a model of abuse assessment for women with disabilities composed of three elements: traditional assessment anchored on the Power and Control Wheel that encompasses the unique forms of abuse that disabled women experience; comprehensive functional assessment through self-reporting and self-rating; and attention to heterogeneity with regard to cultural sensitivity, structure of reporting, and nature of disability.

Gilson, Stephen, Elizabeth Cramer, and Elizabeth DePoy. "Redefining Abuse of Women with Disabilities: A Paradox of Limitation and Expansion." *Affilia*, 16 (2001): 220 – 235.

The study presented here, which relied on naturalistic design and focus-group methodology, examined the experiences of abused women with disabilities and the women's use of and need for services and resources. The study found that although

disabled and nondisabled women face many of the same forms of abuse, disabled women have unique experiences that require specialized services.

Goldman, Renitta L. "Children and Youth with Intellectual Disabilities: Targets for Sexual Abuse." *International Journal of Disability, Development and Education*, 41.2 (1994): 89 – 102.

A disproportionate number of children and youth with an intellectual disability are victims of sexual abuse. This paper examines the characteristics and behaviours which may exacerbate the vulnerability of persons with an intellectual disability toward abusive relationships. Recognition is given to the important roles educators can play in identification, referral, intervention, and prevention of sexual abuse.

Goldson, Edward. "Maltreatment Among Children with Disabilities." *Infants and Young Children*, 13.4 (2001): 44 – 54.

This overview of maltreatment of children with disabilities seeks to provide the reader with definitions of maltreatment, the incidence of its occurrence among children, and highlight the fact that children with disabilities are at higher risk for being maltreated than are typical children. Factors are identified that contribute to maltreatment, independent of disability, that should lead the clinician to be alert to the potential for injury to the child. Finally, an ecological perspective is considered as an approach to prevention of maltreatment among children with disabilities. This approach addresses the need for comprehensive medical care. Using the strategies of the home visitor program, this approach uses the medical home model and links it with ongoing monitoring and support for families with disabled children.

Goodman, Lisa A., Mary Ann Dutton, and Maxine Harris. "Episodically Homeless Women with Serious Mental Illness: Prevalence of Physical and Sexual Assault." *American Journal of Orthopsychiatry*, 65.4 (1995): 468 – 479.

Assessed 3 aspects of physical and sexual assault in the histories 99 episodically homeless, seriously mentally ill women (aged 21-71 yrs): lifetime prevalence; severity, co-occurrence, and recency; and associations between levels of this victimization and specific characteristics of the Ss. Results indicate that the lifetime risk for violent victimization was so high (97%) that rape and physical battery are normative experiences. The risk for recurrent abuse was also high.

Goodman, Lisa, [et al.]. "Reliability of Reports of Violent Victimization and Posttraumatic Stress Disorder Among Men and Women with Serious Mental Illness." *Journal of Traumatic Stress*, 12.4 (1999): 587 – 599.

Although violent victimization is highly prevalent among men and women with serious mental illness (SMI; e.g., schizophrenia, bipolar disorder), future research in this area may be impeded by controversy concerning the ability of individuals with SMI to report traumatic events reliably. This article presents the results of a study

exploring the temporal consistency of reports of childhood sexual abuse, adult sexual abuse, and adult physical abuse, as well as current symptoms of posttraumatic stress disorder (PTSD) among 50 people with SMI. Results show that trauma history and PTSD assessments can, for the most part, yield reliable information essential to further research in this area. The study also demonstrates the importance of using a variety of statistical methods to assess the reliability of self-reports of trauma history.

Goodman, Lisa, et al. “Recent Victimization in Women and Men with Severe Mental Illness: Prevalence and Correlates.” *Journal of Traumatic Stress*, 14 (2001): 615 – 632.

The problem of violence against individuals with severe mental illness (SMI) has received relatively little notice, despite several studies suggesting an exceptionally high prevalence of victimization in this population. This paper describes the results of an investigation of the prevalence and correlates of past year physical and sexual assault among a large sample of women and men with SMI drawn from inpatient and outpatient settings across 4 states. Results confirmed preliminary findings of a high prevalence of victimization in this population (with sexual abuse more prevalent for women and physical abuse more prevalent for men), and indicated the existence of a range of correlates of recent victimization, including demographic factors and living circumstances, history of childhood abuse, and psychiatric illness severity and substance abuse. The research and clinical implications of these findings are discussed.

Gordon, Betty N., [et al.]. “Remembering Activities Performed Versus Those Imagined: Implications for Testimony of Children with Mental Retardation.” *Journal of Clinical Child Psychology*, 23.3 (1994): 239 – 248.

Examined the abilities of children with mental retardation and normal intelligence, matched for mental age, to remember and discriminate activities that were actually performed from those imagined. Results indicated few differences between children with mental retardation and children with normal intelligence. Children with mental retardation gave fewer correct responses to specific questions but were equivalent to children with normal intelligence in responses to open-ended questions. Error rates for specific probes were higher than for open-ended questions for both groups. The performance of both groups deteriorated over a 6-week delay interval. Implications of the results for children’s testimony are discussed.

Gore, Michael and Karen Janssen. “What Educators Need to Know About Abused Children with Disabilities.” *Preventing School Failure*, 52.1 (2007): 49 – 55.

In this article, the authors discuss factors that contribute to increased risk of child maltreatment for children with disabilities and outline multidisciplinary prevention and intervention strategies that focus on partnerships with educators and child protection professionals. The authors discuss interventions related to the identification and reporting of child abuse and neglect, collaboration among

education and child welfare systems and academic programs, and direct interventions with children and families. The authors advocate a multidisciplinary approach to the problem.

Grattet, Ryken and Valerie Jenness. "Examining the Boundaries of Hate Crime Law: Disabilities and the 'Dilemma of Difference'." *The Journal of Criminal Law & Criminology*, 91.3 (2001): 653 – 697.

No abstract available.

Green, Gill. "Vulnerability of Witnesses with Learning Disabilities: Preparing to Give Evidence Against a Perpetrator of Sexual Abuse." *British Journal of Learning Disabilities*, 29 (2001): 103 – 109.

Testifying in court to sexual abuse is always stressful and can be particularly problematic for a witness with learning disabilities (LDs). The present case report illustrates the assessment of capacity in relation to issues such as consent, competence and ability to withstand court procedures of a witness with LDs who alleged abuse by her paid carer. It describes the support offered to her by a number of agencies, including the police, and the health and social services. Finally, new legislation is described that might enable vulnerable witnesses, including some people with LDs, to give their best evidence in criminal proceedings.

Grieve, Alan, Shona McLaren, and William R. Lindsay. "An Evaluation of Research and Training Resources for the Sex Education of People with Moderate to Severe Learning Disabilities." *British Journal of Learning Disabilities*, 35.1 (2007): 30 – 37.

To review the literature on issues surrounding the sexuality of people with moderate to severe learning disability (SLD), and evaluate available assessment and training methods. This research arose from an increasing number of referrals for clinical intervention in the training and education of appropriate social and sexual behaviour in people with moderate to SLD. What became apparent was the lack of suitable materials and assessments, which is significant as a large number of persons with SLD have problems with language, and so require tools and programmes which have enhanced levels of pictorial support. This research was necessary as people with SLD are vulnerable and have been open to emotional and sexual abuse [Ment Handicap Res16 (1993) 193]. Also, the present study was also required to help keep clients safe and reduce their vulnerability. It has been proposed that this should be achieved through providing educative input. An extensive review of the literature revealed that the research on sexuality in SLD was limited. Furthermore, where research had been conducted, poor methodology or validation issues were common, and materials appeared overly complicated for clients with moderate to SLD. Further research into the development and validation of assessment tools and training programmes which increase appropriate sexual behaviours is urgently required.

Gudjonsson, G.H., G.H. Murphy, and I.C.H. Clare. "Assessing the Capacity of People with Intellectual Disabilities to Be Witnesses in Court." *Psychological Medicine*, 30.2 (2000): 307 – 314.

Background. People with intellectual disabilities who have been victims or other witnesses of crime have had limited access to the criminal justice system, often on the basis of assumptions about their incapacity to be interviewed by the police and to give evidence in court. The aim of this study was to assess their capacity to be witnesses in court. Methods. Forty-nine men and women with intellectual disabilities, all of whom were potential witnesses of ill-treatment, were assessed in order to provide advice, initially to the police, about their capacity to be interviewed for judicial purposes. The assessments included evaluations of each person's intellectual ability, memory, acquiescence, suggestibility, and their ability to explain concepts relating to the oath.

Results. Only 37 (76%) were able to complete the assessments. Most of those with a Full Scale IQ score of U 60 had a basic understanding of the oath, compared with only a third of those with IQ scores between 50 and 59, and none of those with IQ scores < 50. Nevertheless, some of the people who were unable to demonstrate an understanding of the oath did understand the words 'truth' and 'lie', especially when asked about these concepts in relation to concrete examples. Conclusions. While intellectual ability appears to be the best overall predictor of the capacity of people with intellectual disabilities to act as witnesses, confining witnesses to those who could explain the meaning of the oath would mean that a number of persons who might be interviewed by the police and subsequently appear in court could be excluded from the judicial process.

Gudjonsson, Gisli and Lucy Henry. "Child and Adult Witnesses with Intellectual Disability: The Importance of Suggestibility." *Legal and Criminological Psychology*, 8 (2003): 241 – 252.

Purpose: The main aim of the study was to examine the relationship between learning (intellectual) disability and interrogative suggestibility among children (11 – 12 years old) and adults. Method: The Gudjonsson Suggestibility Scale (GSS2) was administered to 110 children and 221 adults who were categorized into three groups according to full-scale IQ scores: (1) normal IQ (>75); (2) mild impairment (IQ score 55 – 75); and (3) moderate impairment (IQ score < 55). Results: Highly significant differences in memory and suggestibility emerged in both the child and adult samples across groups. Using memory as a covariate in the analysis eliminated the significant group differences for 'yield 1' among the children, but not for adults. There was no significant influence of memory on 'shift' in either group. Whereas 'shift' was significantly influenced by intellectual disability in children, no significant difference emerged across groups among adults. Conclusions: Children and adults with learning disability have much poorer memory and higher suggestibility scores than their contemporaries of normal intelligence. Differences in suggestibility are only partly explained by poorer memory scores. The findings reveal important differences between children and adults with intellectual disabilities. Children with learning

disabilities are more susceptible to altering their answers under pressure than are adults with learning disabilities.

Gust, Deborah, et al. “National Survey of Sexual Behavior and Sexual Behavior Policies in Facilities for Individuals with Mental Retardation/Developmental Disabilities.” *Mental Retardation*, 41 (2003): 365 – 373.

To obtain information regarding sexual behavior and related policies in state residential facilities for individuals with mental retardation/developmental disabilities, we sent surveys to 168 members listed in the Association of Public Developmental Disabilities Administrators 1998 – 1999 directory. Response rate was 68.5%. For the 46 facilities where 50% or fewer of clients had profound retardation, sexual relations between clients was reported to occur “sometimes” or “often” by 29 (63%). Six of 115 (5.2%) administrators reported at least one client with a sexually transmitted disease (STD) in the past year. Of 110 instances of sexual abuse reported, the perpetrator was another client in 63% of cases. Ninety-six percent of administrators (n = 110) reported their facility had written guidelines concerning sexual abuse. Careful monitoring of STDs and the effectiveness of sex education will be instrumental in preventing HIV/STDs and helping prevent sexual abuse in this vulnerable population.

Hames, A. “The Effects of Experience and Sexual Abuse Training on the Attitudes of Learning Disability Staff.” *Journal of Intellectual Disability Research*, 40.6 (1996): 544 – 549.

Staff employed in three day centres for people with learning disabilities were offered training in sexual abuse. Their knowledge and attitudes about sexual abuse were measured immediately before and after training. Staff were asked about their perceptions of the risks of people with learning disabilities being sexually abused, and their estimations of the probability of the perpetrator being either a member of staff, a client, a person known to the abused person or a stranger. Their responses were found to be influenced by the recent training and their prior personal experience.

Hardiker, Pauline. “It Could Never Happen Here! The Prevention and Treatment of Sexual Abuse of Adults with Learning Disabilities in Residential Settings.” *Disability & Society*, 9.4 (1994): 560 – 562.

No abstract available.

Harper, Glynis, Peter Hopkinson, and John G. McAfee. “Protective Behaviours: A Useful Approach in Working with People with Learning Disabilities.” *British Journal of Learning Disabilities*, 30.4 (2002): 149 – 152.

This article provides an overview of the basic features of the protective behaviors (PBs) approach and suggests that the PBs approach is relative to people with mental

retardation, particularly in relation to issues of vulnerability and empowerment. It provides examples of the application of PBs approach in clinical settings.

Haseltine, Beth and Raymond Miltenberger. “Teaching Self-Protection Skills to Persons with Mental Retardation.” *American Journal on Mental Retardation*, 95 (1990): 188 – 197.

A curriculum for teaching self-protection skills to eight adults with mild mental retardation was evaluated. The curriculum, which was presented in a small-group format across nine 25 to 30 minute sessions, uses instructions, modeling, rehearsal, feedback, and praise to teach skills needed to discriminate and safely respond to abduction and sexual abuse situations. Self-protection skills were assessed in in situ simulations involving solicitations from adults. Results showed that all but one subject learned the criterion skills and maintained them at a 6-month follow-up. Strengths and limitations of the study were discussed and future research directions suggested.

Hassouneh- Phillips, Dena. “Understanding Abuse of Women with Physical Disabilities: An Overview of the Abuse Pathways Model.” *Advances in Nursing Science*, 28 (2005): 70 -80.

The purpose of this article is to provide an overview of an empirically based theoretical model of abuse of women with physical disabilities. The *Abuse Pathways* model was developed from a critical disability life history research study conducted with 37 women who had simultaneously experienced abuse and physical disability. The model begins to address the complexity of abuse of women with physical disabilities by identifying the interactive components of the phenomenon. These components include (1) the social context of disability; (2) women’s abuse trajectories; and (3) vulnerability factors for abuse. The article concludes by discussing potential applications and limitations of the model.

Hassouneh-Phillips, Dena and Mary Curry. “Abuse of Women with Disabilities: State of the Science.” *Rehabilitation Counseling Bulletin*, 45 (2002): 96 – 104.

Women with disabilities experience abuse at similar or higher rates than women in the general population. In addition to experiencing emotional, physical, and sexual abuse, women with disabilities may also experience disability-specific forms of abuse, for prolonged periods of time and from multiple perpetrators. To promote awareness of this serious problem, this article offers a brief overview of the general domestic violence literature and a critical review of existing research regarding the abuse of women with disabilities. Following these reviews, we offer an overview of practical implications and existing resources in this important area.

Hassouneh-Phillips, Dena and Elizabeth McNeff. “‘I Thought I Was Less Worthy’: Low Sexual and Body Esteem and Increased Vulnerability to Intimate Partner Abuse in Women with Physical Disabilities.” *Sexuality and Disability*, 23 (2005): 227 – 240.

Several studies have documented disproportionately low sexual and body esteem in women with high degrees of physical impairment. Moreover, other studies have begun to examine the problem of intimate partner and other forms of abuse in women with physical disabilities. In this article we examine the link between low sexual and body esteem and intimate partner abuse in women with physical disabilities based on findings obtained from an in-depth qualitative study. Findings indicate that women with high degrees of physical impairment are more likely to perceive themselves as sexually inadequate and unattractive than women with mild impairment. These negative perceptions, when combined with a strong desire to be partnered, increased women’s vulnerability to getting into and staying in abusive relationships over time. Major themes presented in the article include: societal devaluation, low sexual and body esteem, preference for non-disabled men, desire to be partnered, and relationship decision-making.

Hassouneh-Phillips, Dena, Elizabeth McNeff, Laurie Powers, and Mary Ann Curry. “Invalidation: A Central Process Underlying Maltreatment of Women with Disabilities” *Women & Health*, 41 (2005): 33 – 50.

Recent qualitative studies indicate that maltreatment of women with disabilities by health care providers is a serious quality of care issue. To begin to address this problem, we conducted a secondary analysis of data derived from three qualitative studies of abuse of women with disabilities. Findings identified ‘Invalidation’ as a central process underlying maltreatment. Invalidation was characterized by health care providers Taking Over care, Discounting, Objectifying, and Hurting women with disabilities during health care encounters. The findings highlight the need to educate health care providers about social and interpersonal aspects of disability and address the problem of Invalidation in health care settings.

Hawkins, Sarah, David Allen, and Rosemary Jenkins. “The Use of Physical Interventions with People with Intellectual Disabilities and Challenging Behaviour - the Experiences of Service Users and Staff Members.” *Journal of Applied Research in Intellectual Disabilities*, 18.1 (2005): 19–34.

The views of both service users with intellectual disability and their support staff on the use of physical interventions are largely unknown. The research that does exist describes a largely negative pattern of responses. The present study aimed to explore the personal impact of receiving and implementing physical interventions, and also how service users and staff felt the use of such procedures impacted on each other. Method: Eight service user/staff pairs were interviewed about their experiences of physical intervention within 1 week of their mutual involvement in a behavioural incident requiring restraint use. A qualitative methodology was employed to obtain

views on a non-pain compliance approach to physical intervention. Results: Service user and staff experiences were intrinsically linked, highlighting the interactional nature of physical interventions. It was apparent that experiences of physical intervention were dependent on far more than the application of techniques alone. Conclusions: Participants' accounts were primarily negative. Service user and staff experiences were clearly affected by their appraisals of each other's behaviour throughout the physical intervention process.

Heckler, Steven. "Facilitated Communication: A Response by Child Protection." *Child Abuse & Neglect*, 18 (1994): 495 – 503.

Using a new technology called facilitated communication, a 7-year-old autistic child reported that she had been sexually abused. Because this method of reporting was the first of its kind at Hennepin County's (Minneapolis) Child Protection Agency, steps were taken not only to understand facilitated communication, but also to assess the reliability of the child's report. This article includes a description of the client's complaint, the subsequent referral process that it provoked, and a background description of the client and family situation. It also describes the client's method of communication, including the assessment procedure that was devised to examine her communication production. The article ends with a summary of results from implementation of the assessment procedures, and a discussion of the limitations of these procedures.

Heilporn, Andre, et al. "Violence to and Maltreatment of People with Disabilities: A Short Review." *Journal of Rehabilitation Medicine*, 38 (2006): 10 – 12.

Violence may take many forms, often being subtle, insidious and difficult to recognize. However, the members of the rehabilitation team may be able to provide significant help and act preventively as they work towards the better social integration of the disabled individual helping them gain more control of their lives. European legislation may help in this task.

Helfrich, Christine A., Chaula Badiani, and Emily K. Simpson. "Worker Role Identity Development of Women with Disabilities Who Experience Domestic Violence." *Work*, 27 (2006): 319 – 328.

This two-year longitudinal qualitative study explored worker role identity development of seven women with disabilities who experienced domestic violence. Yearly semi-structured interviews and monthly follow up calls elucidated the meaning of work in women's lives and the development of role identity during transitions from shelters to the community. Participants aged 26-47, were from two domestic violence shelters and an independent living center in the Midwestern United States. Data analyses, using constant comparative methods, a peer team and member checking, revealed that women's work roles remained in a state of identity diffusion.

Identity diffusion in the worker role was delineated into three themes: role ambivalence, impact of disability, and relationship of the worker role to other roles. Study findings suggest a conflict between staff urgency to support women's return to work and economic self-sufficiency, and women's readiness to assume stronger work identities.

Hendey, Nicola and Gillian Pascall. "Independent Living: Gender, Violence and the Threat of Violence." *Disability & Society*, 13 (1998): 415 – 427.

In what ways is independent living for young adults with disabilities compromised by violence and its threat? A qualitative study of 42 young adults with severe physical disabilities explored their perceptions and concerns about independent living, access to services and the meeting of needs. Young women especially experience difficulties about leaving home, because of their own and their parents' fears about vulnerability; some who did leave home experienced highly restricted social lives because of anxiety about neighborhood violence. Few had established partnerships, but violence and sexual abuse from partners emerged as an issue for which there is little policy. Control and abuse within caring relationships are serious issues for those who need personal care. Violence and lack of protection may undermine independent living especially for women.

Henry, Lucy A. and Gisli H. Gudjonsson. "Eyewitness Memory and Suggestibility in Children with Mental Retardation." *American Journal on Mental Retardation*, 104.6 (1999): 491 – 508.

We examined how well children with mental retardation were able to recall a live staged event one day later compared to CA- and MA-comparable peers. Children with mental retardation performed very well on many measures of eyewitness memory performance, reaching the level of the CA-comparable group for free recall, general questions, open-ended questions, and correctly leading questions. They were, however, more suggestible in response to closed misleading questions than were children in the CA-comparable group although they were not more suggestible than those in the MA-comparable group. Some relationships were found between a standardized measure of suggestibility and performance on the eyewitness memory task, but most of these relationships were not the same within each of our study groups.

Henry, Lucy and Gisli Gudjonsson. "Eyewitness Memory, Suggestibility, and Repeated Recall Sessions in Children with Mild and Moderate Intellectual Disabilities." *Law and Human Behavior*, 27.5 (2003): 481 – 505.

This study of eyewitness memory questioned children with mild and moderate intellectual disabilities (ID) about a live staged event 1 day later and, again, 2 weeks later. Children with mild ID performed as well as typically-developing children of the same age in response to free recall instructions, and they were just as able as same age peers to resist misleading questions. However, they performed more poorly on

general questions, probing for further information after free recall. The children with mild ID also changed their responses to specific questions more often in the repeated interview. The group of children with moderate ID showed markedly lower performance than peers of the same age on nearly every type of eyewitness memory question. Comparisons of the children with ID to mental age-matched peers indicated that performance was similar, although children with ID gave more information in response to free recall instructions and changed their answers in the repeated interview more often. Standardized measure of verbal memory (TOMAL) and suggestibility (Gudjonsson Suggestibility Scale) were modest to moderate predictors of eyewitness memory performance.

Henry, Lucy A. and Gisli H. Gudjonsson. “The Effects of Memory Trace Strength on Eyewitness Recall in Children with and without Intellectual Disabilities.” *Journal of Experimental Child Psychology*, 89 (2004): 53 – 71.

Children with mild moderate intellectual disabilities (ID) were compared with typically developing peers of the same chronological age (CA) on an eyewitness memory task in which memory trace strength was manipulated to examine whether increased memory trace strength would benefit those with ID more than those without ID. No evidence was found for this claim or for the notion that different mechanisms are implicated in memory processes for children with ID versus CA controls. Fuzzy-trace theory was also used to contrast question types that probed verbatim memory versus gist memory. Manipulations of trace strength, when used with immediate recall (to reduce the impact of decay), were predicted to improve verbatim memory more than gist memory. The results broadly supported the predictions. Performance was not improved in the stronger trace strength condition on measures of recall that tapped gist memory (e.g., open-ended recall), whereas performance was significantly better in the stronger trace strength condition on two of the three measures of recall that tapped verbatim memory (i.e., closed misleading questions, open-ended specific questions). Difference in performance between the groups were quite marked on several question types, supporting previous finding that those with ID have certain vulnerabilities as potential witnesses compared with peers of the same CA.

Herbert, C.P., G.D. Grams, and J. Berkowitz. “Sexual Assault Tracking Study: Who Gets Lost to Follow-Up?” *Canadian Medical Association Journal*, 147.8 (1992): 1177 – 1184.

Objectives: To determine whether loss to follow-up can be predicted in patients who present to an emergency sexual assault assessment service and to generate hypotheses regarding the prediction of loss to follow-up on the basis of patient characteristics, assault characteristics and the services provided. Design: Prospective, exploratory study. Setting: Emergency department functioning as a regional sexual assault centre in a tertiary care hospital. Patients: All 294 women over the age of 16 years who presented to the emergency department with a complaint of sexual assault and consented to be followed up. Interventions: Telephone interviews at 24 to 48 hours and 1 month after presentation; face-to-face interviews after 1 week, 3 months and 6

months. Main Outcome Measures: Follow-up status (tracked versus lost to follow-up), State-Trait Anxiety Inventory (STAI-Y), Beck Depression Scale (Beck) and Rape Trauma Symptom Rating Scale (RTSRS). Results: At 24 to 48 hours 136 (46%) of the patients could not be reached. Only 61 (21%) were still tracked at 6 months. Loss to follow-up at 1 month accurately predicted loss to follow-up at 6 months in 209 (98%) of 214 patients. For tracked patients the STAI-Y and Beck scores improved over 6 months. These scores at 1 week did not predict follow-up status at 6 months, but the numbers were small. Subjects with a higher RTSRS score at 24 to 48 hours were most likely to remain tracked throughout the 6 months. Conclusions: Decisions regarding how vigorously to track patients with a complaint of sexual assault can tentatively be based on the characteristics of the victim and of the assault. We hypothesize that the characteristics predicting loss to follow-up include denial and avoidance behaviour, lack of a telephone number or forwarding address, history of a psychiatric condition, a disability (e.g., deafness), characterization as a "street person," a high degree of violence or injury in the assault, and threat by the assailant. Although a predictive model requires further data, crisis intervention services in an emergency department are essential, given the large number of patients lost to follow-up.

Herz, S.E. "Violence Against People with Disabilities: Barriers to Diagnosis, Prevention, and Treatment." *Academic Medicine*, 74.10 (1999):1058 – 1060.

No abstract available.

Hibbard, Roberta A., et al. "Maltreatment of Children with Disabilities." *Pediatrics*, 119.5 (2007): 1018 – 1025.

Widespread efforts are being made to increase awareness and provide education to pediatricians regarding risk factors of child abuse and neglect. The purpose of this clinical report is to ensure that children with disabilities are recognized as a population that is also at risk of maltreatment. Some conditions related to a disability can be confused with maltreatment. The need for early recognition and intervention of child abuse and neglect in this population, as well as the ways that a medical home can facilitate the prevention and early detection of child maltreatment, are the subject of this report.

Hiday, Virginia, et al. "Criminal Victimization of Persons with Severe Mental Illness." *Psychiatric Services*, 50 (1999): 62 – 68.

The types and amounts of crime experienced by persons with severe mental illness were examined to better understand criminal victimization in this population. The study found a substantial rate of violent criminal victimization among persons with severe and persistent mental illness. Results suggest that substance use and homelessness make criminal victimization more likely.

Hiday, Virginia, [et al.]. “Victimization: A Link Between Mental Illness and Violence?” *International Journal of Law and Psychiatry*, 24 (2001): 559 – 572.

No abstract available.

Hiday, Virginia A., [et al.]. “Impact of Outpatient Commitment on Victimization of People with Severe Mental Illness.” *American Journal of Psychiatry*, 159.8 (2002): 1403 – 1411.

Objective: The authors' goal was to evaluate the effectiveness of outpatient commitment in reducing victimization among people with severe mental illness. Method: One hundred eighty-four involuntarily hospitalized patients were randomly assigned to be released (N=99) or to continue under outpatient commitment (N=85) after hospital discharge. An additional group of patients with a recent history of serious violent behavior (N=39) was nonrandomly assigned to at least a brief period of outpatient commitment following hospital discharge. All three groups were followed for 1 year, and case management services plus additional outpatient treatment were provided to all subjects. Outcome data were based on interviews with the patients and informants as well as service records. Results: Subjects who were ordered to outpatient commitment were less likely to be criminally victimized than those who were released without outpatient commitment. Multivariate analysis indicated that each additional day of outpatient commitment reduced the risk of criminal victimization and that outpatient commitment had its effect through improved medication adherence, reduced substance use or abuse, and fewer violent incidents. Conclusion: Protection from criminal victimization appears to be a positive, unintended consequence of outpatient commitment.

Hill, B. and M. Hayden. “State-by-State Data on Children with Handicaps in Foster Care.” *Child Welfare*, 69 (1990): 447 – 463.

This article summarizes data from previous studies of children and youths in foster care and describes a recent national survey. Among the purposes of the national survey were the following: (1) to analyze the different types of data collected by different states regarding children and youths in foster care, those with mental retardation, and those with other handicapping conditions; (2) to determine changes in the number of children with and without handicaps in generic foster care nationally through comparison with previous surveys; and (3) to determine the extent to which desired information can be obtained in the future.

Hingsburger, Dave. “The Ring of Safety: Teaching People with Disabilities To Be Their Own First-Line of Defense.” *Developmental Disabilities Bulletin*, 22 (1994): 72 – 79.

This article states that people with disabilities need to learn skills to reduce their vulnerability to sexual victimization. Individuals with disabilities have often lived in protective systems that have assumed the responsibility for keeping people within

those systems safe. When that protection fails the temptation is to blame the victim for the assault. This article presents six avenues of self protection: sex education; privacy awareness; the ability to non-comply; access to someone who listens; understanding of personal rights; and a healthy self-concept. Examples are given from clinical work.

Hogg, James, et al. “Evaluation of the Effect of an Open Learning Course on Staff Knowledge and Attitudes Towards the Sexual Abuse of Adults with Learning Disabilities.” *Journal of Applied Research in Intellectual Disabilities*, 14 (2001): 12 – 19.

An open learning course, ‘Approaches to Sexual Abuse of Adults with Learning Disabilities’, was undertaken with a range of staff working with adults with learning disabilities. Using a specially designed questionnaire based on the research and practice literature on sexual abuse, the present authors evaluated the impact of the course on staff knowledge of: (1) sexual abuse, and its antecedents and consequences; (2) the procedures to be followed once abuse is suspected and (3) the practices most likely to minimize abuse. In addition, the effect of the course on attitudes was also assessed. Staff knowledge of sexual abuse was significantly increased following completion of the course. Staff attitudes at the outset of the course tended to be highly consistent with the values and practices reflected in the course material. However, changes in acceptance of formal practices to deal with abuse, confidence in having the skills to deal with incidents and awareness of the vulnerability of people with learning disabilities to abuse were all enhanced. The implication of sample attrition during the course is considered with respect to the nature of the environment in which staff work and the feasibility of the open learning model.

Horner-Johnson, Willi and Charles Drum. “Prevalence of Maltreatment of People with Intellectual Disabilities: A Review of Recently Published Research.” *Mental Retardation and Developmental Disabilities Research Reviews*, 12 (2006): 57 – 69.

Maltreatment can have a profound adverse effect on the health of individuals with intellectual disabilities (ID). People with ID may also be more likely to experience maltreatment than other groups. Historically, data on prevalence of maltreatment among people with ID have been sparse and methodologically weak but have suggested that the scope of the problem is considerable. Studies published between 1995 and 2005 were reviewed to determine estimated maltreatment prevalence among people with ID based on recent literature. Prevalence estimates for people with ID were compared to estimates for people with no disabilities and people with other types of disabilities. Only five studies provided maltreatment prevalence estimates for people with ID. The limited data suggest that maltreatment is more prevalent for people with ID than for people with no disabilities and may be higher for people with ID than for people with certain other disabilities. Most of the available research is still based on convenience samples. More population-level data are needed to provide reliable estimates of the prevalence of this important health problem.

Howe, David. "Disabled Children, Maltreatment and Attachment." *British Journal of Social Work*, 36.5 (2006): 743 – 760.

Two bodies of literature on children with disabilities are identified and described. One recognizes an association between disability and maltreatment. The other finds an association between children with a disability and insecure attachments. The present paper seeks a theoretical integration between these two research traditions. The model generated examines the dynamics that affect a child with a disability's attachment classification and risk of being maltreated in terms of a transaction between both parental and child factors. In the case of children with certain types of disability, unresolved parental states of mind with respect to attachment are seen as a risk factor for maltreatment. Implications for prevention, support and treatment are considered.

Howlett, Sue, and Joanne Danby. "Learning Disability and Sexual Abuse: Use of a Woman-Only Counselling Service by Women with a Learning Disability: A Pilot Study." *Learning Disability Review*, 12.1 (2007): 4 – 15.

This paper reports on a pilot study on how women with a learning disability access a mainstream rape crisis centre, used by women who had been sexually abused at any time during their lives. It examines how the pilot was set up, criteria for inclusion, monitoring and evaluation, the outcomes for the women who accessed it and its benefits. The paper also looks at issues raised by the work and future ways of helping other providers to make their services inclusive and open to this group, and makes general recommendations.

Howlin, Patricia. "Commentary. Facilitated Communication: A Response by Child Protection." *Child Abuse & Neglect*, 18 (1994): 529 – 530.

No abstract available.

Howlin, Patricia and David Jones. "An Assessment Approach to Abuse Allegations Made Through Facilitated Communication." *Child Abuse & Neglect*, 20 (1996): 103 – 110.

Over the last few years a number of cases have been reported in which accusations of sexual abuse have been made through the medium of facilitated communication. Although experimental evaluations of facilitated communication indicate that responses are almost always under the control of the facilitator, not the client, such allegations cannot be ignored. The following case study describes the procedures followed when a young girl with autism began to make accusations of abuse against family members. The paper suggests a number of guidelines that might be followed when professionals are faced with dilemmas of a similar kind.

Hughes, Patricia. “New Responsibilities for Adapted Physical Educators: Watchdogs for Abuse and Advocates for Empowerment.” *Palaestra*, 21.2 (2005): 20 – 25.

No abstract available.

Hyter, Yvette D. “Understanding Children Who Have Been Affected by Maltreatment and Prenatal Alcohol Exposure.” *Language, Speech, and Hearing Services in Schools*, 38 (2007): 93 – 98.

This prologue introduces an important topic for multiple disciplines involved with children and their families. This introduction includes a review of some of the current literature on the effects of maltreatment and prenatal alcohol exposure on child development, an explanation of why this topic is essential learning for communication professionals, prevalence figures for the occurrence of these effects, and a summarization of the articles that have been contributed by a cross section of researchers from various disciplines.

Jenkins, Robert and Rachel Davies. “Neglect of People with Intellectual Disabilities: A Failure to Act?” *Journal of Intellectual Disabilities*, 10 (2006): 35 – 45.

Evidence from numerous studies strongly suggests that many people with intellectual disabilities have greater health needs and also have restricted access to health care compared to the general population. Given this evidence and that this has existed for some time, when does failure to act on this knowledge constitute a form of abuse? The motivation for this article emerged from both observations made during a wider study on abuse policies and practice and a growing awareness that abuse literature is not fully engaged with a broader definition of neglect. This article considers these issues with reference to the wider context of duties of care, freedom of choice and the attitudes of staff that shape responses to abuse. Practitioners are challenged to consider what can be done to overcome neglect with specific reference to the neglect of health needs.

Johnson, Catriona. “Violence Against Women with Developmental Disabilities: The Hidden Violence.” *TASH Newsletter* (2000): 22 – 23.

No abstract available.

Jones, David. “Editorial. Autism, Facilitated Communication and Allegations of Child Abuse and Neglect.” *Child Abuse & Neglect*, 18 (1994): 491 – 493.

No abstract available.

Jones, Deb and Lili Garfinkel. "Defining the Unknown: Therapy for Children with Disabilities Who Have Been Sexually Abused." *Journal of Child Sexual Abuse*, 2 (1993): 127 – 129.

No abstract available.

Jones, Peter and Biza Stenfert Kroese. "Service Users' Views of Physical Restraint Procedures in Secure Settings for People with Learning Disabilities." *British Journal of Learning Disabilities*, 35.1 (2007): 50 – 54.

The appropriateness and justification of physical restraint procedures in secure learning disability settings is an emotive issue. This paper examines the views of service users (n = 10) from secure residential facilities who are restrained frequently. Using a semi-structured interview schedule, Service users were interviewed about their restraint experiences. They reported that restraint can lead to potentially abusive situations and that staff should try other approaches before restraining someone. They were divided on whether it calmed them down and whether staff enjoyed performing restraint. Other comments included that restraint may or may not serve a purposeful goal and that there is a definite need for staff training for those involved in performing restraint.

Jones, Victoria, Rachel Davies, and Rob Jenkins. "Self-harm by People with Learning Difficulties: Something to be Expected or Investigated?" *Disability & Society*, 19 (2004): 487 – 500.

A review of the literature exploring self-harm highlights variations in the way it is understood. A marked difference in approach appears to relate to the presence of a learning difficulty in the person utilizing self-harm. Linkage with abuse has been given credence as one possible explanation for self-harming behavior in the general population and yet has received little consideration within literature regarding people with learning difficulties. This paper proposes that it is oppression and abuse which provide the context in which self-harm is used by many people with learning difficulties. Continually ignoring the 'message' in self-harm is to further traumatize individuals. Therefore a challenge is posed to look beyond existing responses to the use of self-harm by people with learning difficulties.

Jonson-Reid, M., et al. "A Prospective Analysis of the Relationship Between Reported Child Maltreatment and Special Education Eligibility Among Poor Children." *Child Maltreatment*, 9 (2004) 382 – 394.

This study presents data from the first large-scale longitudinal study to track the involvement of children reported for maltreatment in both the special education and child welfare systems. A range of state and local administrative databases were combined and cross-sector service histories were established for 7,940 children who had received Aid to Families With Dependent Children between 1993 and 1994. The authors address the following questions: (a) Is maltreatment associated with entry into

special education after controlling for other factors? (b) among maltreated children, does maltreatment type or child welfare service use predict special education eligibility? and (c) what is the relationship between maltreatment type and type of educational disability? Results indicate that child maltreatment system involvement generally predates special education entry and is predictive of entry even after controlling for other factors. A range of other associations between factors such as child and maternal characteristics, services received, maltreatment type, and special education classification are detailed.

Joyce, T.A. “An Audit of Investigations Into Allegations of Abuse Involving Adults with Intellectual Disability.” *Journal of Intellectual Disability Research*, 47 (2003): 606 – 616.

The paper describes the results of an audit of referrals to a psychology service requesting specialist assistance in the investigation of allegations of abuse. The process of the investigations suggested that a number of barriers still exist which can make decision-making in relations to the alleged abuse extremely difficult. Resolution of the allegations through the criminal justice system was also problematic.

Kapitanoff, S. H. and J.R. Lutzker. “Cultural Issues in the Relation Between Child Disabilities and Child Abuse.” *Aggression and Violent Behavior*, 5.3 (2000): 227-244.

Reviewed here are cultural issues which should be included in the study of the relation between child disabilities and child abuse. Variations in child care, parenting, discipline, and health practices are noted and examples of cultural practices that could impact the perceived relation between disabilities and abuse are discussed. Two programs incorporating culturally sensitive approaches in interactions with clients in an applied setting are reviewed.

Katz, Gilda. “Adolescents and Young Adults with Developmental Disabilities Interface with the Internet: Six Case Reports of Dangerous Liaisons.” *Mental Health Aspects of Developmental Disabilities*, 4 (2001): 77 – 84.

Sexual predators on the Internet can pose a danger to anyone. Adolescents and young adults with developmental disabilities (DD) who can access the Internet are particularly vulnerable because of their naivete and their revealing profiles when they log on. In this article, examples of problems encounter on the Internet and with computers generally are described in six adolescents and young adults with DD. Problems ranged from sexual and emotional victimization, and debt and unrewarding liaisons, to simply getting into trouble. The interventions used together with known outcomes are summarized in tabular from, along with a list of strategies to prevent abuse. As programs become increasingly “user friendly” and adolescents and young adults with DD learn computer skills, it is suggested that sexual and safety education, supervision, and the provision of alternative socialization activities can play a role in reducing the risks of these young people’s victimization.

Kebbell, Mark R. and Chris Hatton. “People with Mental Retardation as Witnesses in Court: A Review.” *Mental Retardation*, 37.3 (1999): 179 – 187.

Evidence concerning eyewitness testimony given by people with mental retardation in court was reviewed. Despite general perceptions that people with mental retardation make incompetent witnesses, available evidence suggests that they can provide accurate accounts of witnessed events. The accounts are usually less complete than those provided by the general population and are greatly influenced by the methods of questioning. The sparse available evidence suggests that cross-examination methods may lead to memory distortion. The use of closed, complex, and leading questions and the absence of aids to recall may have a particularly adverse effect on people with mental retardation. Resulting errors could lead to a false conviction or acquittal. Future policy and research in this much neglected area were discussed.

Kebbell, Mark, et al. “People with Learning Disabilities as Witnesses in Court: What Questions Should Lawyers Ask?” *British Journal of Learning Disabilities*, 29 (2001): 98 – 102.

People with learning disabilities (LDs) are likely to be at greater risk of having crimes committed against them, and testimony from witnesses with LDs is likely to be crucial when many of these crimes are prosecuted. The presented authors analysed the transcripts of 16 court cases involving witnesses with LDs and 16 matched court cases involving witnesses without LDs. On the basis of this information and previous research, they discuss three issues: (1) the strengths and vulnerabilities of people with LDs as witnesses in court; (2) the kinds of questioning used by lawyers in courtrooms which can cause problems for witnesses with LDs; and (3) guidance for practitioners concerning alerting the judge to their role in preventing constraining and coercive lawyer questioning in court. The authors conclude that many people with LDs can be competent witnesses in court, but that hostile lawyers in particular use constraining and coercive questioning strategies which have a particularly negative impact on the testimony of witnesses with LDs. Judges should be informed of appropriate and inappropriate lawyer questioning strategies in advance of trials to enable them to effectively manage the questioning of lawyers in the courtroom.

Kebbell, Mark and Graham Davies. “People with Intellectual Disabilities in the Investigation and Prosecution of Crime.” *Legal and Criminological Psychology*, 8 (2003): 219 – 222.

The paper focuses on people with intellectual disabilities in the investigation and prosecution of crime as of September 2003. It provides a definition of intellectual disability; Percentage of the population of developed countries constituted by people with intellectual disabilities; Medical conditions of people with intellectual disabilities; Implications of people with intellectual disabilities for the criminal justice system.

Kebbell, Mark, Christopher Hatton, and Shane Johnson. “Witnesses with Intellectual Disabilities In Court: What Questions Are Asked and What Influence Do They Have?” *Legal and Criminological Psychology*, 9 (2004): 23 – 25.

The purpose of the paper is to identify the ways in which witnesses with and without intellectual disabilities are examined in court and specifically to identify what questions are asked and what influence they have.

Keilty, Jennifer and Georgina Connelly. “Making a Statement: An Exploratory Study of Barriers Facing Women with an Intellectual Disability When Making a Statement About Sexual Assault to Police.” *Disability and Society*, 16 (2001): 273 – 291.

Many women with intellectual disability become the victims of sexual assault. Despite this, anecdotal evidence suggests that few cases are prosecuted. This qualitative study looks at the barriers that arise at the crucial first step toward the prosecution of a complaint – making a statement to the police. In this study, sexual assault workers and members of the New South Wales police service in the greater Sydney area, Australia, were interviewed to identify the barriers that arise when women with intellectual disability decide to make a statement to police following sexual assault. The study’s findings demonstrate a need for greater awareness within the police service of police policies and procedures, and legislation, as well as greater co-operation between the police service and other organizations, which have an impact on the lives of women with intellectual disability.

Kelly, Liz. “The Connections Between Disability and Child Abuse: A Review of the Research Evidence.” *Child Abuse Review*, 1 (1992): 157 – 167.

Two possible connections between disability and abuse are explored: that disability can be the outcome of abuse, and that children with disabilities are differentially vulnerable to abuse. Evidence supporting both propositions is presented and assessed. Major problems in research and research methods are highlighted: the differing definitions of disability and abuse, the reliance on data drawn from clinical samples and case files, and failure to develop innovative methods which would enable direct participation of children and adults with a range of disabilities. The paper concludes that our current knowledge base is inadequate to either distinguish between the two connections or provide clear guidance on a range of concerns within the child protection field.

Kelly, Liz. “Can’t Hear or Won’t Hear? – The Evidential Experience of Children with Disabilities.” *Child Abuse Review*, 1 (1992): 188 – 190.

No abstract available.

Kelly, Susan and J. Elton Moore. "Abuse and Violence in the Lives of People with Low Vision: A National Survey." *Re:View*, 31 (2000): 155 – 165.

The paper focuses on a study that examined the perceptions of individuals with low vision about their personal experiences with abuse and violence in the United States. It explores the possible psychosocial aspects of visual impairment with abuse and violence; presents the methodology of the study; and discusses the results.

Kempton, Winifred and Emily Kahn. "Sexuality and People with Intellectual Disabilities: A Historical Perspective." *Sexuality and Disability*, 9 (1991): 93 – 111.

Until the 1960s, the sexuality of people with mental retardation was handled by denial and suppression. The eugenics movement of 1880 – 1940 led to forced mass sterilization and the segregation of these members of our society. The civil rights movement and the "sexual revolution" were among the catalysts for change as was the move toward normalization and deinstitutionalization of people with mental retardation. In the last 25 years, parents and professionals have begun to work together to find ways to help mentally handicapped individuals to understand their sexuality and to engage in appropriate self-affirming sexual behaviors. We have established goals, guidelines, and curricula for sexuality education. We have trained parents and staff and developed policies for handling sensitive issues, such as sterilization and problematic sexual expression. The AIDS epidemic has provided new impetus for improving education and training in this emerging field.

Kendall-Tackett, Kathleen. "Abuse and Neglect of Children with Disabilities." *Rehabilitation Psychology News*, 29 (2002): 12 – 13.

No abstract available.

Kendall-Tackett, Kathleen, et al. "Commentary: Why Child Maltreatment Researchers Should Include Children's Disability Status in their Maltreatment Studies." *Child Abuse & Neglect*, 29 (2005): 147 – 151.

The commentary encourages researchers in the child maltreatment field to include children's disability status in their studies of abuse and neglect. It includes a summary of what research has found so far and provides some basic recommendations.

Kennedy, Carrie and John Niederbuhl. "Establishing Criteria for Sexual Consent Capacity." *American Journal on Mental Retardation*, 106 (2001): 503 – 510.

Assessment of sexual consent capacity of individuals with mental retardation is a complex problem. A struggle exists between promoting rights and protection from harm when these impairments interfere with the ability to make informed decisions. We examined the consensus of psychologists on specific criteria for sexual consent capacity. Randomly selected doctoral level members (N= 305) of the American

Psychological Association completed a questionnaire regarding their opinions about various components of human sexuality. A factor analysis of individual items revealed five factors: Consequences of Sexual Activity, Essential Sexual Knowledge, Unessential Sexual Knowledge, Safety for Self and Others, and Basic Safety Skills. Generally, the factor structure identified basic sexual knowledge, knowledge of the consequences of sexual behavior, and abilities related to self-protection as integral to sexual consent capacity.

Kennedy, Margaret. "Children with Severe Disabilities: Too Many Assumptions." *Child Abuse Review*, 1 (1992): 185 – 187.

No abstract available.

Kennedy, Margaret. "Not the Only Way to Communicate: A Challenge to Voice in Child Protection Work." *Child Abuse Review*, 1 (1992): 169 – 177.

Children with disabilities and communication differences have consistently been failed under child protection provisions in four vital areas. We have not studied communication in relation to safety programs, assessment process, criminal proceedings and therapeutic services. Many disabilities have communication differences inherent in the disability. For these children communication may be in the form of sign and/or symbol in conjunction with some level of English speech or speech reading. Children with multiple disability or cerebral palsy may also use a variety of computer aided communication systems with keyboards and/or voice simulators. This paper provides an overview of various communication methods which workers need to be aware of when doing child protection work with children with disabilities.

Kennedy, Margaret. "The Case for Interpreters – Exploring Communication with Children Who Are Deaf." *Child Abuse Review*, 1 (1992): 191 – 193.

No abstract available.

Khemka, Ishita. "Increasing Independent Decision-Making Skills of Women with Mental Retardation in Simulated Interpersonal Situations of Abuse." *American Journal on Mental Retardation*, 105 (2000): 387 – 401.

The effectiveness of two decision-making training approaches in increasing independent decision-making skills of 36 women with mild mental retardation in response to hypothetical social interpersonal situations involving abuse was evaluated. Participants were randomly assigned to a control or one of two training conditions (a decision-making training approach that either addressed both cognitive and motivational aspects of decision-making or included only instruction on the cognitive aspect of decision-making). Although both approaches were effective relative to a control condition, the combined cognitive and motivational training approach was superior to the cognitive only training approach. The superiority of this

approach was also reflected on a verbally presented generalization task requiring participants to respond to a decision-making situation involving abuse from their own perspective and on a locus of control scale that measured perceptions of control.

Khemka, Ishita and Linda Hickson. "Decision-Making by Adults with Mental Retardation in Simulated Situations of Abuse." *Mental Retardation*, 38 (2000): 15 – 26.

The ability of women and men with mental retardation to suggest prevention-focused decisions in response to simulated social interpersonal situations of abuse was investigated. Decision-making performance across three types of abusive situations (physical, sexual, psychological/verbal) was examined. Participants were able to suggest direct prevention-focused decisions aimed at resisting or stopping abuse 45% of the time and other-dependent prevention-focused decisions in the form of reporting 20% of the time. Prevention-focused decision-making was higher in situations of physical abuse (59%) than in situations of sexual (51%) or psychological/verbal abuse (26%). Women and men did not differ significantly in their decision-making responses.

Khemka, Ishita, Linda Hickson, and Gillian Reynolds. "Evaluation of a Decision – Making Curriculum Designed to Empower Women with Mental Retardation to Resist Abuse." *American Journal on Mental Retardation*, 110 (2005): 193 – 204.

The effectiveness of an abuse-prevention curriculum, designed to empower women with mental retardation to become effective decision-makers able to protect themselves against abuse was examined. Thirty-six women with mental retardation were randomly assigned to either an intervention or a control group. Results indicate that the performance of the women in the intervention group was superior to that of the women in the control group on measures of knowledge, decision-making, and empowerment but not on a measure of stress management. The findings suggest that women with mental retardation can acquire effective decision-making strategies and apply them to situations of abuse in their lives.

Knutson, John and Patricia Sullivan. "Communicative Disorders as a Risk Factor in Abuse." *Topics in Language Disorders*, 13 (1993): 1 – 14.

No abstract available.

Knutson, John, Christina Johnson, and Patricia Sullivan. "Disciplinary Choices of Mothers of Deaf Children and Mothers of Normally Hearing Children." *Child Abuse & Neglect*, 28 (2004): 925 – 937.

The objective of the study was to assess the disciplinary preferences of mothers of profoundly deaf children and normally hearing children in a test of the hypothesized link between child disabilities and punitive parenting. Results indicated that mothers of children with profound hearing impairments were more likely to select physical

discipline in response to depicted child transgressions and more likely to escalate to physical discipline when the depicted child was described as persisting in the transgression. Additionally, escalation was more probable in response to scenes depicting children engaged in dangerous and destructive acts than in rule-violating acts. The findings were consistent with the hypothesized link between childhood disabilities and child maltreatment as well as the hypothesis that children with disabilities associated with communication problems could be at risk of physical abuse.

Konstantareas, Mary. "Allegations of Sexual Abuse by Nonverbal Autistic People Via Facilitated Communication: Testing of Validity." *Child Abuse & Neglect*, 22 (1998): 1027 – 1041.

Objective: The aim of the paper is to offer a comprehensive approach to establishing the validity of allegations of sexual abuse by nonverbal autistic children and adults produced through facilitated communication (FC). This approach is offered as an alternative to existing methodology that relies exclusively on the "message passing" task, and has been used to advantage in the courts. **Method:** Three components to the battery are included: (a) specialized psychometric testing; (b) a variant of the message passing task; and (c) systematic analysis of the allegations themselves. Through the juxtaposition of the data from the different sources, conclusions can be reached as to the allegations' authorship. **Results:** The results of a series of studies addressing the issue of validity of FC in general are briefly presented. Then a case presentation is offered to demonstrate how the technique can be employed to clarify allegations of sexual abuse. Elements of two other cases are also briefly discussed. **Conclusions:** Facilitated communication has been heralded as a breakthrough, allowing nonverbal people with autism to express themselves. It relies on manual guidance by a facilitator. Its proponents' resistance to allowing the technique's validation relying on the paradigm of normal science has resulted in its broad dissemination without support. In the case of sexual abuse allegations thus far the "message passing" task has been used to assess their verity. The present methodology is offered as a more comprehensive alternative to "message passing," with relevance to other populations of nonverbal individuals.

Kroese, Biza and Gail Thomas. "Treating Chronic Nightmares of Sexual Assault Survivors with an Intellectual Disability – Two Descriptive Case Studies." *Journal of Applied Research in Intellectual Disabilities*, 19 (2006): 75 – 80.

Imagery rehearsal therapy for people who suffer from recurring nightmares has been shown to be a successful intervention. Very little research however has been conducted on post-traumatic nightmare sufferers with learning disabilities. This paper presents two case studies to illustrate the application of an adapted form of imagery rehearsal therapy to adults with learning disabilities. Both descriptive cases indicated that the intervention resulted in significant reductions in distress because of nightmares and provided some evidence that these positive results were generalized into waking life.

Kumplulainen, Kirsti, [et al.] “Bullying and Psychiatric Symptoms Among Elementary School-Age Children.” *Child Abuse & Neglect*, 22 (1998): 705 – 717.

No abstract available.

Kupsinel, Morgan and Darnel Dubsky. “Behaviorally Impaired Children in Out-of-home Care.” *Child Welfare League of America*, 78 (1999): 297 – 310.

This study was undertaken to determine the nature of the out-of-home care placement experience for 131 behaviorally impaired children entering care over the course of a year in Nebraska. Variables analyzed included behavioral impairment, age at entry, age at termination, gender, race/ethnicity, family violence, geographical area before and at termination, closeness to home of most recent placement, and length of time in care. Multiple regression analysis showed that behavioral impairment was the strongest predictor of length of time in care, accounting for 2.4% of the variability.

Kvam, Marit. “Is Sexual Abuse of Children with Disabilities Disclosed? A Retrospective Analysis of Child Disability and the Likelihood of Sexual Abuse Among Those Attending Norwegian Hospitals.” *Child Abuse & Neglect*, 24 (2000): 1073 – 1084.

According to North American studies disabled children are at 2 – 3 times greater risk of being sexually abused than non-disabled. If the risk ratio for disabled children in Norway is similar, and the disclosure of sexual abuse is the same for disabled as for non-disabled, one should expect disabled children to constitute 2- 3 times the 11% they constitute in the general population. This research aimed to investigate if this is the case for Norwegian children, and to find characteristics within the handicapped group suspected of being sexually assaulted. The study found that the severely disabled children constituted only 1.7% of the examined 1293 children. Altogether, 6.4% of the children had a smaller or severe disability. These children were more often assessed as “probably assaulted” than the non-disabled. The disabled group had a larger part of boys than the non-disabled group. Children with disabilities make up a smaller part of children coming to pediatric hospitals with the suspicion of being sexually abused than expected. The results indicate that when a child has a severe disability, the caretakers do not seem to recognize it as sexual abuse before it is quite obvious.

LaBarre, Alice. “Treatment of Sexually Abused Children Who Are Deaf.” *Sexuality and Disability*, 16 (1998): 321 – 324.

This article will address the vulnerability of children who are deaf to sexual abuse and treatment techniques specifically for this population. The experience of the author was at a large city outpatient program in a department of psychiatry. This clinic served families where someone in the family was deaf or hard of hearing. The

pioneering efforts in the 1980s were some of the first treatment for this population and this is the basis for this article.

Lam, Julie A. and Robert Rosenheck. "The Effect of Victimization on Clinical Outcomes of Homeless Persons with Serious Mental Illness." *Psychiatric Services*, 49 (1998): 678 – 683.

Objective: The study examined the prevalence and correlates of criminal victimization and the relationship between victimization and client outcomes for homeless clients with mental illness. Methods: Subjects were clients in community treatment programs participating in the Access to Community Care and Effective Services and Supports (ACCESS) program of the Center for Mental Health Services. Data were obtained through interviews conducted at program entry and at three and 12 months after entry with ACCESS clients in 18 sites during the first year of program operation (N=1,839). Self-reports of victimization during the past two months as well as data on sociodemographic, health, and social adjustment indicators were obtained at each time point. Multiple regression was used to determine both the correlates of victimization among this population and the effect of recent victimization on client outcomes three and 12 months after program entry. Results: Forty-four percent of the clients were the victims of at least one crime during the two months before entering the program. Women were significantly more likely than men to have been victimized. Multivariate analysis showed that the more severe the client's psychotic symptoms, alcohol abuse, and criminal history, the more likely he or she was to have been victimized. Recent victimization had a significant impact on client outcomes in terms of increased homelessness and decreased quality of life. Victimization shortly before program entry was also the single most important predictor of victimization at both follow-up points. Conclusion: These findings suggest the critical need for service providers who work with homeless people with serious mental illness to assess the extent to which they have been victims of crime and to address issues of victimization and safety along with psychiatric and social adjustment problems.

Lang, Robert and James Kahn. "Teacher Estimates of Handicapped Student Crime Victimization and Delinquency." *The Journal of Special Education*, 20 (1986): 359 – 365.

This study examines estimates of violent and property crimes. Seventy-five special education teachers from 21 Illinois counties and 30 school districts identified the most common violent and property crimes among their special education students, estimated the prevalence of crime victimization, as well as delinquency among their special education students. Student disability type and delinquency risk level were examined and compared. The results indicated a significant difference between learning-disabled and behaviorally disordered victims of violence. A comparison of special education teacher crime rankings and the Crime in Illinois: Illinois Uniform Crime Report's rankings yield a +1.00 Spearman Rank-Order Correlation. These findings were interpreted as indicating a need for more in-depth federal and state

crime reporting methods. Also, this study indicates a need for education aimed at reducing the vulnerability of the handicapped student as both victim and perpetrator of crime.

Lee, Deborah, Anna McGee, and Simon Ungar. "The Effectiveness of a Computer-Based Safety Programme for Children with Severe Learning Difficulties." *Child Abuse Review*, 10 (2001): 198 – 209.

This study reports the findings of a research study into the development of a safety programme for those with severe and complex learning difficulties. A full description of the study was reported in Lee et al . (1998). The aims of the study were twofold. The research was intended to fill the prevailing gap in appropriate prevention materials designed for those with severe learning difficulties. Attention was paid to the medium through which such concepts were taught and it was proposed that multimedia technology might circumvent the problems encountered when introducing personal safety to this group. The second aim was to extend knowledge of developmental concepts towards a practical and applied programme to teach safety skills. As this research involved the design and implementation of a personal safety programme for those with severe learning difficulties, the general hypothesis was that after completion of the programme, the experimental group would be significantly more able to respond to the interview vignettes. An examination of the participants' level of authority reasoning related to their performance on the safety interview was also undertaken.

Lee, Yvonne and Catherine Tang. "Evaluation of a Sexual Abuse Prevention Program for Female Chinese Adolescents with Mild Mental Retardation." *American Journal on Mental Retardation*, 103 (1998): 105 – 116.

The effectiveness of the Behavioral Skills Training program in the primary prevention of sexual abuse for 72 female Chinese adolescents with mild mental retardation was evaluated. Subjects were assigned to either the Behavior Skills Training program or an attention control program. The Behavioral Skills Training group demonstrated greater knowledge regarding sexual abuse and self-protection skills at posttest, which was maintained at 2-month follow-up, though the scores on the recognition of appropriate-touch requests showed a decreasing trend. They also exhibited less fear of objects, people, and situations after the prevention program. Booster sessions and a longer program duration should result in better retention. Results suggest that a modified Behavior Skill Training program can be effective with Chinese adolescents with mental retardation.

Leggett, Janice, Wendy Goodman, and Shamim Dinani. "People with Learning Disabilities' Experiences of Being Interviewed by the Police." *British Journal of Learning Disabilities*, 35 (2007): 168 – 173.

This article describes a small qualitative study investigating the experiences of people with learning disabilities who have been interviewed by the police, including their

views on Appropriate Adults (AA). Of concern, but consistent with other research in this area, a significant proportion of this, albeit small, group were not afforded the safeguard of an AA, as required under the Police and Criminal Evidence Act (PACE). Those that did have an AA present during the interview often found it to be a negative experience, either because of lack of input by the AA, or the perceived provision of an inappropriate person to act as AA. The participants were able to identify characteristics of preferred AAs. The main qualities required were that the person was known to them and was trusted. The interviewees could identify some positive factors in the interviews they underwent, but also drew attention to aspects which they found aversive, such as the style of questioning of the police. There was some focus on issues which may be considered trivial (such as the quality of the refreshments provided) indicating a tendency on their part to underestimate the seriousness of the situation. The potential vulnerability of this group of people is highlighted as well as the useful contribution they can make to the debate concerning the provision of AA services.

Levy, Helen and Wendy Packman. "Sexual Abuse Prevention for Individuals with Mental Retardation: Considerations for Genetic Counselors." *Journal of Genetic Counseling*, 13 (2004): 189 – 205.

It is now widely recognized that children, adolescents, and adults with mental retardation are especially vulnerable to sexual abuse. Because at least 10% of genetic conditions are reported to include mental retardation as a feature, the provision of services to individuals with mental retardation represents a substantial portion of the case load for many genetic counselors. Our objective is to educate genetic counselors and other health professionals about this vulnerable population in order to enhance the frequency and efficacy of inquiry into sexual education and sexual abuse prevention training for patients with mental retardation. The following review article is intended to assist genetic counselors by increasing their knowledge of factors that lead to sexual abuse and provides recommendations for integrating this information into the counseling interaction.

Lewin, Barbro. "Who Cares About Disabled Victims of Crime? Barriers and Facilitators for Redress." *Journal of Policy and Practice in Intellectual Disabilities*, 4.3 (2007): 170 – 176.

The author identified and discusses barriers and facilitators for public action after the occurrence of abuse against an adult with an intellectual disability (ID). Data were collected via a postal survey sent to guardians in one Swedish region with questions about suspected abuse against their wards (n = 978), of whom 392 had an ID (the remaining were affected by dementia or had another physical or mental disability). The rate of abuse was 4.8% (n = 19) among those wards with an ID. A range of abuses were reported, but there were no significant statistical differences attributed by sex of the wards. Facilitating examples for redress in the statutory framework were identified, but it was observed that implementation of redress was often flawed. Three alternative public actions were discussed: (1) victims' refusal to contact the public

sector; (2) internal handling by the social services; and (3) reporting to police (but case closed). Findings showed that there were difficulties in understanding that passive respect for integrity and autonomy is not in line with the public ethos that demands actively caring for dependent wards, that offences in residential settings were sometimes handled internally and not reported in accord with the statutory framework, and that the ability of the criminal justice system to compensate for communicative disabilities seemed deficient.

Li, Li, Jo Ann Ford, and Dennis Moore. “An Exploratory Study of Violence, Substance Abuse, Disability, and Gender.” *Social Behavior and Personality*, 28 (2000): 61 – 72.

Using a random sample of 1876 individuals with disabilities, this study examines relationships between victimization as a result of violence, substance abuse, disability, and gender. Multivariate analyses reveal that women with disabilities are more likely to be victims of substance abuse-related violence than are male counterparts. Some disability conditions such as disability onset, multiple disabilities and chronic pain – are significantly associated with violence for both men and women with disabilities. For people with disabilities, this study finds that victims of substance abuse-related violence are more likely to have their own substance abuse problems than are those who have not been victimized. The authors discuss several issues relevant to a better understanding of violence, substance abuse, disability and gender.

Lightfoot, Elizabeth and Traci LaLiberte. “Approaches to Child Protection Case Management for Cases Involving People with Disabilities.” *Child Abuse & Neglect*, 30 (2006): 381 – 391.

Objectives: This exploratory study examines the delivery of child protection services by county child protection agencies involving cases with a family member with a disability. **Method:** Telephone surveys were conducted with the directors or their designees of 89% of the child protection agencies in a Midwestern state. Respondents were asked about the policies and/or procedures for approaching cases involving a person with a disability and the barriers and strengths agencies have in serving people with disabilities. **Results:** Only 6.7% of respondents reported their agency had a written policy related to serving persons with a disability. There were 18 different approaches to serving clients with a disability within child protection, with the most common being informally teaming for information, dual case assignment, and teaming with an outside consultant. Five counties had specialty workers who were experts in both child protection and disability. Barriers reported varied between rural and non-rural counties, with the most important barriers being lack of resources, lack of knowledge regarding disabilities, systems conflicts, and rural issues, such as lack of providers and lack of transportation. Strengths included accessing and coordinating services, individualizing services, good collaboration and creativity. **Conclusion:** While few country agencies had any written policies, both formal and informal collaboration is happening at the individual level. The lack of

standardization in providing services indicates a need for more attention to issues regarding disability within child protection, including more training for workers, the development of models of collaborative case management and the removal of systemic barriers.

Little, Liza. "Severe Childhood Sexual Abuse and Nonverbal Learning Disability." *American Journal of Psychotherapy*, 52 (1998): 367 – 381.

Treating clients with a history of severe childhood abuse and neurocognitive vulnerabilities poses many challenges for the practicing clinician. At the heart of the challenge is understanding how clients make sense out of their chaotic and painful experiences. This paper will focus on the treatment of a young adult with a history of severe childhood abuse, dissociative symptoms, and right-hemisphere dysfunction, or nonverbal learning disabilities. Conundrums, reflections, and implications of the treatment are described.

Little, Liza. "Middle-Class Mothers' Perceptions of Peer and Sibling Victimization Among Children with Asperger's Syndrome and Nonverbal Learning Disorders." *Issues in Comprehensive Pediatric Nursing*, 25 (2002): 43 – 57.

This article describes the yearly prevalence and frequency of peer and sibling victimization as reported by a large national sample of middle-class mothers of children with Asperger's syndrome and nonverbal learning disorders. An anonymous, mailed survey was sent to families solicited from two national Internet sites for parents of children with Asperger's and nonverbal learning disorders using the Comprehensive Juvenile Victimization scale and three questions designed to measure peer shunning. The overall prevalence rate reported by mothers of peer victimization was 94%. Mothers reported that almost three-quarters of their children had been hit by peers or siblings in the past year and 75% had been emotionally bullied. On the more severe end of peer victimization, 10% of the children were attacked by a gang in the past year and 15% were victims of nonsexual assaults to the genitals. Peer shunning also was common. A third of the children had not been invited to a single birthday party in the past year, and many were eating alone at lunch or were picked last for teams. Peer shunning was significantly correlated with peer bullying and assault. The high rates of peer shunning and peer victimization reported suggest that children with Asperger's and nonverbal learning disorders may require further scrutiny and attention concerning their victimization experiences by peers and siblings. Implications for nursing professionals are reviewed.

Long, Karen and Nan Holmes. "Helping Adults with a Learning Disability Keep Safe in the Local Community: Report of a Group Design, Development and Evaluation." *British Journal of Learning Disabilities*, 29.4 (2001): 139 – 144.

The present paper describes the design, delivery and evaluation of a Keeping Safe Group for adults with a learning disability. The group was designed to provide participants with information on keeping safe in the local community by avoiding

potentially dangerous situations. The effectiveness of the group structure and format was evaluated during three pilot Keeping Safe Groups using an 18-item test of knowledge administered before and after group attendance, and at follow-up 4–6 months later. The results indicate that the Keeping Safe Group sessions provided an effective method for teaching participants the knowledge necessary to ensure that they kept themselves as safe as possible in the local community. The knowledge gained was maintained 4–6 months after the group finished. There were no gender variations or differences in the amount of knowledge learned during the three separate groups. Possible directions for future research are highlighted.

Lowenthal, Barbara. “The Effects of Child Maltreatment on Learning Disabilities and Interventions.” *Learning Disabilities: A Multidisciplinary Journal*, 12.1 (2003) 7 – 12.

No abstract available.

Luckasson, Ruth. “People with Mental Retardation as Victims of Crime.” *The Criminal Justice System and Mental Retardation: Defendants and Victims*. Ed. Ronald Coney, Ruth Luckasson, and George Bouthilet. Baltimore: Paul H. Brookes Publishing Company, 1992. 209 – 220.

This chapter addresses the incidence of criminal victimization of people with mental retardation, the types of crimes in which they are victimized, the fear of crime and its consequences, and possible strategies the justice system can employ to address the needs of victims with disabilities. The issues faced by these individuals in the judicial system have unique components and they require careful analysis, policy evaluation, and, occasionally, innovation and special accommodation. Rather than attempt to offer answers to the many questions that arise as the judicial system seeks to administer justice for victims with mental retardation, this chapter provides information that, it is hoped, will explore some of the more troubling aspects of the issues.

Lumley, Vicki and Raymond Miltenberger. “Sexual Abuse Prevention for Persons with Mental Retardation.” *American Journal on Mental Retardation*, 101 (1997): 459 – 472.

The problem of sexual abuse among persons with mental retardation, skills for preventing sexual abuse, and methods for assessing prevention skills were discussed. Because very little research on teaching sexual abuse prevention skills exists, research on abduction prevention programs for persons with mental retardation as well as on sexual abuse prevention programs for children, was reviewed. Suggestions for future research in the area of sexual abuse prevention for persons with mental retardation were discussed.

Lumley, Vicki, et al. "Evaluation of a Sexual Abuse Prevention Program for Adults with Mental Retardation." *Journal of Applied Behavior Analysis*, 31 (1998): 91 – 101.

Programs to teach sexual abuse prevention skills to persons with mental retardation have rarely been evaluated empirically, and typical evaluations are limited to assessment of the participants' knowledge rather than their performance of specific skills. In the present study, 6 adult women with mental retardation were trained in sexual abuse prevention, and performance was assessed using four separate measures: pretests and posttests of knowledge, verbal report, role play, and naturalistic probes. All women learned the skills but failed to exhibit them to criterion during the probes. The authors discuss the implications for further training and assessment of sexual abuse prevention, mental retardation, role-play assessments, behavioral skills training, and social validity.

MacFarlane, Ann. "Subtle Forms of Abuse and Their Long Term Effects." *Disability & Society*, 9 (1994): 85 – 88.

No abstract available.

Malmgren, Kimber and Sheri Meisel. "Examining the Link Between Child Maltreatment and Delinquency for Youth with Emotional and Behavioral Disorders." *Child Welfare League of America*, 83 (2004): 175 – 188.

This study examined service delivery and risk factors for 93 youth with emotional and behavioral disorders who were served by one jurisdiction's child welfare, juvenile justice, and special education agencies. The researchers collected data through an archival review of agency records. The article discusses findings as they relate to the link between maltreatment and delinquency for youth with emotional and behavioral disorders and includes recommendations for integrating early intervention efforts.

Mandell, David, et al. "The Prevalence and Correlates of Abuse Among Children with Autism Served in Comprehensive Community-Based Mental Health Settings." *Child Abuse & Neglect*, 29 (2005): 1359 – 1372.

The objective of the study was to determine the demographic and psychosocial correlates of physical and sexual abuse among children with autism. Caregivers reported that 18.5% of children with autism had been physically abused and 16.6% had been sexually abused. Physically abused children more likely had engaged in sexual acting out or abusive behavior, had made a suicide attempt, or had conduct-related or academic problems. Sexually abused children more likely had engaged in sexual acting out or abusive behavior, suicidal or other self-injurious behavior, had run away from home, or had a psychiatric hospitalization. In adjusted multivariate models, the relationship between sexual abuse and sexual acting out, running away from home and suicidal attempts persisted. Based on the prevalence of abuse and its

association with various behaviors, clinicians should be as attuned to the psychosocial histories of children with autism as they are for other children, and consider the potential of abuse when these behaviors are observed.

Mansell, Sheila, Dick Sobsey, and Peter Calder. “Sexual Abuse Treatment for Persons with Developmental Disabilities.” *Professional Psychology: Research and Practice*, 23 (1992): 404 – 409.

Recent research by the Sexual Abuse and Disability Project at the University of Alberta included a survey of 119 sexual abuse victims with developmental disabilities. Their responses indicated that sexual abuse treatment services for people with developmental disabilities are typically inaccessible, unavailable, and inappropriate. Inadequate treatment services appear to be due to the paucity of qualified professionals in the area of sexual abuse and developmental disabilities coupled with the slow development of appropriate sexual abuse treatment approaches. The application of adapted therapy approaches for people with developmental disabilities and examples of adapted sexual abuse treatment for children and women abused as children are presented. Sexual abuse treatment issues for the developmentally disabled are discussed for practitioners’ consideration.

Mansell, Sheila, Dick Sobsey, and Rosemary Moskal. “Clinical Findings Among Sexually Abused Children With and Without Developmental Disabilities.” *Mental Retardation*, 36 (1998): 12 – 22.

Although children with developmental disabilities have a heightened risk for sexual abuse compared to those without disabilities, little is known about effects of sexual abuse on this population. Some researchers suggest that the effects are similar, and victims appear to share the same range of variability as people without disabilities. Others suggest that the effects may be complicated by limited coping resources and disability-related issues. Documented effects of sexual abuse on individuals with developmental disabilities are discussed. Clinical findings among a group of 43 children with and 43 children without developmental disabilities referred for treatment of child sexual abuse were also presented.

Marchant, Ruth. “Myths and Facts About Sexual Abuse and Children with Disabilities.” *Child Abuse Review: Journal of the British Association for the Study and Prevention of Child Abuse and Neglect*, 5 (1991): 22 – 24.

Myth No 1: Disabled children aren’t vulnerable to sexual abuse. Myth No 2: Sexual abuse of disabled children is OK, or at least not so harmful as sexual abuse of other children. Myth No 3: Preventing the abuse of disabled children is impossible. Myth No 4: Disabled children are even more likely than other children to make false allegations of abuse. Myth No 5: If a disabled child has been abused, it’s best to leave well alone once the child is safe.

Marchant, Ruth and Marcus Page. "Bridging the Gap: Investigating the Abuse of Children with Multiple Disabilities." *Child Abuse Review*, 1 (1992): 179 – 183.

This is a summary of a series of practical papers written to help bridge the 'gap' between the fields of child protection and childhood disability, with a view to improving practice in child protection work with severely disabled children. Particular attention is paid to the needs of children using alternative communication systems. The theme of the paper is that disabled children are in most senses just like other children, but may have particular needs in relation to the investigation of abuse, as well as being particularly vulnerable to abuse. Issues around the assessment of suspicion, preparation for interviewing and the interview process are presented. The needs of the child, the accompanying adult and the child protection worker are considered. Guidelines and recommendations for practice at different stages of the investigation are given. The need to adapt the investigation to the particular needs of the child is emphasized throughout.

Marchetti, Allen G. and John R. McCartney. "Abuse of Persons with Mental Retardation: Characteristics of the Abused, the Abusers, and the Informers." *Mental Retardation*, 28.6 (1990): 367 – 371.

Analysis of confirmed incidents of abuse of persons with mental retardation in public residential facilities indicated that the number of confirmed incidents was relatively small; direct care staff members committed and reported most incidents; most abuse incidents occurred on the second shift; and abuse committers were more often males.

Marge, Dorothy. *A Call to Action: Ending Crimes of Violence Against Children and Adults with Disabilities*, Syracuse: State University of New York (2003).

This report is a collation and analysis of information from the "National Conference on Preventing and Intervening in Violence Against Children and Adults with Disabilities" that was held on May 6 - 7, 2002, and from an independent review of available literature. This conference examined both the intervention and prevention of violence against children and adults with disabilities.

Marley, James and Sarah Buila. "When Violence Happens to People with Mental Illness: Disclosing Victimization." *American Journal of Orthopsychiatry*, 69.3 (1999): 398 – 402.

Of 234 adult victims of a traumatic crime who had a diagnosed mental disorder, 51% reported the crime to the police and 70% to someone else. Those identifying a family member, relative, service provider, or police officer as perpetrator were significantly less likely to report the crime. Those who lived in a group home, had a substance abuse history, or were diagnosed with schizophrenia experienced more negative responses when reporting their victimization. Implications for policy and practice are discussed.

Marley, James and Sarah Buila. “Crimes Against People with Mental Illness: Types, Perpetrators, and Influencing Factors.” *Social Work*, 46 (2001): 115 – 124.

The current emphasis on studying why people with severe mental illness are potentially violent has overlooked the effect of violence committed against these individuals. To balance the understanding of the person-in-environment conceptualization of severe mental illness, the nature, scope, and effect of crime and victimization should be examined as part of the context in which these individuals live and function. The study reported in this article examined the nature and scope of victimization as experienced by 234 individuals with a diagnosed major mental illness; what types of victimization experiences occurred during their lifetime; what specific victimization experiences these individuals identified as the most troubling; who the perpetrators for these specific victimization experiences were; and what influence demographic and clinical characteristics played in influencing the risk of victimization among this group. The study indicates that social workers should better assess for experiences of victimization among people with mental illness and better understand the effect of such experiences on the individual’s symptoms and day-to-day functioning.

Marsland, Dave, Peter Oakes, and Caroline White. “Abuse in Care? The Identification of Early Indicators of the Abuse of People with Learning Disabilities in Residential Settings.” *The Journal of Adult Protection*, 9.4 (2007): 6 – 20.

Although *No Secrets* suggest that adult protection practices should seek to prevent abuse, it can be argued that such practice predominately focuses on pursuing effective responses to abuse that has already happened, rather than preventing the onset of abuse. This research sought to contribute to the prevention of abuse, through the identification of ‘early indicators’. Early indicators were identified, and this knowledge has been applied to equip families and practitioners to report concerns at an early stage and seek protective responses.

Martin, Sandra, et al. “Physical and Sexual Assault of Women with Disabilities.” *Violence Against Women*, 12 (2006): 823 – 837.

North Carolina women were surveyed to examine whether women’s disability status was associated with their risk of being assaulted within the past year. Women’s violence experiences were classified into three groups: no violence, physical assault only (without sexual assault), and sexual assault (with or without physical assault). Multivariable analysis revealed that women with disabilities were not significantly more likely than women without disabilities to have experienced physical assault alone within the past year (odds ratio [OR] = 1.18, 95% Confidence Interval [CI] = 0.62 to 2.27); however, women with disabilities had more than 4 times the odds of experiencing sexual assault in the past year compared to women without disabilities (OR = 4.89, 95% CI = 2.21 to 10.83).

Martorella, Ana Maria and Ana Maria Portugues. "Prevention of Sexual Abuse in Children with Learning Disabilities." *Child Abuse Review*, 7 (1998): 255 – 359.

Children with learning disabilities are vulnerable to sexual abuse. Recognizing the importance of prevention and believing that the best way to achieve this is by the systematic introduction of knowledge, a programme, 'Sexual Education for Health' was introduced in a special needs school in Buenos Aires. A central premise to the programme was the belief that the child's family should also be aware of issues concerning sexuality. Thus, the staff first worked with parents, with the aim of providing them with a common vocabulary and insight into healthy and private sexual behaviors. The work then focused on the children themselves. Workshops for parents, in which they reflected on their own sexuality were used to help them gain an understanding of the sexuality of young children and adolescents. The children were taught to access their sexuality by learning about conceptions and birth.

Matich-Maroney, Jeanne. "Mental Health Implications for Sexually Abuse Adults with Mental Retardation: Some Clinical Research Findings." *Mental Health Aspects of Developmental Disabilities*, 6 (2003): 11 – 19.

While the effects of sexual abuse in person without disabilities have been well established in the literature, manifestations in adults with mental retardation (MR) have not been as well described. Sexual abuse effects were examined in a clinical population of 18 adults with MR and a matched comparison group of 25. The standardized Prout-Strohmer Assessment System and Psychopathology Inventory for Mentally Retarded Adults assessed for the most frequently cited effects noted in the sexual abuse literature. Differences emerged for levels of depression, anxiety, sexual maladjustment, sexual abuse effects appear in adults with MR as that found in adults without disabilities.

Matthias, Ruth and A. Benjamin. "Abuse and Neglect of Clients in Agency-Based and Consumer-Directed Home Care." *Health & Social Work*, 28 (2003): 174 – 184.

Because a growing number of Americans receive long-term care at home, social workers face new challenges in referring clients to either agency-based or consumer-directed care models. Traditional agency-based home care often is considered safer for disabled clients because workers are professionally trained and monitored; newer, client-directed home care models offer more autonomy and flexibility. This study examined differences in worker abuse and neglect of clients across agency and consumer-directed models. Analyses showed that family ties, race or ethnicity, social supports, language compatibility, and provider turnover were more relevant than model of care to understanding worker abuse and neglect of clients. These findings suggest that clients in consumer-directed models are at no higher risk than agency clients. Implications are considered for social work practitioners.

Mays, Jennifer. “Feminist Disability Theory: Domestic Violence Against Women with a Disability.” *Disability & Society*, 21 (2006): 147 – 158.

Women with a disability continue to experience social oppression and domestic violence as a consequence of gender and disability dimensions. Current explanations of domestic violence and disability inadequately explain several features that lead women who have a disability to experience violent situations. This article incorporates both disability and material feminist theory as an alternative explanation to the dominant approaches (psychological and sociological traditions) of conceptualizing domestic violence. This paper is informed by a study which was concerned with examining the nature and perceptions of violence against women with a physical impairment. The emerging analytical framework integrating material feminist interpretations and disability theory provided a basis for exploring gender and disability dimensions. Insight was also provided by the women who identified as having a disability in the study and who explained domestic violence in terms of a gendered and disabling experience. The article argues that material feminist interpretations and disability theory, with their emphasis on gender relations, disablism and poverty, should be used as an alternative tool for exploring the nature and consequences of violence against women with a disability.

Mayes, Thomas A. “Persons with Autism and Criminal Justice: Core Concepts and Leading Cases.” *Journal of Positive Behavior Interventions*, 5.2 (2003): 92 -100.

Persons with mental illness or mental impairments are represented in U.S. criminal justice institutions at a disproportionately high rate. This fact is of critical importance for persons with autism and those who work with them. This article, after reviewing basic information about autism, discusses four core criminal law concepts illustrated by reported cases involving persons with autism who have become involved with the criminal justice system, either as a target or a perpetrator. Issues regarding competence to stand trial, capacity-related defenses, mitigation in sentencing, evidentiary issues are discussed. Guidance for practitioners and directions for empirical research is provided.

Mazzucchelli, Trevor G. “Feel Safe: A Pilot Study of a Protective Behaviours Programme for People with Intellectual Disabilities.” *Journal of Intellectual & Developmental Disability*, 26.2 (2001): 115 – 126.

A pilot study of a group programme designed to increase personal safety skills in adults with intellectual disability is described. Feel Safe, a curriculum based on Fandreau-West’s protective behaviours anti-victimisation and empowerment process, aims to teach the protective behaviours themes ‘we all have the right to feel safe all the time’ and “nothing is so awful that we can’t talk with someone about it”; how to recognize unsafe situations; and a range of personal coping and problem-solving skills. A quasi-experimental control group design (10 adults in each group) with pre-test, post-test, and follow-up assessments aimed to determine whether participants attending the Feel Safe programme understood and retained the content of the

sessions, increase their use of protective behaviours skills and concepts, and perceived themselves as being safer and more satisfied with how safe they felt. The results were promising. They suggested that by attending the Feel Safe programme people could increase their knowledge of personal safety skills and actually apply this knowledge in their day-to-day lives. Participants in the experimental group were not found, however, to perceive themselves as being safer or more satisfied with how safe they felt. Psychometric properties of two new instruments to assess knowledge and use protective behaviours skills were also investigated and are reported.

McAfee, James and Stephanie Musso. “Training Police Officers About Persons with Disabilities.” *Remedial and Special Education*, 16 (1995): 53 – 64.

Directors of police academies in the 50 states were contacted regarding training policies for new officers. Only Massachusetts and New Hampshire failed to provide any information. Thirty-six states require instruction on persons with disabilities as part of initial police training; another four states provide some training but do not require it. An analysis of training topics reveals a wide variety of content, but most academies provide training about mental illness. Few academies include training about learning disabilities, mental retardation, or physical impairments.

McAfee, James K. and Stephanie L. Musso. “Police Training and Citizens with Mental Retardation.” *Criminal Justice Review*, 20.1 (1995): 55 – 65.

State police academies in every state were asked to provide information about initial training for new recruits on the subject of disabilities. It was found that 36 academies provided some training about disabilities in general, but only 16 addressed mental retardation specifically. Of the state academies that provided training about mental retardation, most included only an overview of mental retardation and an assessment of how it differs from other disabilities. Few provided new police officers with specific information about the legal rights of persons with mental retardation or with instruction on appropriate interaction. The article provides recommendations for improved training and for future research.

McAfee, James K., Judith Cockram, and Pamela S. Wolfe. “Police Reactions to Crimes Involving People with Mental Retardation: A Cross-Cultural Experimental Study.” *Education and Training in Mental Retardation and Developmental Disabilities*, 36.2 (2001): 160-71.

A study involving police officers in Western Australia (n=138) and Pennsylvania (n=168) revealed that officers responded differently to crimes involving persons with mental retardation. In some cases, police were more tolerant of the disability, in others they were less tolerant. Response patterns were not different for Australian and Pennsylvania police.

McAfee, James, Christopher Schwilk, and Megan Mitruski. "Public Policy on Physical Restraint of Children with Disabilities in Public Schools." *Education and Treatment of Children*, 29 (2006): 711 – 728.

The US Constitution, federal and state legislatures, courts, and regulations permit physical restraint for both therapeutic (i.e., behavior change) and risk prevention purposes. Although most venues limit restraint as punishment, no government entity prohibits use of physical restraint as a response to imminent danger. This paper provides a comprehensive view of public policy of the most common form of restraint- an educator using his or her body to limit movement of a student so as to reduce risk of harm during an episode of dangerous behavior. Such restraint has been upheld by courts and requires quick decisions following careful training of educators. The intent of this paper is to provide a policy framework within which public educators (administrators, teachers and others) may develop specific practices to protect themselves and others from injury and legal action. Discussion concludes with recommendations for policies and procedures.

McCabe, Marita, Robert Cummins, and Shelley Reid. "An Empirical Study of the Sexual Abuse of People with Intellectual Disability." *Sexuality and Disability*, 12 (1994): 297 – 306.

This study describes a comparison between the level of sexual knowledge and experience of sexual abuse among people with intellectual disability and people without intellectual disability. The Sexual Abuse section of the Sexual Knowledge, Experience, and Needs Scale (SexKen) was completed by 30 people with intellectual disability (18 females, 12 males) and 50 control subjects (32 females, 18 males). The results demonstrated a lower level of sexual knowledge among the people with disability but no differences between the groups in the level of incest and other unwanted sexual activities. There was a high percentage of people with intellectual disability who believed that someone else decides about the level of their sexual experience. They also expressed less negativity about sexual abuse. These findings are discussed in the context of sex education programs for people with intellectual disability.

McCarthy, Michelle. "Sexual Experiences of Women with Learning Difficulties in Long-Stay Hospitals." *Sexuality and Disability*, 11 (1993): 277 – 286.

The findings in this paper are based on four years' practical experience of working with women with learning difficulties on the AIDS Awareness/Sex Education Project and on postgraduate research for M.A. and PhD degrees. The paper describes six of the most common features of women with learning difficulties; sexual experiences, all of which have a negative impact. Incest and peer-abuse are particularly highlighted. The importance of acknowledging gender identity and gender power relations for people with learning difficulties is stressed. Response strategies for women with learning difficulties themselves and service providers are suggested.

McCarthy, M. and Thompson D. “Sexual Abuse by Design: An Examination of the Issues in Learning Disabilities Services.” *Disability & Society*, 11.2 (1996): 205 – 218.

This paper is based upon ideas developed by the authors during their past 6 years work on issues of sexuality and sexual abuse in a wide variety of learning disability settings in Britain. The paper argues that some features of service design in themselves make sexual abuse more likely to occur. It suggests ways of reducing risk, which should work alongside the more usually suggested educative approaches to individuals and groups of vulnerable people.

McCarthy, M. and D. Thompson. “A Prevalence Study of Sexual Abuse of Adults with Intellectual Disabilities Referred for Sex Education.” *Journal of Applied Research in Intellectual Disabilities*, 10.2 (1997): 105 – 124.

No abstract available.

McCarthy, Michelle. “Sexual Violence Against Women with Learning Disabilities.” *Feminism & Psychology*, 8.4 (1998): 544 – 551.

No abstract available.

McCarthy, M. “Drawing a Line Between Consented and Abusive Sexual Experiences: The Complexities for Women with Learning Difficulties.” *Journal of Adult Protection*, 5.3 (2003): 34 – 40.

This article explores the sexual experiences of women with learning difficulties, highlighting the blurred nature of the boundary between abusive and consented sex.

McCartney, John and Vincent Campbell. “Confirmed Abuse Cases in Public Residential Facilities for Persons with Mental Retardation: A Multi-State Study.” *Mental Retardation*, 36 (1998): 465 – 473.

Data regarding cases of confirmed abuse or neglect in large state-operated facilities in 6 states were collected and analyzed. Neglect and physical abuse were the most common abuse types. Incidents occurred more frequently on the afternoon – early evening shift, particularly between 3 and 6 p.m., and more frequently in residential than in nonresidential areas. In-transit activities were found to be relatively risky. The major risk factors for victims were maladaptive behavior and previous abuse victimization. Staff perpetrators were more likely to be males, assigned to the afternoon shift, newer employees, and previous perpetrators. Abuse reporters tended to be newer employees, and the likelihood of reporting abuse was increased by recent related inservice. The findings should assist administrators in focusing abuse prevention efforts.

McCormack, Bob, et al. "Investigating Sexual Abuse: Findings of a 15-Year Longitudinal Study." *Journal of Applied Research in Intellectual Disabilities*, 18 (2005) 217 – 227.

The study examined all allegations of sexual abuse (n=250) involving service users as victims or perpetrators of sexual abuse over a 15-year period in a large Irish community-based service. The cases were analyzed based on the data extracted from extensive contemporaneous case notes. The study found that victims or families were the most common concern raisers of abuse. Following multidisciplinary investigation, almost half (47%) of all allegations of sexual abuse were confirmed (n=118). In confirmed episodes, more than half the perpetrators were adolescents and adults with intellectual disabilities, while almost a quarter were relatives. The most common type of abuse was sexual touch, although 31% of episodes involved penetration or attempted penetration. The most common location was the family home, followed by the day service and public places. A notable feature was the variation in the incidence of abuse over the study period, largely caused by episodes of multiple abuse. The incidence of confirmed episodes of sexual abuse of adults with intellectual disabilities may be higher than previously estimated. There is an urgent need for statutory guidelines, which require reporting of adult abuse, and provide protection for bona fide whistle blowers, similar to existing child protection legislation.

McCreary, Bruce and John Thompson. "Psychiatric Aspects of Sexual Abuse Involving Persons with Developmental Disabilities." *Canadian Journal of Psychiatry*, 44 (1999): 350 – 355.

This article focuses on a study which examined the psychiatric issues that relate to the prevention and management of sexual abuse involving person with developmental disabilities. It also addresses pedophilic behavior of these persons, the association with posttraumatic stress disorder, and challenges involved in the investigation of the allegations of abuse.

McCurry, Christopher, et al. "Sexual Behavior Associated with Low Verbal IQ in Youth Who Have Severe Mental Illness." *Mental Retardation*, 36.1 (1998): 23 – 30.

A retrospective chart review was used to examine sexual behavior (hypersexual, exposing, and victimizing) and cognitive impairment in 200 youth who had serious mental illness. Lower IQ was associated with increased sexual acting-out. For more serious victimizing sexual behaviors, only Verbal IQ differences reached statistical significance. Overall, sexual behavior was strongly associated with a history of sexual abuse. Sexual abuse history was significantly associated only with lower Performance IQ. Therefore, the association between low Verbal IQ and sexual victimizing behavior is distinct from the effects of sexual abuse. Results underscore the importance of verbal cognitive abilities, regardless of overall cognitive level, in the etiology and treatment of sexual behaviors, especially among individuals without a history of sexual abuse.

McFarlane, Alexander and Geoff Schrader. “Prevalence of Victimization, Posttraumatic Stress Disorder and Violent Behavior in the Seriously Mentally Ill.” *Australian & New Zealand Journal of Psychiatry*, 40.11/12 (2006): 1010 – 1015.

Aims: There is evidence that individuals with a mental illness are more likely to report a history of victimization and to be at an increased risk for future victimization. The aims of the current study are to determine lifetime rates of different types of victimization in a population of psychiatric inpatients and to examine the associations between a history of victimization and measures of adverse outcome and rates of posttraumatic stress disorder (PTSD). Method: A total of 130 psychiatric inpatients with a range of psychiatric diagnoses were surveyed. Information collected included history of victimization, aggression and violence levels, suicidal ideation, PTSD symptomatology, rates of hospitalization and pension status. Results: A lifetime history of victimization was reported in 87.7% of patients with 46% having lifetime and 32% current PTSD. Most clinicians did not identify the high rates of comorbid PTSD in these patients. Victimization was associated significantly with receipt of the disability support pension and number of previous psychiatric hospitalizations, both measures of more adverse outcome. Conclusion: Victimization may have a negative impact on outcome and may further disadvantage an already vulnerable population. These findings have both clinical and policy implications for the long-term management of people with mental illness.

McFarlane, Judith, et al. “Abuse Assessment Screen Disability (AAS-D): Measuring Frequency, Type, and Perpetrator of Abuse Toward Women with Physical Disabilities.” *Journal of Women’s Health & Gender-Based Medicine*, 10 (2001): 861 – 866.

An interview questionnaire was presented to a multiethnic sample of 511 women, age 18 – 64 years, at public and private specialty clinics to determine the frequency, type, and perpetrator of abuse toward women with physical disabilities. The four question Abuse Assessment Screen-Disability (AAS-D) instrument detected a 9.8% prevalence (50 – 511) of abuse during the previous 12 months. Using two standard physical and sexual assault questions, 7.8% of the women (40 of 511) reported abuse. The two disability-related questions detected an additional 2.0% of the women (10 of 511) as abused. Women defining themselves as other than black, white, or Hispanic (i.e., Asian, mixed ethnic background) were more likely to report physical or sexual abuse or both, whereas disability-related abuse was reported almost exclusively by white women. The perpetrator of physical or sexual abuse was most likely to be an intimate partner. Disability-related abuse was attributed equally to an intimate partner, a care provider, or a health professional. This study concludes that both traditional abuse-focused questions and disability-specific questions are required to detect abuse toward women with physical disabilities.

McMahon, Brian, et al. "Hate Crimes and Disability in America." *Rehabilitation Counseling Bulletin*, 47 (2004): 66 – 75.

A hate crime is a criminal offense committed against person or property that is motivated in whole or in part, by the offender's prejudice. Hat crimes are sometimes termed "bias-motivated crimes." The theoretical bases for bias motivation and their implications for hate crimes against Americans with Disabilities are outline. The history of the Hate Crime Statistics Act (1990) and its eventual extension to Americans with disabilities are also reviewed. Five years of aggregate data from FBI Hate Crimes Statistics reports are analyzed to compare and contrast the hate crimes experience of Americans with disabilities with that of other targeted groups based on race, ethnicity, sexual orientation, and religion. Reports of hate crimes from person with disabilities are minute as compared to those of any other group. The nature and location of hate crimes are also analyzed. Finally, the findings and their implications for such issues as alternative manifestations of prejudice, underreporting of violence crimes, cross-disability support for hate crime prevention, rehabilitation counseling practice, and future research directions are discussed.

McNally, S. "Caring for People with a Learning Disability Who Are Victims of Crime." *British Journal of Nursing*, 9.8 (2000): 493 – 496.

This article considers the increased vulnerability of people with a learning disability to crime ranging from verbal abuse to physical or sexual assault. The difficulties faced by people with a learning disability in giving evidence, being treated as credible witnesses and ensuring that the alleged offender has to answer charges are explored. It is suggested that ways of remedying these difficulties must be pursued in order that all citizens have equal rights, including access to the processes of the civil and criminal justice system. Offences committed within service settings should be treated as they would in any other sphere of society and should be recorded, investigated and the appropriate action taken.

Merkin, Lewis and Marilyn Smith. "A Community Based Model Providing Services for Deaf and Deaf-Blind Victims of Sexual Assault and Domestic Violence." *Sexuality and Disability*, 13 (1995): 97 – 106.

Deaf and Deaf-Blind women and children are at risk of being long term victims of sexual assault and domestic violence without culturally and linguistically relevant services. While Deaf and Deaf-Blind victim issues do not differ significantly from the mainstream population, relevant and accessible services have not traditionally been available to the Deaf and Deaf-Blind communities. This article proposes a strategy for providing such services based on a model developed by the only Deaf-run agency in the United States.

Merrick, Joav. "Mortality of Persons with Intellectual Disability in Residential Care in Israel 1991 – 1997." *Journal of Intellectual & Developmental Disability*, 27 (2002): 265 – 272.

In Israel, the Division for Mental Retardation provides service to 6022 persons (all ages) in 53 residential centres, 1280 persons in community-related residential facilities, and about 13,000 persons who participate in day care facilities. This accounts for about 20,000 persons out of the Israeli population of approximately six million. Every case of death in a residential facility is reported immediately to the Office of the Medical Director, who reviews and decides upon any further investigation. In case of suspected malpractice, a review committee is appointed. Each case of death in an institution is also investigated immediately by the local police, who decide upon the need for an autopsy. The present study reports on the number of deaths for the period 1991 – 1997 in Israeli residential centres. Some 450 deaths were reported, corresponding to a mortality rate of 10.25 deaths per 1000 population per year. The number of deaths compared with those in the general population. Information on the age and sex distribution, level of intellectual disability, ethnic background and cause of death is presented.

Mertens, Donna. "Breaking the Silence About Sexual Abuse of Deaf Youth." *American Annals of the Deaf*, 141 (1996): 352 – 358.

Sexual abuse of deaf youth is a serious problem that needs to have attention given to it in a way that will lead to real changes in the lives of the boys and girls affected. Through the use of an emancipatory approach to research, this study investigated the various theories that people hold as to why sexual abuse occurs in this population and what can be done to prevent it. Data were collected at one residential school through document review, observation, interviews, and a survey of staff. The results revealed that some participants held theories that blame the victim or the culture and that such theories would not lead to positive, meaningful change. Other theories that recognize the power inequities inherent in a sexual abuse situation are discussed as leading to potentially fruitful political and social actions.

Meyer, Ilan, et al. "Reliability and Validity of a Measure of Sexual and Physical Abuse Histories Among Women with Serious Mental Illness." *Child Abuse & Neglect*, 20 (1996): 213 – 219.

Objective: The purpose of this paper is to describe a standardized questionnaire of histories of abuse among women with serious and persistent mental illness, and to assess its test-retest reliability and its validity. Methods: Seventy women enrolled in an outpatient clinic were asked about childhood histories of physical and sexual abuse in structured clinical interviews at two times. Results: Test-retest reliability yielded a Kappa of .63 for the measure of physical abuse, and .82 for the measure of sexual abuse. Validity, assessed as consistency with an independent clinical assessment,

showed 75% agreement for reports of physical abuse, and 93% agreement for reports of sexual abuse. Conclusions: Childhood histories of physical and sexual abuse can be reliably and validly assessed in women with severe and persistent mental illness using a standardized instrument.

Michel, Margaret K., [et al.]. “The Abilities of Children with mental Retardation to Remember Personal Experiences: Implications for Testimony.” *Journal of Clinical Child Psychology*, 29.3 (2000): 453 – 463.

Investigated the abilities of children with mental retardation to remember the details of a personally experienced event. A simulated health check was administered to 20 children with mental retardation and 40 normally developing children, half matched on mental age (MA) and half matched on chronological age (CA) with the children with mental retardation. The children’s memory was assessed immediately after the health check and 6 weeks later. Overall, the children with mental retardation accurately recalled the health check features, provided detail, and resisted misleading questions about features that did not occur. The group with mental retardation performed similarly to the MA matches on virtually all of the memory variables. The children with mental retardation performed worse than the CA matches on most of the memory variables, although they were able to recall a similar number of features. The findings are discussed in terms of the ability of children with mental retardation to provide accurate testimony.

Milberger, Sharon, et al. “Violence Against Women with Physical Disabilities.” *Violence and Victims*, 18 (2003): 581 – 591.

Note: This article was based on a DOJ grant project which also released reports of the work completed. These reports are available through the NCJRS web site.

This study explored risk factors for violence among a sample of adult women with physical disabilities. Fifty-six percent (100) of the 177 women participating in the study indicated a positive history of abuse. Of the women who reported abuse, most reported multiple abuse situations and abusers who were typically their male partners. In addition, only a small proportion of women sought and received adequate help. Women who indicated that they did not seek help were asked why this was the case. Their responses included: feeling that they could handle it themselves, having other sources of support available, being unaware of where to go, feeling embarrassed, feeling guilty about being a burden or that it was their fault, fear that abuser would come after them, fear of not being believed, and, to a lesser extent, concern that the shelter would lack appropriate accommodations. These findings highlight the importance of intervention strategies including advocacy activities for women with disabilities, activities with schools, activities to deter and prevent partner and caregiver violence, community awareness activities, and dissemination activities.

Miller, Jeffrey A., Daniel P. Hunt, and Megan A. Georges. "Reduction of Physical Restraints in Residential Treatment Facilities." *Journal of Disability Policy Studies*, 16 (2006): 202 - 208.

Children and adolescents with severe emotional and behavioral problems in residential settings can become so aggressive that physical restraints are utilized to keep them and others safe. Recently, the use of physical restraints in residential treatment facilities for school-aged children has come under increased scrutiny, and there have been legislative mandates that the use of physical restraints be reduced. This article describes a quasi-experimental field study conducted to examine the effectiveness of a 2-phase (organizational and milieu) physical restraint reduction intervention in a multisite residential treatment center. Results provide support for the effectiveness of organizational-level and milieu interventions for restraint reduction. Overall, restraint rates were reduced by 59% using these interventions.

Milne, Rebecca and Ray Bull. "Interviewing Witnesses with Learning Disabilities for Legal Purposes." *British Journal of Learning Disabilities*, 29 (2001): 93 – 97.

The present paper gives an overview of the research literature examining how best to obtain the maximum quality and quantity of information from people with learning disabilities (LDs) in a non-biasing manner. First, the authors outline the research concerning the memory performance of people with LDs and then they go on to describe the specific strategies which have been recommended for use with this group. The relative merits of different types of questions are examined. It is argued that the main difficulty in interviewing people with LDs concerns errors of omission and that research should find ways to enhance recall, especially since detail is the currency of both the criminal and civil justice systems. One such method that has been found to gain greater recall is the cognitive interview. The paper finishes by briefly describing this technique and its efficacy for use with vulnerable groups.

Milne, Rebecca, Isabel Clare, and Ray Bull. "Interrogative Suggestibility Among Witnesses with Mild intellectual Disabilities: The Use of an Adaptation of the GSS." *Journal of Applied Research in Intellectual Disabilities*, 15 (2002): 8 – 17.

As part of the assessment of witnesses' ability to provide an account to the police and the courts, information is sometimes sought concerning their level of interrogative suggestibility. The most widely used measure for this is the Gudjonsson Suggestibility Scale which has two parallel forms (GSS1 and GSS2). However, the GSS related to a verbally presented narrative, not to a visual event, as is more common to witness situations. The present study adapted the scale's format so that the questions referred to a videotaped incident that had been viewed 24 hours earlier by men and women with mild intellectual disabilities (n=47) and their "general population" counterparts (n=38). The pattern of results was identical to that typically obtained using the GSS in that: (1) compared with their general population counterparts, the participants with intellectual disabilities were more suggestible because of their vulnerability to the 'misleading questions'; (2) suggestibility scores

correlated with the participants' verbal recall of the incident, and (3) both participants with intellectual disabilities and their general population counterparts who were misled by questions in the form of two false alternatives were more likely to select the latter option.

Miltenberger, R., et al. "Training and Generalization of Sexual Abuse Prevention Skills for Women with Mental Retardation." *Journal of Applied Behavioral Analysis*, 32 (1999): 385 – 388.

Previous research has shown that behavioral skills training to teach sexual abuse prevention skills to women with mental retardation results in skill acquisition but poor generalization. In this investigation we evaluated procedures for enhancing generalization following training. Five women with mental retardation received 10 behavioral skills training sessions followed by in situ training when the skills did not fully generalize. Behavioral skills training resulted in skill acquisition and in situ training produced generalized responding during naturalistic assessments.

Mishna, Faye. "Learning Disabilities and Bullying: Double Jeopardy." *Journal of Learning Disabilities*, 36.4 (2003): 336 – 347.

Independently, learning disabilities (LD) and involvement in bullying each pose a risk for social, emotional, and behavioral problems. Based on the research to date and on the characteristics common to children with LD and children who are bullied, there is reason to believe that children with LD are at increased risk of victimization. However, there is little research on the relationship between LD and bullying. This article presents factors and characteristics that make children and youth with LD vulnerable to bullying. Risk factors and effects of bullying are reviewed. Implications for practice and research are discussed.

Mitchell, A. and Jennifer Clegg. "Is Post-Traumatic Stress Disorder a Helpful Concept for Adults with Intellectual Disability?" *Journal of Intellectual Disability Research*, 49 (2005): 552 – 559.

Research using the concept of Post-Traumatic Stress Disorder (PTSD) with adults with intellectual disability (ID) assumes they perceive and react to traumatic events in a similar way to non-disabled adults. Reactions to trauma displayed by children may be relevant to adults with ID as well. Two focus groups were held with professionals and practitioners to explore the relevance of criteria from child as well as adult literature to adults with ID who experience trauma. Descriptive thematic analysis was carried out. Abuse, parental bereavement, and having children removed were considered common sources of trauma. Similarities identified between disabled and non-disabled adults were flashbacks and nightmares; distressed by reminders; avoidance; hypervigilance and increased arousal. Differences were the frequent occurrence of multiple rather than single events, which were considered significant in generating chronic problems similar to those described as PTSD; also the occurrence of physical health problems and behavioural re-enactments. Experienced

professionals and practitioners considered most of the ideas from PTSD research with non-disabled adults to be relevant to adults with ID who experience trauma, but that some behaviour reported in research with children was also relevant. Topics and questions for use in clinical and research practice with individuals who have experienced trauma were proposed.

Mitchell, Linda, Vicki Turbiville, and Rutherford Turnbull. "Reporting Abuse and Neglect of Children with Disabilities: Early Childhood Service Providers' Views." *Infants and Young Children*, 11 (1999): 19 – 26.

The article investigates the perspectives of childhood service providers on reporting abuse and neglect of disabled children in the U.S. It presents the consequences in the maltreatment of children, challenges in making a decision to report child maltreatment, and the impact of the reporting on the relationship of service providers with families of maltreated children.

Mitchell, Linda M. and Amy Buchele-Ash. "Abuse and Neglect Individuals with Disabilities: Building Protective Supports Through Public Policy." *Journal of Disability Policy Studies*, 10.2 (2000): 225 – 243.

Whether young or old, individuals with disabilities are at increased risk for abuse and neglect when compared to the rates for individuals without disabilities. Reducing that risk is the responsibility of us all: families, servicing agencies, forensic personnel, legislators, the individuals with disabilities themselves, and others. However, policymakers carry a larger part of the responsibility to protect people with disabilities from harm because they enact the laws for all other stakeholders to follow. Those of us who influence policymakers must provide them with the information needed so legislation can be enacted that provides adequate protection for all individuals. This article provides information to advocates for individuals with disabilities regarding (a) recognition of the problem, (b) public policy's role in the protection of individuals with disabilities, and (c) how to influence policymakers to protect the most vulnerable.

Modell, Scott and Dave Cropp. "Police Officers and Disability: Perceptions and Attitudes." *Intellectual and Developmental Disabilities*, 45 (2007): 60 - 63.

No abstract available.

Mona, Linda. "Sexual Options for People with Disabilities: Using Personal Assistance Services for Sexual Expression." *Women & Therapy*, 26 (2003): 211 – 221.

Receiving Personal Assistance Services (PAS) for sexual activity is becoming of increasing importance to the disability community and to mental health professionals. PAS are defined comprehensively as well as how these services may relate specifically to sexual positioning for masturbation and partner sexually related activity. Conceptual and practical issues are explored within the framework of both

disability and sexuality and guidelines for consumers and clinicians working with people with disabilities are offered. Specific issues discussed include defining the nature of PAS for sexual expression, identifying assistants who are open to facilitating sexual pleasure for people with disabilities, how to broach this topic with potential providers, safety and abuse concerns, and legal implications.

Monahan, Kathleen, and Abraham Lurie. "Disabled Women Sexually Abused in Childhood: Treatment Considerations." *Clinical Social Work Journal*, 31.4 (Winter 2003): 407 – 419.

There is a dearth of literature addressing the issues presented in the treatment of adult disabled women who were victims of childhood sexual abuse. This article focuses on the pertinent issues involved in clinically treating this population, such as the meaning of the traumatic event of sexual abuse for the individual, the disability and how it may have impacted her in terms of dependence, body integrity, and sexuality. Coping strategies and case examples are presented and possible countertransferential reactions are examined.

Mooij, Ton. "National Campaign Effects on Secondary Pupils' Bullying and Violence." *British Journal of Educational Psychology*, 75 (2005): 489 – 511.

Background. Research on pupils' bullying (1991) and violence (1993) motivated the Dutch Ministry of Education, Culture and Science to initiate a national campaign on school safety. The government campaign was undertaken from 1995 to 2000. Aim. To test for differences in secondary pupils' bullying and violence before and after the campaign while controlling for different contextual variables. Samples. In 1991, a representative survey on bullying was conducted in 36 secondary schools with 1,055 pupils from Year 2 and 4 classes (age range 13–16 years). In 1993, a survey on violent behaviour took place in 71 secondary schools with 1,998 pupils from Year 3 and 4 classes (age range 14–16 years). In 2000, a survey on bullying and violence was conducted in 60 secondary schools with 9,948 pupils from Year 1 to 6 classes (age range 12–18 years). Methods. The data from pupils in identical school years were compared with respect to bullying (1991–2000) and violence (1993–2000). The statistical relations were analysed in two stepwise multiple regression analyses. Year of investigation (1991–2000, 1993–2000) was the respective dependent variable. The independent variables were pupils' bullying or violence scores, sex, school year, contextual lesson, school, and community variables. Results. In both regression analyses, the contextual lesson and school variables discriminated between the measurement years. Also, compared with 1991, the pupils in 2000 scored lower for being a bully and higher for being bullied directly. Compared with 1993, the pupils in 2000 scored lower for being a victim of intentional damage to property or emotional violence, lower for being a perpetrator of disruptive behaviour in school, and higher for being a perpetrator of intentional damage to property. Conclusions. The differences between the contextual variables measured before and after the campaign reflect changes in educational and instructional situations. Independent of these differences, the national campaign appears to have helped improve the awareness of

pupils' social behaviour and elicit, in particular, a decrease in pupils' violent behaviour. However, more specific pedagogical and preventative support for pupils socially at risk appears to be needed to have a more prosocial impact on the behaviour of secondary school pupils.

Moore, Debra. "Friend or Foe? A Selective Review of Literature Concerning Abuse of Adults with Learning Disability by Those Employed to Care for Them." *Journal of Learning Disabilities*, 5 (2001) 245 – 258.

Adults with learning disabilities are often the targets of acts of violence, aggression, bullying and humiliation. This review of the literature considers as problematic the prevention and detection of abuse, and the effect it has on relationships between carer and client, the therapeutic environment and the culture of wider society. This article seeks to inform prevention strategies by identifying not just the characteristics of the abusers and the victims but the reality of relationships between them and how this can be the most effective safeguard against abuse. The article suggest that at the core of a valuing relationship between a carer and a person with learning disabilities is a concept of humanness, and a willingness to see reciprocity and warmth in their alliance with one another. The article concludes that a challenge facing leaders and managers of services is how to replicate, cherish and maintain that connection and interdependence between 'carer' and 'cared for'.

Morano, Jamie. "Sexual Abuse of the Mentally Retarded Patient: Medical and Legal Analysis for the Primary Care Physician." *The Primary Care Companion to the Journal of Clinical Psychiatry*, 3 (2001): 126 – 135.

The primary care physician has a vital role in documenting and preventing sexual abuse among the mentally retarded populations in our community. Since the current national trend is to integrate citizens with mental retardation into the community away from institutionalized care, it is essential that all physicians have a basic understanding of the unique medical and legal ramifications of their clinical diagnoses. As the legal arena is currently revising the laws concerning rights of sexual consent among the mentally retarded, it is essential that determinations of mental competency follow national standards in order to delineate clearly any instance of sexual abuse. Clinical documentation of sexual abuse and sexually transmitted disease is an important part of a routine examination since many such individuals are indeed sexually active. Legal codes adjudicating sexual abuse cases of the mentally retarded often offer scant protection and vague terminology. Thus, medical documentation and physician competency rulings form a solid foundation for future work toward legal recourse for the abused.

Morris, Jenny. "Disabled Children, Child Protection Systems and the Children Act 1989." *Child Abuse Review*, 8 (1999): 91 – 108.

It is now widely recognized that disabled children are particularly vulnerable to abuse but that a number of factors get in the way of protecting them. This article discusses

research on the implementation of the Children Act as it applies to disabled children and the findings from in-depth interviews with young disabled people. The research concluded that: current child protection systems are not addressing the particular needs of disabled children; the Children Act regulations on short-term and long-term placements are often not complied with; and disabled children and young people have little say in decisions which affect them and few opportunities to communicate their experiences.

Muccigrosso, Lynne. “Sexual Abuse Prevention Strategies and Programs for Persons with Developmental Disabilities.” *Sexuality and Disability*, 9 (1991): 261 – 271.

This article provides a brief overview of the problem of sexual abuse and persons with developmental disabilities. This problem not only speaks to the need for more prevention education, it centers around the larger, community issue: the public’s generally uninformed, limiting attitudes about persons with developmental disabilities being credible witnesses, not being sexual people, not being able to learn self-protection skills. Recommendations for changes include community education to dispel these and other myths, and more availability of this critical education to special education students and adults. The article goes on to describe current, effective sexual abuse prevention programs today, with complete references. Common strategies for teaching prevention education are discussed.

Mullan, Patricia and Sandra Cole. “Health Care Providers’ Perceptions of the Vulnerability of Persons with Disabilities: Sociological Frameworks and Empirical Analyses.” *Sexuality and Disability*, 9 (1991): 221 – 241.

The study explored health care providers’ perceptions about their professional responsibility for persons with disabilities. We examined the providers’ perceptions of the vulnerability of persons with disabilities to sexual exploitation. We also elicited the professionals’ assumptions about the consequences of such exploitation to the persons with disability and the professionals working with them. Our analyses indicated that the professionals perceived that different categories of disability pose different risk of sexual exploitation. Populations with forms of cognitive impairment were considered most vulnerable. In terms of professional responsibility for the care of persons who might have experienced sexual exploitation, respondents reported least confidence in their ability to detect instances of exploitation. In contrast, respondents expressed greater confidence in their ability to report and conduct follow-up of abuse. The professionals anticipated providing emotional support to persons who experienced exploitation. We discuss the study’s implications for training and policy formation.

Murphy, G.H. and A. O’Callaghan. “Capacity of Adults with Intellectual Disabilities to Consent to Sexual Relationships.” *Psychological Medicine*, 34.7 (2004): 1347 – 1357.

Background: For people with intellectual disabilities there is a difficult balance to be struck between empowering people to claim their sexual rights and protecting them from abuse. Hypothetically, services should be guided by whether a particular person with intellectual disabilities has the capacity to consent to sexual relationships. However, there has been little agreement on how to define such capacity. This study examines the issue of capacity to consent to sexual relationships using a functional approach. Method: Adults with intellectual disabilities (n = 60) and young people presumed in law able to consent (n = 60) were assessed for their sexual knowledge and vulnerability to abuse. Results: Adults with intellectual disabilities were significantly less knowledgeable about almost all aspects of sex and appeared significantly more vulnerable to abuse, having difficulty at times distinguishing abusive from consenting relationships. Nevertheless, some adults with intellectual disabilities scored highly on all measures, especially if they had relatively high IQs and had had sex education. Conclusions: The reasons for the poorer knowledge and increased vulnerability of people with intellectual disabilities are discussed and it is recommended that they should have on-going access to sex education. Implications of the findings for definitions of capacity to consent to sexual relationships are considered.

Murphy, G.H., A.C. O’Callaghan, and I.C. Clare. “The Impact of Alleged Abuse on Behavior in Adults with Severe Intellectual Disabilities.” *Journal of Intellectual Disability Research*, 51.10 (2007): 741 – 749.

Background: People with intellectual disabilities (ID) are particularly vulnerable to abuse, and most incidents come to light through victim disclosure. Those people with severe or profound ID are not able to describe what has happened to them. This project aimed to describe the consequences of abuse and changes in behaviour following alleged abuse in 18 adults with severe ID. Method: Family members or other carers were interviewed to collect information about the alleged abuse. They were also asked about the person's adaptive and challenging behaviours at three time points: in the 3 months immediately prior to the abuse (time 1), in the 3 months immediately after the abuse (time 2) and in the 3 months prior to interview (time 3). Results: A typical pattern emerged for both adaptive and challenging behaviours: there were few problems or difficulties at time 1, major difficulties at time 2 and some recovery by time 3. Conclusions: Evidence is mounting that clinicians considering the sequelae of abuse for people with severe or profound ID need to consider changes in adaptive and challenging behaviours, as well as the typical symptoms of post-traumatic stress disorder.

Myers, John. "Commentary. The Tendency of the Legal System to Distort Scientific and Clinical Innovations: Facilitated Communication as a Case Study." *Child Abuse & Neglect*, 18 (1994): 505 – 513.

No abstract available.

Nannini A. "Sexual Assault Patterns Among Women With and Without Disabilities Seeking Survivor Services." *Womens Health Issues*, 16.6 (2006): 372 – 379.

Introduction: The primary research questions were 1) how do sexual assault patterns differ for women with disabilities as compared with women without disabilities and 2) how do patterns differ among women with different disabilities? Methods: Study data were derived from initial encounters of 16,672 women survivors of sexual assault who sought state-funded sexual assault survivor services in Massachusetts from 1987 through 1995. Bivariate analyses and fixed effects logistic regression models compared sexual assault patterns including survivor responses for women with and without disabilities and among women with 5 different single disabilities. Results: More than 10% of survivors reported ≥ 1 disability. If a woman had a history of a previous assault or was ≥ 30 at time of assault, she was significantly more likely to report a disability as compared to the referents (no history of assault or < 30). Among women with a single disability, a survivor who delayed seeking services ≥ 6 months was more likely to have a mental health disability. In contrast, a survivor who had a cognitive disability was more likely to report sooner than 6 months compared with a survivor with other single disabilities. Conclusions: Differences were found between disabled and nondisabled groups as well as among women with different single disabilities. Some findings, such as those suggesting differential access, may require disability group-specific interventions, whereas other variations can be addressed at the individual client level. State-funded sexual assault survivor service providers may use these findings to improve outreach and service provision strategies.

Nathanson, Rebecca and Michelle Platt. "Attorneys' Perceptions of Child Witnesses with Mental Retardation." *The Journal of Psychiatry & Law*, 33 (2005): 5 – 42.

Children with mental retardation are more likely to be abused than the general population, yet are often denied access to the justice system. Research on children without mental retardation has revealed skepticism as to their reliability as witnesses in the court of law. Even more so, children with mental retardation face the issue of credibility because of their age and disability. This study assesses attorneys' perceptions of child witnesses with mental retardation. Thirty-nine criminal attorneys completed a 33-item questionnaire designed to assess their opinions of the abilities of adults and of children with and without mental retardation to recall and communicate information in the forensic context. Results revealed that attorneys perceived child witnesses as less credible and more suggestible than adult witnesses. Moreover, analyses indicated that child witnesses with mental retardation were also perceived as less credible and more suggestible than child witnesses without mental retardation.

National Symposium on Abuse and Neglect of Children with Disabilities. *Abuse and Neglect of Children with Disabilities: Report and Recommendations*. Lawrence, KS: The Beach Center on Families and Disabilities, the University of Kansas, and the Erikson Institute of Chicago (1995).

This report presents recommendations and outcomes of a November 1994 invitational symposium on abuse and neglect of children with disabilities. Individual sections provide a summary of the recommendations resulting from the symposium, the symposium's purposes, a list of participants and cosponsors, the meeting's charges and concerns, definitions, a statement of the extent and nature of the problem, and a listing of work groups. The 17 recommendations are organized into seven issues: (1) awareness (promote awareness within and by existing organizations and service systems); (2) prevention (provide universal prevention efforts through public health initiatives); (3) collaboration (collaborate across all professions to increase service effectiveness); (4) training (train professionals on the multiple issues regarding children with disabilities who have been abused and neglected); (5) families (increase the capacity of families to withstand stressors contributing to the abuse and neglect of children); (6) children (listen to and respect the informed preferences and priorities of children); and (7) policy (adopt a uniform child protection statute).

Nettelbeck, Ted and Carlene Wilson. "Personal Vulnerability to Victimization of People with Mental Retardation." *Trauma, Violence, & Abuse*, 3 (2002): 289 – 306.

People with mental retardation are more vulnerable to victimization. This is a consequence of cultural, institutional, and other environmental circumstances but may include victim characteristics. To recognize this is not "to blame the victim." Instead, acknowledgement can help identify contributory factors and improve understanding of why victimization occurs. Consistent with this viewpoint, recent research has found that although IQ and adaptive skills did not distinguish victims from non-victims, victims reported aggressive, confrontational tendencies and acquiescing to unreasonable request. The authors therefore advocate an interactive schema of victimization that extends current theory, which has primarily limited focus to contributory environmental factors. Some individual risk variables cannot be changed (intellectual disabilities) or are difficult to change (living situation). However, other victim characteristics reflecting interpersonal competence should be amenable to behavioral intervention. Identifying potential victim characteristics and training before victimization occurs may reduce incidence of victimization and guide development of protective procedures.

Nettelbeck, Ted. et al. "The Influence of Interpersonal Competence on Personal Vulnerability of Persons with Mental Retardation." *Journal of Interpersonal Violence*, 15 (2000): 46 – 62.

Four factors in Sparks' model of victim proneness were tested among 31 persons with mental retardation who were victims of a personal offense and 32 non-victims with

mental retardation. Factors were operationalized in terms of measures of anger, antisocial tendencies, eccentricities and odd mannerisms, interpersonal competence, recreational outings, and communication skills. Forty participants also responded to hypothetical scenarios depicting everyday situations commonly encountered. Results showed that victims were significantly more likely than non-victims to report a hostile outlook and that they would display overt anger and aggression in a wide range of situations. Victims' responses to hypothetical scenarios were more likely to be confrontative or abusive to an initial approach by the perpetrator, whereas non-victims were more likely to withdraw quietly. These indices of poorer interpersonal competence were independent from IQ and adaptive behavior.

Newman, Elana, Samina Christopher, and Judy Berry. "Developmental Disabilities, Trauma Exposure, and Post-Traumatic Stress Disorder." *Trauma, Violence, & Abuse*, 2 (2000): 154 – 170.

It has been assumed that individuals with developmental disabilities are a group of individuals at greater risk for exposure to abuse and neglect, although there is no evidence documenting a higher prevalence or incidence of trauma exposure and post-traumatic stress disorder (PTSD) among those with developmentally disabilities. This article distinguishes those biases about the relative vulnerability of individuals with developmental disabilities from facts. This article reviews the current scientific evidence with regard to the rates of trauma exposure among individuals with developmental disabilities, the probable applicability of PTSD among this group, and the scientific basis of clinical assessment. Using the lens of traumatic stress studies, the authors recommend a research agenda and the creation of an empirically formed social policy that does not reinforce stigma but provides accurate, respectful, and necessary protections.

Niederbuhl, John and Donald Morris. "Sexual Knowledge and the Capability of Persons with Dual Diagnoses to Consent to Sexual Contact." *Sexuality and Disability*, 11 (1993): 295 – 307.

Capability to consent to sexual contact was determined by an interdisciplinary team for thirty-one individuals residing on a unit serving dually diagnosed individuals (mental retardation and psychiatric disorders). Capability status was strongly related to sexual knowledge, level of mental retardation, social adaptive age, participation in a sex education course, psychiatric diagnosis and other capabilities to consent. The sexual knowledge demonstrated by capable individuals is described. The multi-stage evaluation procedure and problematic issues are discussed in terms of legal implications, the situational nature of capability status, and the need for a data base to facilitate capability determinations.

Northway, Ruth, et al. “Evidencing Good Practice in Adult Protection: Informing the Protection of People with Learning Disabilities From Abuse.” *The Journal of Adult Protection*, 7 (2005): 28 – 36.

The importance and challenges in providing a good practice evidence base for adult protection are outlined. The literature search, review and mapping exercise that formed part of the “Abuse of Adults with Learning Disabilities Policy”. “Practice and Educational Implications in Wales” research study is detailed. The article presents examples from this evidence mapping exercise and considers the importance of adult protection research to the future development of policy and practice.

Northway, Ruth, et al. “Policies Don’t Protect People, It’s How They Are Implemented’: Policy and Practice in Protecting People with Learning Disabilities from Abuse.” *Social Policy & Administration*, 41.1 (2007): 86 – 104.

Recent years have seen the development of policy guidance documents in both Wales and England relating to the protection of vulnerable adults from abuse. This policy guidance does, however, require translation into policies at the local level and that these policies are then implemented in day-to-day practice. This article reports some of the findings of a two-year study that examined the development and implementation of such policies in services for people with learning disabilities within Wales. Data were gathered by means of a survey of service providers from across Wales and also via focus groups held with direct care staff and those with a responsibility for investigating alleged abuse. Positive developments include a commitment to multi-disciplinary working, increased clarity and consistency, and greater awareness. Less positive aspects include the potential for policy ‘overload’ and a feeling that, while there is awareness of the existence of vulnerable adults policies, knowledge of their content may be more limited. Recommendations are made for the development of policy, practice and research.

Norwich, Brahm and Narcie Kelly. “Pupils’ Views on Inclusion: Moderate Learning Difficulties and Bullying in Mainstream and Special Schools.” *British Educational Research Journal*, 30 (2004): 43 – 65.

The study examined the views of 101 boys and girls aged 10 – 11 and 13 – 14 with statements of special educational needs for moderate learning difficulties. Questions centered on their experiences of school, teaching and learning in mainstream and special schools. The study is set in the context of the international move towards more inclusion of children with disabilities into mainstream schools and the greater importance attached to the child’s voice in decision-making in education. Most children expressed positive evaluations of their schools and the teaching they received, while a significant minority expressed mixed views. A significant proportion in the mainstream preferred learning support in withdrawal settings. While the majority in both settings preferred their current school, a significant minority in special school preferred to be in a mainstream setting. A notable emergent theme from the study was the high incidence of ‘bullying’ that was

experienced. Though experienced in both settings, those in special schools experienced far more ‘bullying’ by children from other mainstream schools and from peers and outsiders in their neighborhood. These findings are discussed in terms of the tensions or dilemmas about difference that were experienced and their implications for the move towards greater inclusion.

Nosek, Margaret, Carol Howland, and Mary Ellen Young. “Abuse of Women with Disabilities: Policy Implications.” *Journal of Disability Policy Studies*, 8 (1997): 157 – 175.

According to the National Study of Women with Physical Disabilities, the prevalence of abuse was not significantly different between women with and without disabilities. Women with physical disabilities, however, reported significantly longer durations of abuse. Unique vulnerabilities to abuse experienced by women with disabilities include social stereotypes of asexuality and passivity, acceptance of abuse as normal behavior, lack of adaptive equipment, inaccessible home and community environments, increased exposure to medical and institutional settings, dependence on perpetrators for personal assistance, and lack of employment options. In order to enable the identification of women with disabilities who are in abusive situations and their referral to appropriate community services, policy changes are needed to increase training for all types of service providers in abuse interventions, improve architectural and attitudinal accessibility to programs for battered women, increase the responsiveness of adult protective services, increase options for personal assistance, expand the availability of affordable legal services, and improve communication among community services.

Nosek, Margaret, Carol Howland, and Rosemary Hughes. “The Investigation of Abuse and Women with Disabilities: Going Beyond Assumptions.” *Violence Against Women*, 7 (2001): 477 – 499.

This article delineates issues that should be considered by investigators endeavoring to conduct empirically sound research on abuse and women with disabilities. These issues include (a) incorporating in the research design variables that assess increased vulnerability; (b) using literature-based definitions that distinguish emotional, physical, sexual, and disability-related abuse; (c) using population-based sampling methodologies; (d) securing informed consent; (e) maintaining confidentiality; (f) installing safety measures to protect study participants and project staff from retaliation; (g) making special efforts to include women with disabilities from minority backgrounds; (h) using appropriate, validated, disability-sensitive screening instruments; (i) understanding the legal requirements for reporting abusive incidents; (j) implementing abuse studies in clinical settings; and (k) including formative and summative evaluations in outcome studies of abuse interventions. To increase the capacity of battered women’s programs to serve women with disabilities, considerably more needs to be known about interventions that are most effective for this population.

Nosek, Margaret, Catherine Foley, Rosemary Hughes, and Carol Howland. "Vulnerabilities for Abuse Among Women with Disabilities." *Sexuality and Disability*, 19 (2001): 177 – 189.

Research findings reveal that women with disabilities experience rates of emotional, physical, and sexual abuse that are comparable to, if not greater than women without disabilities. Disability specialists propose that women with disabilities experience specific vulnerabilities to abuse. The question in the present study was, "What types of abuse experiences by women with physical disabilities are directly related to their disability?" Of the 504 women with disabilities who responded to a questionnaire assessing sexuality and relationship, 181 of the women completed open-ended questions about abuse. Using qualitative techniques, we analyzed their responses and identified disability-specific types of emotional, physical, and sexual abuse. The need for personal assistance with daily living created additional vulnerability. The authors conclude that disability is not a protective factor against abuse; indeed it often serves to reduce a woman's emotional and physical defenses. These findings indicate a need for the development of disability-sensitive abuse screening instruments, and development and testing of interventions to assist women with disabilities in recognizing abuse, protecting themselves in abusive situations, and removing themselves from potentially abusive relationships and situations.

Nosek, Margaret, et al. "National Study of Women with Physical Disabilities: Final Report." *Sexuality and Disability*, 19 (2001): 5 – 39.

The final report of the National Study on Women with Disabilities provides an overview of the research conducted from 1992 to 1996 at the Center for Research on Women with Disabilities. The Report addresses the methodologies used in the recruitment of women and reviews the various analyses conducted on the data. In addition, the report provides a discussion of recruitment techniques used for nondisabled women and the analysis used for this population as well. It provides a summary of findings in the areas of sense of self, relationships, information about sexuality, sexual functioning, pregnancy, sexually transmitted diseases, abuse, chronic conditions, health maintenance behaviors, gynecologic health, and health care utilization.

Nosek, Margaret, et al. "Disability, Psychosocial, and Demographic Characteristics of Abused Women with Physical Disabilities." *Violence Against Women*, 12 (2006): 838-850.

In a sample of 415 predominantly minority women with physical disabilities recruited from private and public specialty outpatient clinics, we examined experiences of physical, sexual, and disability-related abuse within the past year and its associations with demographic, disability, and psychosocial characteristics. Logistic regression analyses identified 27% of the variance and indicated that women with disabilities who were younger, more educated, less mobile, more socially isolated, and who had

higher levels of depression may have a higher likelihood of having experienced abuse in the past year. This model correctly identified 84% of the abused women with disabilities. Questions of directionality, the role of disability, and validity testing are discussed.

Nutter, Karen. “Domestic Violence in the Lives of Women with Disabilities: No (Accessible) Shelter from the Storm.” *Southern California Review of Law and Women's Studies*, 13.2 (Spring 2004): 329 – 354.

[This article examines] the tragic role that domestic violence plays in the lives of many women with disabilities and how protective orders and crisis shelters fail to provide these women with adequate protection from further abuse. Part II briefly discusses domestic violence as it exists in the “general” nondisabled population. Part III discusses two ways commonly used by victims of domestic violence to attempt to put an end to their abuse: pursuing protective orders and escaping to crisis shelters. Part IV explains how domestic violence works differently in the lives of women with disabilities, and how a host of factors, from misperceptions of the women themselves and the forms of abuse they suffer to the failure of domestic violence escape systems to recognize or accommodate the needs of these women, conspire to perpetuate their abuse. Part V focuses on how four crisis shelters in the Los Angeles area serve, or fail to serve, clients who have disabilities. Finally, Part VI offers recommendations of what further steps could be taken to remove the barriers these women face when seeking help.

Obinna, Jennifer, et al. *Understanding the Needs of the Victims of Sexual Assault in the Deaf Community: A Needs and Assessment Audit*. Minneapolis: Researching Sexual Violence Project (RSVP), Council on Crime and Justice, (2005).

This study examines the perceptions of Deaf and hearing service providers who assist Deaf individuals with the aftermath of sexual victimization and who individuals in the Deaf community tell about their experiences of sexual assault. It also deals with why, and what service gaps exist for the Deaf community and what can law enforcement do to be more effective resource for members of the Deaf community. A secondary aim of this study was to implement a Participatory Action Research (PAR) approach in researching a sensitive topic in the Deaf community to determine if the PAR approach is effective.

O’Callaghan, Ali C., Glynis Murphy, and Isabel Clare. “The Impact of Abuse on Men and Women with Severe Learning Disabilities and Their Families.” *British Journal of Learning Disabilities*, 31.4 (2003): 175 – 180.

So far, little systematic attention has been paid to the impact of abuse on men and women with severe learning disabilities. Using the criteria for post-traumatic stress disorder () and questions about changes in skills and ‘challenging behaviours’, we interviewed parents to collect information about the effects of the abuse experienced by 18 people with severe learning disabilities. The consequences for the survivors

were profound and long-lasting, and it was found that their parents and siblings were also deeply affected. Very limited formal support was offered to the men and women who had been abused, or to their families. The implications for assessments of the impact of abuse on people with severe learning disabilities and for service provision are highlighted.

O’Callaghan, A.C. and G.H. Murphy. “Sexual Relationships in Adults with Intellectual Disabilities: Understanding the Law.” *Journal of Intellectual Disability Research*, 51.3 (2007): 197 – 206.

Introduction: Adults with intellectual disabilities (IDs) are known to be very vulnerable to sexual abuse. This may result partly from their lack of sexual knowledge and their powerless position in society. It could also be exacerbated by an ignorance of the law. This study investigates their understanding of the law relating to sexuality. Method: Understanding of the law regarding sexual relationships, consent and abuse was assessed in 60 adults with IDs (mean age 37.6 years) and 60 young people aged 16–18 years (deemed in law capable of consenting to a sexual relationship). Questions were wide ranging, including general laws around sexuality and abuse, as well as the law relating to sexual relationships and ID. Results: There were significant differences between the two groups: adults with IDs had a very limited understanding of the general laws relating to sexuality (e.g. age of consent, incest, abuse), as well as the law relating to sexuality and IDs (e.g. whether they could have sexual relationships, whether they were allowed to marry, what protection they should expect from the law). Young people without disabilities showed a better understanding, both for general laws and for those relating specifically to adults with IDs. Conclusions: These findings show that there is a need to educate people with IDs about the laws relating to sexuality. It is important for people to understand the law and, given the high rates of sexual abuse perpetrated against people with ID, it is essential for them to benefit from the protection the law affords. The new law in England (Sexual Offences Act 2003) post-dated this study. It will be interesting to see whether the new legislation is easier for people with and without disabilities to understand.

Oktay, Julianne and Catherine Tompkins. “Personal Assistance Providers’ Mistreatment of Disabled Adults.” *Health & Social Work*, 29 (2004): 177 – 188.

This article describes a survey of 84 adults with disabilities who received personal assistance with activities of daily living from family members, informal providers, or agency personnel. Results showed that 30 percent reported mistreatment from their primary provider, and 61 percent reported mistreatment by another provider. Verbal abuse, physical abuse, and theft or extortion were the most common forms of mistreatment by primary providers. Verbal abuse, neglect, poor care, and theft were the most common forms of mistreatment by other providers. Adults with lower incomes were the most likely to experience mistreatment. Male providers were more likely to mistreat, as were providers who were inexperienced and who provided more than 50 hours of care per week.

Olkin, Rhoda. "Women with Physical Disabilities Who Want to Leave Their Partners: A Feminist and Disability-Affirmative Perspective." *Women & Therapy*, 26 (2003): 237 – 246.

Four domains of barriers for women with physical disabilities who are considering leaving a partner are outlined. These obstacles include (a) physical needs; (b) financial needs; (c) custody concerns; and (d) relationship issues. Disability policies can have direct bearing on the lives of women with disabilities, and hence on their freedom to choose to remain with or to leave a partner.

Oosterhoorn, Rebecca and Andrew Kendrick. "No Sign of Harm: Issues for Disabled Children Communicating About Abuse." *Child Abuse Review*, 10 (2001): 243 – 253.

This paper explores the views of professionals working with children using alternative/augmented communication systems on the issues relating to communication about abuse. Interviews were carried out with 20 staff from eight establishments for disabled children across Scotland. It describes the range of alternative augmented communication systems used and the barriers to communication about abuse. Staff generally accepted the importance of providing the appropriate vocabulary in augmented communication systems, but systems that provide such vocabulary were not widely used. Staff considered that a major difficulty concerned the level of understanding disabled children might have about concepts of abuse. They were unsure how the appropriate vocabulary could be introduced in a natural way and how links could be made between the signs and their meanings. Staff saw themselves as those most able to protect the children, but it was felt that discovery of abuse was more likely to come from them noticing physical signs, behavior or mood changes than from the child communicating explicitly about abuse. The need for appropriate training and increased coordination between social work, health and education is highlighted.

Orange, Leo and Martin Brodwin. "Childhood Sexual Abuse: What Rehabilitation Counselors Need to Know." *Journal of Rehabilitation*, 71 (2005): 5 – 11.

Rehabilitation counselors need to be aware that children who have disabilities are at higher risk for sexual abuse than children without disabilities. Definitions of sexual abuse are provided as is a discussion of the scope of the problem. The relevance of childhood sexual abuse to rehabilitation counselors is described and an explanation provided as to why children with disabilities are at greater risk. Sexual abuse as a child can lead to unresolved issues in adult life. Lastly, this article offers recommendations for rehabilitation counselors when working with clients who had been sexually abused as children.

Orelove, Fred, et al. "Maltreatment of Children with Disabilities: Training Needs for a Collaborative Response." *Child Abuse & Neglect*, 24 (2000): 185 -194.

There is a dearth of research on how to respond to children with disabilities who have been maltreated. The literature that does exist recommends a collaborative team approach, with each team member possessing a broad understanding of the special considerations of working with children with disabilities. The literature does not define current understanding levels of response team members in comparison to essential knowledge levels. The current study used a needs assessment instrument tailored to each of three key groups: parents, educators, and investigators. Respondents were asked about their knowledge level, experience with, and training interests on maltreatment of children with disabilities. While respondents seemed to have a cursory awareness in some of the topic areas, their knowledge levels were not extensive in most of the survey areas. A majority of respondents were willing to attend training, and all three groups ranked the recognition of maltreatment of children with disabilities as a top training priority.

Palermo, Mark T. "Preventing Filicide in Families with Autistic Children." *International Journal of Offender Therapy and Comparative Criminology*, 47.1 (2003): 47 – 57.

Autism is a complex neurodevelopmental disorder that affects social behaviors and parent-child interaction. It has been associated with an increased risk of social victimization, and a recent rise in number of acts of filicide of developmentally disabled children has included several cases of autism. In this article, possible risk factors for filicidal behavior in families with autistic children and prevention strategies are reviewed.

Palmer, Helen. "Going Mainstream: Improving Access to Counselling Services." *Learning Disability Practice*, 10.7 (2007): 29 – 32.

No abstract available.

Paltiel, Freda. "The Disabled Women's Network in Canada." *Sexuality and Disability*, 15 (1997): 47 – 50.

This paper will describe the Disabled Women's Network (DAWN) in Canada, its origins, its significance, and its effective contributions to public awareness and social policy. DAWN was conceived as a result of the realization that the disabled community and its advocates lacked gender awareness or sensitivity, while the women's movement had a blind spot regarding women with disabilities. The paper will consider the topic against the background of disability statistics, the health care system in Canada and from a perspective of needs, risks and tasks of women in general and women with disabilities in particular.

Pan, Shu-Man. "Prevalence of Sexual Abuse of People with Intellectual Disabilities in Taiwan." *Intellectual and Developmental Disabilities*, 45.6 (2007): 373 – 379.

Although sexual abuse of people with intellectual disabilities has emerged as a major issue in the West over recent years, few researchers have examined this issue in Taiwan. The prevalence and current state of sexual abuse for people with intellectual disabilities in Taiwan were investigated here. Results of face-to-face interviews with 336 subjects revealed that the prevalence of sexual abuse for this population is 5.4%. This low prevalence of sexual abuse has certain cultural implications; most people with intellectual disabilities live in supported living settings and are, therefore, excluded from community life. Increased effort is needed to develop effective service programs for abuse prevention and strategies should be developed to improve the limitations in the present study.

Parker, Tracee and Paul R. Abramson. "The Law Hath Not Been Dead: Protecting Adults with Mental Retardation from Sexual Abuse and Violation of Their Sexual Freedom." *Mental Retardation*, 33.4 (1995): 257 – 263.

The extent to which three professional groups (law enforcement officers, licensing personnel, and sex educators/counselors) utilize legally relevant criteria when assessing the sexual abuse of an adult with mental retardation was examined. Subjects were randomly assigned to one of four experimental conditions that varied in terms of the ability of a woman with mental retardation to understand concepts involving the nature and consequences and right of volition in a sexual relationship. The results indicated significant effects for both treatment condition and group. Thus, more explicit, standardized criteria should be developed for professionals to utilize when assessing consent involving possible sexual abuse of adults with mental retardation.

Pardeck, J.T. and P.A. Rollinson. "An Exploration of Violence Among Homeless Women with Emotional Disabilities: Implications for Practice and Policy." *Journal of Social Work in Disability and Rehabilitation*, 1.4 (2002): 63 – 73.

This research found a high incidence of violence among homeless women with emotional disabilities. The study reports 82% of the homeless women with emotional disabilities had a history of violence in their lives. The most common form of violence was physical; the least common was sexual abuse. The practice and policy implications for these findings are discussed. It is suggested that the *Olmstead v. L.C.* (1998) ruling under the Americans with Disabilities Act might force states to provide better services to homeless women with a history of violence and emotional disabilities.

Paul, Alina and Pat Cawson. “Safeguarding Disabled Children in Residential Settings: What We Know and What We Don’t Know.” *Child Abuse Review*, 11 (2002): 262 – 281.

Research in America, Canada, Australia and Britain has revealed that disabled children are particularly vulnerable to abuse. Their likelihood of attending residential institutions, their dependency on others for personal care and the lack of opportunities for them to alert others to maltreatment or comprehend the nature of abusive acts all increase levels of risk. Over the last decade, there has been increasing public and professional concern about the abuse of children in residential establishments, resulting in a number of inquiries. However, the abuse of disabled children in residential settings has received little attention. Despite residential schools, care homes and respite care being widely used by disabled children, there is a paucity of knowledge regarding the standards of child protection in these establishments. This article explores the research literature revealing the vulnerability of disabled children to abuse when living away from home, what measures can be taken to help protect them and the limitations of available data as a basis for planning child protection measures.

Pava, W. “Visually Impaired Persons’ Vulnerability to Sexual and Physical Assault.” *Journal of Visual Impairment & Blindness*, 88 (1994): 103 – 113.

This article reports on a national survey of 161 visually impaired women’s and men’s perceptions of their vulnerability to and experiences with actual or attempted sexual or physical assaults and their experience with and desire for training in self-defense. Although the women perceived themselves to be at significantly more risk for assault than did the men, 1 in 3 of all the respondents had been targets of either attempted or actual assault at some point in their lives.

Peckham, Nicholas G. “The Vulnerability and Sexual Abuse of People with Learning Disabilities.” *British Journal of Learning Disabilities*, 35 (2007): 131 – 137.

In his capacity as a Clinical Psychologist the author provides psychological support to people with learning disabilities living in hospital and in the community. Frequently, the problem behaviour highlighted in referral letters (such as sexualized behaviour, anger management or self-harm) is formulated as relating to a past history of abuse and neglect which they had experienced. In view of increasing client referrals and a limited research literature the author established a small team, developed and then piloted a survivors’ group for women with a learning disability. The pilot achieved ethical approval and the survivors’ group ran concurrently with an education support group for their carers.

Peckham, Nicholas G. and Susan Howlett, Alan Corbett “Evaluating a Survivors Group Pilot for Women with Significant Intellectual Disabilities Who Have Been Sexually Abused.” *Journal of Applied Research in Intellectual Disabilities*, 20.4 (2007): 308–322.

Background: Sexual abuse has been associated with trauma, low self-esteem, anger, depression and challenging behaviours. This pilot study builds on a small published literature by evaluating a survivors group (SG) for women with an intellectual disability and an educational support group (ESG) for their carers. Method: The SG was delivered weekly over 5 months for 20 sessions and the ESG ran concurrently for their seven carers in a separate room within the same community-based building. Participants were helped to build trust and rapport, provided with education about sexual abuse designed for their level of ability, and helped to reprocess the trauma of their sexual abuse. Results: Both the SG and the ESG were evaluated using a repeated-measures design (double baseline, mid-treatment, post-treatment and follow up), to see whether there was any improvement in relevant clinical dependent variables associated with the consequences of sexual abuse (i.e. trauma, self-esteem, anger, depression and challenging behaviour). Improvements occurred in sexual knowledge, trauma and depression. Neither self-esteem nor anger improved for most of the SG and challenging behaviour worsened at first before improving. Conclusions: The SG seemed to be successful in improving sexual knowledge and in reducing trauma and depression, although challenging behaviours worsened at first before improving. There is a need for more sexual abuse/sexual education groups for men and women with intellectual disabilities.

Peled, M., G. Iarocci, and D. Connolly. “Eyewitness Testimony and Perceived Credibility of Youth with Mild Intellectual Disability.” *Journal of Intellectual Disability Research*, 48, (2004): 699 – 703.

Background: Individuals with intellectual disability (ID) are more vulnerable to abuse compared to individuals without disabilities yet have limited access to the legal system. This study examined perceived credibility of youth with mild intellectual disability (MID) who provide courtroom testimony. Method: Participants, 187 undergraduates, were asked general questions about credibility. They also read eyewitness testimony and answered questions about a particular witness's credibility. Half the participants were informed that the youth has MID [chronological age (CA) 15 years, mental age (MA) 10 years] and the others were informed that the youth is a typically developing 10-year-old. Results: When participants were asked general questions about credibility they rated 15-year-olds with MID (MA 10 years) as less credible than typically developing 10-year-olds. However, when participants read eyewitness testimony and answered questions about a particular witness's credibility, no statistically significant differences were found between participants who were informed that the witness was a 15-year-old with MID (MA 10 years) and those who were informed that the witness was a typically developing 10-year-old. Conclusions: The present study provided a preliminary investigation of perceived credibility of witnesses with MID and suggest directions for future research in this area.

Perlman, Nitza, et al. "The Developmentally Handicapped Witness: Competency as a Function of Question Formant." *Law and Human Behavior*, 18 (1994): 171 – 187.

This study compared the ability of 30 developmentally handicapped (DH) and 30 nonhandicapped individuals in their ability to report on witnessed events. Participants watched a film clip and were asked to respond to five different types of questions about it. Misleading or leading questions were embedded in three of the question types. Results indicated that in response to free recall and very general questions, DH participants did not provide as complete responses as did nonhandicapped participants, although the information provided by both groups tended to be quite accurate. Both groups, and particularly DH individuals, were less accurate in responding to more focused short answer recall questions. In response to correct leading specific and statement questions, requiring recognition of the information provided, DH and control participants were comparable in their performance. DH participants had greater difficulty with misleading recall questions and false leading specific and statement questions. Results are discussed in terms of optimizing eyewitness accuracy in DH individuals.

Perry, David. "Risk Assessment and the Use of Restrictive Physical Intervention in Adults with a Learning Disability." *Learning Disability Practice*, 9.6 (2006): 30 – 36..

The article discusses the specific risks associated with people with a learning disability are physically restrained. Several conditions considered for restrictive physical interventions are cited including respiratory disorder, weight, musculoskeletal problems, and cardiovascular disorders. It is suggested that restraint should be used only in a short duration and risk assessment should be carried out to determine the type and level of physical intervention.

Petersilia, Joan. "Crime Victims with Developmental Disabilities: A Review Essay." *Criminal Justice and Behavior*, 28 (2001): 655 – 694.

Rates of violence and abuse perpetrated on people with developmental disabilities (e.g., mental retardation, autism) appear significantly higher than for people without these disabilities. Few of these crimes get reported to police, and even fewer are prosecuted because officials hesitate to pursue cases that rely on the testimony of a developmentally disabled person. The authors offer several conceptual models to explain their differential victimization risk, including routine activities theory, dependency-stress model, cultural stereotyping, and victim-learned compliance. This article summarizes the research evidence on crimes against children and adults with developmental disabilities. It is divided into four sections. The first section describes the nature and extent of crimes against individuals with developmental disabilities. The second reviews the literature on risk factors associated with their victimization. The third discusses the manner in which justice agencies respond to these crimes. The final section enumerates what research and policy initiatives might address the problem.

Petersilia, Joan. “Invisible Victims Violence Against Persons with Developmental Disabilities.” *Human Rights* (2000).

No abstract available.

Piek, J., et al. “The Relationship Between Bullying and Self-Worth in Children with Movement Coordination Problems.” *British Journal of Educational Psychology*, 75 (2005): 453 – 463.

Background. Past research has indicated that there is a negative relationship between victimization and self-worth. Furthermore, children with movement problems such as developmental coordination disorder (DCD) are considered at risk of both victimization and low self-worth. Aims. This study investigated the relationship between peer-victimization and self-worth in a group of children with DCD and control children. Sample. Forty-three children aged 7–11 years were identified as at risk of DCD, and were matched on age and gender with 43 control children. Method. Children were individually assessed using the Multi-dimensional peer victimization scale (MPVS; Mynard & Joseph, 2000) to assess the degree and type of bullying, and the self perception profile for children (SPPC; Harter, 1985) to determine self-worth. Results. The two groups did not differ significantly on mean reported self-worth or mean peer-victimization. The relationship between these two measures, however, differed across group and gender. Peer victimization and self-worth were negatively correlated only for the children at risk of DCD. Furthermore, peer victimization accounted for a greater and statistically significant proportion of the variance in the self-worth of girls at risk of DCD compared with boys. This effect of peer-victimization on self-worth in girls with DCD was uniquely attributed to the effects of verbal victimization. Conclusions. Although children with and without motor coordination problems reported equivalent amounts of victimization, there were differences in the impact of that bullying. Specifically, self-worth was negatively affected by bullying for the girls with DCD. Teachers and parents should not only focus on the amount of bullying a child receives, but should also be aware of how bullying impacts differently on self-worth across groups.

Pillay, A. and C. Sargent. “Psycho-Legal Issues Affecting Rape Survivors with Mental Retardation.” *South African Journal of Psychology*, 30 (2000): 9 – 14.

Rape survivors who are believed to have mental retardation are subjected to a somewhat different sequence of legal events compared to those without this disability. Their intellectual functioning is questioned, as is their competence to give evidence in the trial of the alleged perpetrator. The authors studied 10 such cases in terms of the contextual aspects of the rape, the survivors’ cognitive functioning and their ability to provide accounts of the assaults. The findings indicated that although eight of the subjects were mentally retarded, only one of them was unable to relate details of the abuse. It is the authors’ contention that a non-intimidating approach, characterized by developmentally sensitive interviewing can substantially increase the

individual's level of confidence, enabling them to relate the events in simple terms. Considering the adversarial court procedure, it is advocated that provision be made for the use of an intermediary system in cases involving rape of individuals with mental retardation, irrespective of age.

Podell, David, Joan Kastner, and Sheldon Kastner. "Mental Retardation and Adult Women's Perceptions of Adolescent Sexual Abuse." *Child Abuse & Neglect*, 18 (1994): 809 – 819.

This study examined the effect of mental retardation and an adolescent girl's behavior on adult women's perceptions of sexual abuse and the girl's responsibility. Subjects were 288 women, age 18 to 33, who were randomly assigned a vignette describing a sexual encounter between an adolescent girl and boy. Girl's diagnosis (mentally retarded or nonretarded), boy's diagnosis (mentally retarded or nonretarded) and girl's behavior (encouraging, passive, or resisting) were experimentally manipulated. Factor analysis of responses yielded three factors: girl's responsibility, boy's abusiveness, and parents' responsibility. Results indicate that subjects perceive the girl's responsibility differently among girls with and without mental retardation. Regardless of her behavior, subjects perceive the girl as bearing little responsibility when she is retarded. However, when she is nonretarded, she bears more responsibility when she is encouraging than when she is passive or resisting. Also, when the girl is encouraging, the boy's perceived sexual abusiveness is less when he is mentally retarded than when he is nonretarded. Finally, parents are assigned greatest responsibility when the girl is passive, regardless of her diagnosis.

Porter, Stephen, John Yuille, and Andrea Bent. "A Comparison of the Eyewitness Accounts of Deaf and Hearing Children." *Child Abuse & Neglect*, 19 (1995): 51 – 61.

Children with hearing impairments have been found to suffer a high rate of physical and sexual victimization relative to children in general. The purpose of this investigation was to compare the amount and accuracy of the information contained in the eyewitness accounts of deaf and hearing children. Fifteen deaf and 11 hearing children, aged 8 to 10 years, individually witnessed a series of slides depicting a wallet theft. Their recall was then tested by using the Step-Wise Interview (Yuille, Hunter, Joffe, & Zaparniuk, 1993) consisting of a free recall component followed by increasingly directive questions. Separate 2 x 2 (deaf/hearing x question type) between-within factorial ANOVAs were conducted on the amount and accuracy of the information in the accounts ($\alpha = .025$). Results indicated no main or interaction effects for amount recalled. However, a main effect for question type and an interaction effect were evidenced in the analysis on accuracy. Although the accuracy scores of the two groups did not differ in free recall, the deaf children provided much less accurate responses to directive questions whereas the accuracy of the hearing children declined only slightly. Implications for criminal investigations are discussed.

Powers, Laurie, et al. “Barriers and Strategies in Addressing Abuse: A Survey of Disabled Women’s Experiences.” *Journal of Rehabilitation*, 68 (2002): 4 – 13.

Research suggests that women with disabilities are at increased risk for violence and abuse compared to non-disabled women. Abuse by personal assistance services (PAS) providers has been identified as a particular problem. The purpose of this study was to investigate women’s experience of abuse, PAS behaviors women considered most harmful, barriers women perceived as impeding their response to PAS abuse, and strategies women perceived as most helpful for preventing or stopping PAS abuse. A survey was designed and administered to 200 women with physical, and physical and cognitive disabilities recruited through disability agencies and independent living centers. Findings suggested that women with disabilities experienced abuse at a higher rate than women without disabilities, and multiple barriers and strategies were critical to preventing or stopping abuse. Implications for further research are discussed.

Pring, John. “Why It Took So Long to Expose the Abusive Regime at Longcare.” *The Journal of Adult Protection*, 7 (2005): 15 – 23.

In 1994, a leaked Buckinghamshire County Council report revealed that, for more than 10 years, former social worker Gordon Rowe had been beating, raping and neglecting the adults with learning difficulties who lived in the residential homes run by his company, Longcare. This paper explains how Rowe’s regime was able to continue undetected for so long.

Pring, John. “The Long-term Effects of the Abusive Regime at the Longcare Homes.” *Journal of Adult Protection*, 7 (2005): 37 – 43.

In 1994, a leaked council report revealed that for more than ten years, Gordon Rowe, a former social worker, had been beating, raping and ill-treating the adults with learning difficulties who lived in the residential homes run by his company, Longcare. This paper describes the effect of this abuse on some of those residents.

Radford, Jill, Lynne Harne, and Joy Trotter. “Disabled Women and Domestic Violence as Violent Crime.” *Practice*, 18.4 (2006): 233 – 246.

This article overviews the findings of a domestic violence and disability study undertaken in 2005. The study was sponsored by Middlesbrough Domestic Violence Forum and funded by the Neighbourhood Support Fund, Middlesbrough, as one way of taking forward their equal opportunities commitments to this group of women, in the wake of the domestic homicide of a local disabled woman. Although local, it is one of the very few recent UK studies to address this issue, so its findings have national significance.

Rand, Michael R. *Developing the Capability to Measure Crime Victimization of People with Disabilities.* In: *Seminar on Integrating Federal Statistical Information and Processes. Statistical Policy. Working Paper 32. Office of Management and Budget, Statistical Policy Office. Washington, DC.*

No abstract available.

Randall, W., D. Sobsey, and R. Parrilla. "Ethnicity, Disability, and Risk for Abuse." *Developmental Disabilities Bulletin*, 29 (2001): 60 – 80.

Several existing studies have reported that minority children, particularly African-American children, are overrepresented among children reported for maltreatment when compared to their representation in the general population. Other studies have reported that the presence of a disability is an important risk-factor for abuse. In a large-scale study on disability and abuse, Crosse, Kaye, and Ratnofsky (1993, pp. 3-5) noted an apparent interaction between "race/ethnicity" and disability and reported that "maltreated White children were more likely to be classified as having disabilities" than African-American or Hispanic children. These results indicate an interaction between ethnicity, disability status, and risk of abuse that, if confirmed, could prove useful in understanding specific child abuse risk factors. The authors undertook a more detailed analysis of the ethnicity, disability status, and risk of abuse interaction using the same data (but different criteria for inclusion) as Crosse, Kaye, and Ratnofsky. The author's results showed that while having a disability increased the risk for abuse for White children, the same was not true for the African-American children.

Razack, Sherene. "From Consent to Responsibility, from Pity to Respect: Subtexts in Cases of Sexual Violence Involving Girls and Women with Developmental Disabilities." *Law and Social Inquiry*, 19 (1994): 891 – 922.

How might feminist law reform serve all women? The author explores this question within the context of sexual violence involving girls and women with developmental disabilities. She presents the difference impasse as a theoretical tool for understanding how women are positioned in law differently and unequally in relation to each other. She explores how, within the consent framework of a rape trial, competing social narratives or subtexts about race, class, gender, and disability circulates in the courtroom. She also explores the issue of pity in rape trials and argues that focusing on interlocking systems of domination and on our complicity in maintaining categories of women in law and law reform is a useful approach for feminist law reformers.

Razza, Nancy. "A Question of Abuse: Talking with Persons Who Have MR/DD About Their Experiences with Victimization, Part I." *Mental Health Aspects of Developmental Disabilities*, 1 (1998): 48 – 51.

No abstract available.

Razza, Nancy. "A Question of Abuse: Talking with Persons who have MR/DD About Their Experiences with Victimization, Part II." *Mental Health Aspects of Developmental Disabilities*, 2 (1999): 64 – 67.

Sexual abuse of people with mental retardation occurs at relatively high rates, and often results in referrals for psychotherapy and evaluation. Professionals frequently report difficulty in interviewing individuals with MR/DD about abuse experiences for such reasons as their own discomfort with the nature of the material, the individual's degree of impairment and sometimes, pressure to obtain detailed information for legal proceedings. The present article, the second of two on the topic, provides a framework through which the clinician can organize his/her thinking about the interview, the goal of conducting an interview that is comprehensive, yet minimizes distress to the patient.

Reichard, Audrey A., [et al.]. "Violence, Abuse, and Neglect Among People with Traumatic Brain Injuries." *Journal of Head Trauma and Rehabilitation*, 12.6 (2007): 390 – 402.

Background: Violence, abuse, and neglect (VAN) among people with physical and other disabilities has been reported; however, little is known about VAN experiences among people with traumatic brain injuries (TBI). Methods: Nine people who reported experiencing VAN post-TBI were interviewed for this phenomenological study. The data were analyzed to understand VAN as experienced by those with TBI. Results: Participants detailed many VAN experiences along with contributing factors, barriers in obtaining help, and recommendations for improving preventive and assistance services. Conclusions: Greater efforts are needed to identify and prevent VAN among people with TBI. Services following VAN must be improved.

Reiter, S. and N. Lapidot-Lefler. "Bullying Among Special Education Students with Intellectual Disabilities: Differences in Social Adjustment and Social Skills." *Intellectual and Developmental Disabilities*, 45.3 (2007) 174 – 181.

Harassment and bullying among 186 students with intellectual disabilities, ages 12 to 21 years, in special education schools were examined. The differences between bullies and victims in terms of social adjustment and social skills were investigated. No prototypes characterizing differences in social skills were found between the three subgroups: victim, bully, and victim-bully. However, bullies and victim-bullies exhibited significantly higher levels of challenging behaviors, such as temper tantrums, unruly and quarrelsome behavior, and a tendency to lie and steal. Significant correlations were also found among actions as a bully, violent behavior, and hyperactivity. Being a victim was correlated with emotional and interpersonal problems.

Reiter, Shunit, Diane Bryen, and Ifat Shachar. "Adolescents with Intellectual Disabilities as Victims of Abuse." *Journal of Intellectual Disabilities*, 11.4 (2007): 371 – 387.

Abuse of persons with disabilities continues to remain largely invisible, in spite of estimates suggesting that it is perpetrated against them more frequently than against those without disabilities. The aim of this study was to conduct an exploratory investigation regarding the frequency and type of abuse of a selected group of students with intellectual disabilities in one high school in Israel and compare the findings with the frequency and type of abuse reported by non-disabled youth from a similar socioeconomic background. A total of 100 students answered the 'Ending the Silence' questionnaire, 50 of them with intellectual and other disabilities. The main findings indicate that students with intellectual and other disabilities suffered from abuse more frequently than their peers; most of the instances of abuse occurred within the close social environment of the victim and were repeated over time.

Richer, John. "Commentary. Facilitated Communication: A Response by Child Protection." *Child Abuse & Neglect*, 18 (1994): 531 – 537.

No abstract available.

Ridgeway, Sharon. "Abuse and Deaf Children: Some Factors to Consider." *Child Abuse Review*, 2 (1993): 166 – 173.

Deaf children are uniquely disadvantaged in terms of access to information on safety and abuse. This is often due to misunderstood linguistic and cultural needs which relate to the deaf community. Consequently, a greater number of children who are deaf are placed in potentially abusive situations when compared to their non-deaf peer group. A high percentage of deaf children have also acquired negative self-concepts. This is often due to external influences such as educational experiences and family communication. Many deaf children believe that abuse is part of their being deaf. The implications of this are that deaf children are at risk of neglect and abuse as well as long-term damage to their emotional development and self-esteem. A number of survivors of physical and sexual abuse have been referred to the National Centre for Mental Health and Deafness, Preston. Some of these referrals have been inappropriate and due to a dearth of local resources. Extremely little support is available for deaf people who have been or are being abused. There are few appropriately trained counsellors equipped with the necessary skills in communicating with deaf people and even fewer trained in deaf awareness. A number of risk factors have been identified and are illustrated in this article. Three case studies are described to highlight the issues involved.

Roether, Institute. *Harm's Way: The Many Faces of Violence and Abuse Against Persons with Disabilities*: North York: L'Institute Roether Institute (1995).

The book provides insight into the way our systemic practices, prejudices and ignorance combine to encourage or support the abuse of people with disabilities.

Romney, Stephanie C., et al. "The Relationship Between Child Disability and Living Arrangement in Child Welfare." *Child Welfare Journal*, 85 (2006): 965 – 984.

The influence of disabilities on placement outcomes was examined for 277 children who were removed from their biological parents due to substantiated maltreatment. Results indicated that children with a disability were less likely to reunify and more likely to reside in non-kin foster care two years later than typical children. Children with cognitive, emotional/behavioral, and physical disabilities were over four times more likely to be permanently living in non-kin foster care than to be reunified."

Rosen, D.B. "Violence and Exploitation against Women and Girls with Disability." *Annals of the New York Academy of Sciences*, 1087 (2006): 170 – 177.

This article seeks to explore issues concerning women and girls with disability who have experienced violence and exploitation. Owing to different methodologies of data collection, it is difficult to precisely determine the exact number of women and girls who are affected. The literature suggests that violence and exploitation against women and girls with disability occur at a rate 50% higher than in the rest of society. It also points out a number of additional critical issues: professionals are uneducated and insensitive to the needs of these populations; increasing numbers of women and girls living with disability exacerbate the problem; women and girls with disability are uneducated about their rights and responsibilities; and action must be taken to halt this epidemic.

Rounds, Delbert L. "Victimization of Individuals with Legal Blindness: Nature and Forms of Victimization." *Behavioral Sciences and the Law*, 14 (1996): 29 – 40.

This article reports the results of a study of the forms of victimization experienced by individuals with legal blindness. Semi-structured interviews with 58 legally-blind persons were conducted. Results reveal that individuals with legal blindness generally experience criminal victimization at rates consistent with the sighted population but, in some cases, experience certain forms of victimization at rates higher than the sighted population.

Ryan, Ruth, et al. "Physician Unwitting Participation in Abuse and Neglect of Persons with Developmental Disabilities." *Community Mental Health Journal*, 37 (2001): 499 – 509.

The vast majority of birth parents and foster parents for children with special needs do the best they can in challenging circumstances. Many describe the frustrating

circumstance of knowing more than their physicians about their child's unusual medical conditions. In general, physicians are well-advised to listen carefully to the reports of observant, caring parents and foster parents, and to give these observations at least as much weight as their own. However, in the work of our traveling clinic we have observed a number of situations of abuse and neglect which were perpetrated by parents or foster parents, and where the actual acts of abuse and/or neglect were wholly or in part endorsed, in writing, by the treating physician.

Sanghera, Pargan. "Abuse of Children with Disabilities in Hospital: Issues and Implications." *Paediatric Nursing*, 19.6 (2007): 29 – 32.

Children with disabilities are among the most vulnerable in our society and are more likely to be abused or neglected than non-disabled children. Health professionals in all settings have an important role in child protection as they are often the first to see the signs of abuse and are in a position to identify risk of abuse. Aside from intentional abuse there are a number of healthcare practices that can be construed as abuse or neglect. Such practices may have become shrouded under normal clinical routines and continue unchallenged, for example, assuming that disabled children cannot give informed consent or that their privacy and dignity do not have to be maintained as they do not feel embarrassed at having their bodies examined. A health professional or student is guilty of abusive practice if he or she intentionally carries out such practices, allows them to continue by not speaking up or does not learn about the signs and symptoms of abuse in children with disabilities and how to understand their communications, identifying and stopping both intentional and subtle abusive practices is a complex task requiring changes in attitudes held by many in the health services.

Saxton, Marsha, et al. "We're All Little John Waynes: A Study of Disabled Men's Experience of Abuse by Personal Assistants." *Journal of Rehabilitation*, 72.4 (2006): 3 - 13.

This study investigated how men with disabilities define and describe abuses that may arise in provision of personal assistance (PAS), their perception of personal and social barriers to handling abuse, their responses to abusive situations, and strategies they recommend to ameliorate abuse. This research follows a similar study of disabled women and PAS abuse (Saxton, et al, 2001). The findings suggest that men with disabilities experience various forms of abuse, and face significant barriers in addressing abuse related to gender identity, lack of societal recognition and support, and restrictions in choosing and directing their personal assistance providers. Recommendations are offered for bringing attention to this issue and empowering men with disabilities to address abuse in their lives.

Schauer C. “Protection and Advocacy: What Nurses Need to Know.” *Archives of Psychiatric Nursing*, 9.5 (1995): 233 – 239.

There is a national system of protection and advocacy programs for people with mental illness, developmental disabilities, and other disabilities. These programs investigate allegations of abuse and neglect and pursue legal, administrative, and other appropriate remedies to protect the rights of individuals with disabilities. Nurses have a critical role in advocating and protecting rights of consumers with psychiatric disabilities and identifying and reporting incidents of abuse and neglect. The unique role of the nurse within practice, research and education regarding protection and advocacy is discussed.

Sclafani, Michael. [et al.] “Reducing Patient Restraints: A Pilot Approach Using Clinical Case Review.” *Perspectives in Psychiatric Care*, 44.1 (2008): 32 – 39.

Purpose: This study aims to reduce the incidents of restraints by applying a nontraditional consultation process in which a university-based team focused on patient consultations to collect data on treatment interventions and milieu approaches and conditions, as well as staff interactions. Conclusions: The efforts resulted in restraint reduction from 36 episodes per month to 0 episodes per month as well as precipitating a change in unit climate and care approaches on a specialized unit for patients with developmental disabilities and mental illness. Practice Implications: Reducing the use of restraints involving multiple restraint incident patients is possible with a team-based approach and a specific intervention plan.

Sellers, Courtenay L., [et al.]. “Responding to Persons with Mental Illnesses: Police Perspectives on Specialized and Traditional Practices.” *Behavioral Sciences and the Law*, 23 (2005): 647 – 657.

Persons with mental illnesses increasingly come into contact with police in the community due to changes in local and national policies and police responsibility for maintaining order. Recently, specialized intervention strategies have been advanced to ensure that persons with mental illnesses are not inappropriately arrested and moved into the criminal justice system. This study builds on previous research undertaken on police perceptions of dealing with persons with mental illnesses in the community and effectiveness of response (see Borum et al, 1998). A subsample of 182 officers from the Newark, NJ, Police Department was surveyed and added to a sample of 452 officers from three agencies with specialized responses to persons with mental illnesses. The authors conclude that, despite a nonspecialized response to this population, the actual and perceived effectiveness of Newark’s strategy is similar to (and in some cases better than) that which is observed in the agencies with specialized response programs. Implications for implementing specialized responses for persons with mental illnesses are discussed.

Sequeira, Heather and Simon Halstead. “‘Is It Meant to Hurt, Is It?’ Management of Violence in Women with Developmental Disabilities.” *Violence Against Women*, 7 (2001): 462 – 476.

The use of seclusion, restraint, and rapid tranquilization for people with developmental disabilities is controversial. A statistical analysis of 3767 such incidents, involving 82 clients with developmental disabilities, is presented along with semi-structured interview material completed following personal experiences of emergency intervention. Women were involved in a disproportionately high number of incidents. It was found that women had a significantly higher probability of being given rapid tranquilization following a violent incident. In contrast, seclusion was

more likely to be used with men. Interviews with women demonstrated a commonly held understanding of interventions as punishment and expressions of intense anger and anxiety. The study highlights the importance of including the perspectives of people with developmental disabilities in care planning and staff training.

Sequeira, Heather and Sheila Hollins. “Clinical Effects of Sexual Abuse on People with Learning Disabilities.” *British Journal of Psychiatry*, 182 (2003): 13 – 19.

Background There are few publications concerning the psychological reactions of people with learning disabilities to sexual abuse. Most significantly, there are no controlled studies and few which demonstrate a systematic approach to documenting the sequelae of trauma. **Aims** To critically review the published research in this field. **Method** A literature search in peer-reviewed psychiatry, psychology, nursing and social care journals for the years 1974 to 2001 was conducted and 25 studies were reviewed. **Results** Several studies suggest that, following sexual abuse, people with learning disabilities may experience a range of psychopathology similar to that experienced by adults and children in the general population. However, because of methodological limitations, these results are not conclusive. **Conclusions** Whether people with learning disabilities experience reactions to sexual abuse similar to the general population has yet to be explored by systematic research.

Sequeira, Heather, Patricia Howlin, and Sheila Hollins. “Psychological Disturbance Associated with Sexual Abuse in People with Learning Disabilities: Case-Control Study.” *British Journal of Psychiatry*, 183 (2003): 451 – 456.

Background: The association between sexual abuse, mental health and behavioural problems in people with learning disabilities has not previously been examined in a controlled study. **Aims:** To identify symptoms of psychological disturbance in adults with and without a confirmed history of sexual abuse. **Method:** The study used a matched (1:1) case-control design comparing 54 adults who had experienced sexual abuse with 54 adults with no reported history of abuse. The two groups were selected from a community population of adults with learning disabilities living in residential care, and compared for selected psychiatric diagnoses and for scores on measures of disturbed behavior. **Results:** Sexual abuse was associated with increased rates of

mental illness and behavioural problems, and with symptoms of post-traumatic stress. Psychological reactions to abuse were similar to those observed in the general population, but with the addition of stereotypical behavior. The more serious the abuse, the more severe the symptoms that were reported. Conclusions: The study provides the first evidence from a controlled study that sexual abuse is associated with a higher incidence of psychiatric and behavioural disorder in people with learning disabilities.

Sequeira, Heather. "Implications for Practice: Research Into the Effects of Sexual Abuse on Adults with Intellectual Disabilities." *The Journal of Adult Protection*, 8.4 (2006): 25-31.

The aim of this paper is to gather information that will be useful to practitioners who are assessing and trying to understand the difficulties of people with intellectual disabilities who may have experienced sexual abuse. In the first part of this paper the research into the effects of sexual abuse on people with learning disability is reviewed. In the second part of this paper, the major clinical implications of these findings are explored. These include the implications for abuse evaluations, identification of individuals at increased risk of disturbance, implications for treatment and provision of psychotherapeutic services.

Shannon, Patrick and Maria Agorastou. "Identifying Children with Developmental Disabilities Receiving Child Protection Services: A National Survey of Child Welfare Administrators." *Families in Society: The Journal of Contemporary Social Services*, 87 (2006): 351 – 357

The purpose of this study was to examine the ability of U.S. state child protection service (CPS) agencies to identify children with developmental disabilities who have been maltreated and provide them with services to meet their unique needs. The subjects were 50 state-level child welfare administrators (including the District of Columbia) who were knowledgeable about the data collection requirements in their states. The findings of this study are presented and compared with data collected from two previous studies. Findings indicate that less than one-half of the state child welfare agencies identify children with developmental disabilities. The implications of the findings highlight the need for improved data collection procedures, staff and foster care family training regarding disabilities, and improved collaboration with traditional developmental disability-related providers.

Sharp, Hannah. "Steps Towards Justice for People with Learning Disabilities as Victims of Crime: The Important Role of the Police." *British Journal of Learning Disabilities*, 29 (2001): 88 – 92.

During 1999, Mencap, Values Into Action and Enable jointly conducted the first UK-wide inquiry into the harassment, victimization and bullying of people with learning disabilities (LDs). Only 17% of participants in the inquiry reported incidents of crimes against them to the police according to a 1999 Mencap report. Values Into

Action has continued its involvement in this project on crime, harassment and people with LDs. Since the UK inquiry, the project has examined the developmental work required by the police to respond adequately to the reports which they receive from people with LDs who may be victims. The present paper outlines: (1) the key findings of the Mencap inquiry; (2) some of the difficulties experienced by people with LDs in reporting possible crimes to the police; and (3) the recent changes in policy and law which have the potential to improve radically how people with LDs experience contact with the police and thereby improve their access to the criminal justice system.

Sheard, C., et al. "Bullying and People with Severe Intellectual Disability." *Journal of Intellectual Disability Research*, 45 (2001): 407 – 415.

Although bullying has been shown to reduce quality of life in many spheres, anti-bullying strategies have yet to be incorporated into services for adults with severe intellectual disability (ID). The present study employed a survey of staff and parent concerns about 54 previously surveyed students who had left a school for pupils with severe ID. A content analysis of follow-up interviews was performed in 10 cases. Staff identified 19% of the survey sample as bullying others and 11% as being picked on. Neither gender nor communication ability had an impact. There was no significant change in bully or victim status over time, although some people did change. Parents or staff raised bully/victim problems in more than half of the interviews. There is sufficient evidence of bullying behavior to warrant the adoption of anti-bullying strategies.

Sheldon, Martha. "An Open Letter to Health and Mental Health Care Professionals from a Survivor of Sexual Exploitation." *Women & Therapy*, 14 (1993): 133 – 137.

The article is a personal account from a woman who has cerebral palsy dealing with her experiences with sexual exploitation. The article gives helpful suggestions to the mental and health care profession about working with a survivor of sexual abuse who happens to have a disability.

Silver, Eric. "Mental Disorder and Violent Victimization: The Mediating Role of Involvement in Conflicted Social Relationships." *Criminology*, 40.1 (2002): 191 – 212.

The study examines whether the relationship between mental disorder and violent victimization is attributable to the disproportionate involvement of mentally disordered people in conflicted social relationships. The data consist of a sample of discharged psychiatric patients (N=270) and a sample of nonpatients (N=477) drawn from the same neighborhoods. Results show that mentally disordered patients were more likely to be victimized by violence and to be involved in conflicted social relationships. Moreover, involvement in conflicted social relationships mediated the effect of mental disorder on violent victimization, a result that held when illegal drug

use by the patients was taken into account. Implications for research and theory are discussed.

Sinason, Valerie. "Treating People with Learning Disabilities After Physical or Sexual Abuse." *Advances in Psychiatric Treatment*, 8 (2002): 424 – 431.

No abstract available.

Slater, Phil. "Training for No Secrets: A Strategic Initiative." *Social Work Education*, 21.4 (2002): 437 – 448.

Current Department of Health guidance on multi-agency policy and procedure to protect vulnerable adults from abuse requires the design and implementation of comprehensive training programmes. This paper identifies three issues of critical significance to the development of a local training strategy, namely, language ('vulnerability' versus 'rights'), the relative significance of 'awareness', and the scheduling of training in relation to overall policy development. These issues are illustrated by a local training course which, in addition to imparting basic information on the new agenda and locating the latter within the wider context of adult welfare services generally, actively facilitated practitioners' contributions to multi-agency policy development. The outcomes of this initiative are reported in terms of the Department of Health's radical vision of 'mainstreaming' staff involvement.

Sobsey, Dick and Sheila Mansell. "The Prevention of Sexual Abuse of People with Developmental Disabilities." *Developmental Disabilities Bulletin*, 18.2 (1990): 51 – 66.

No abstract available.

Sobsey, Dick and Tanis Doe. "Patterns of Sexual Abuse and Assault." *Sexuality and Disability*, 9 (1991): 243 – 259.

Patterns of sexual abuse and sexual assault are analyzed from 162 reports involving victims with disabilities. Results suggest that abuse and assault are frequently repeated and chronic, often results in significant harm to the victim, and are rarely reported to child welfare or law enforcement authorities. Many offenses are committed by paid service providers and occur in disability service settings, but other offenses occur in the same situations as sexual abuse and assault of victims without disabilities. Victims are predominantly female and offenders are predominantly male. Charges and convictions are rare. Victims with disabilities often experience difficulty obtaining treatment services that are accessible and appropriate to their needs. Discussion considers a multifactorial, ecological model of abuse and recommends some possible prevention strategies.

Sobsey, Dick. “Responding to the Needs of Sexually Abuse Children with Disabilities: Program Criteria.” *Journal of Child Sexual Abuse*, 2 (1993): 131 – 133.

No abstract available.

Sobsey, D. and S. Mansell. “Sexual Abuse Patterns of Children with Disabilities.” *The International Journal of Children’s Rights*, 2 (1994): 96 – 100.

No abstract available.

Sobsey, Dick, Wade Randall, and Rauno Parrila. “Gender Differences in Abused Children with and without Disabilities.” *Child Abuse & Neglect*, 21 (1997): 707 – 720.

The study posed two questions: (1) What are the proportions of boys and girls in various categories of substantiated child abuse? (2) Do the gender proportions differ for children with and without disabilities? Data collected by previous researchers from a demographically representative sample of U.S. child abuse reporting districts was analyzed. This included 1,249 case files involving 1,834 children. The number of girls and boys who did and did not have disabilities was identified for three age categories and for several categories of abuse. Chi-square analyses were used to determine whether there was a relationship between disability and gender for the various age and abuse categories. More boys were physically abused and neglected, but more girls were sexually abused. Boys with disabilities, however, were over-represented in all categories of abuse. Moreover, gender proportions among abused children with disabilities differed significantly from those found among other abused children. Although slightly more than half of abused children without disabilities were girls, 65% of abused children with disabilities were boys. Boys represented a significantly larger proportion of physically abused, sexually abused, and neglected children with disabilities than would be expected from their respective proportion of abused and neglected children without disabilities. Several possible explanations for the observed gender and disability status interaction are discussed.

Sobsey, Dick. *Violence and Abuse in the Lives of People with Disabilities*, Baltimore: Paul H. Brookes Publishing (1994).

The book addresses why the abuse of individuals with disabilities is so prevalent and how it can be prevented. Additionally it presents strategies to promote the personal safety and well-being of individuals with disabilities.

Sobsey, Dick. “Exceptionality, Education, and Maltreatment.” *Exceptionality*, 10 (2002): 29 – 46.

Although the association between child maltreatment and childhood disability has been identified for many years, little was known about the nature or extent of the relation until recently. It is now apparent that children with a wide variety of

disabilities are several times as likely to have a history of maltreatment as children without disabilities. Almost one third of children with special needs have substantiated histories of maltreatment and it is extremely likely that many others have experienced unreported or unsubstantiated maltreatment. Current research suggests three categories of relation between maltreatment and disability: (a) Maltreatment causes many disabilities, (b) children with disabilities are more vulnerable to maltreatment, and (c) some other primary causal factors increase risk for both violence and disability. Maltreatment is a significant impediment to student achievement whether maltreatment was a significant factor in a student's primary diagnosis. Similarly, maltreatment contributes substantially to student behavior problems. To be effective in addressing learning and behavior problems, teachers and schools must identify and respond to child maltreatment and its effects.

Soukup, Michael. "Tying the Hands of Children with Disabilities: Barriers to Children and Parents Challenging Physical Restraint Policy." *Children's Legal Rights Journal*, 26.3 (2006): 41 – 49.

No abstract available.

Spencer, John. "The Complexities of the Legal Process for Children with Disabilities." *Child Abuse Review*, 1 (1992): 200 – 203.

In this issue of Legal Notes, J.R. Spencer answers some questions from the BASPCAN Working Party about the complexities of the legal process for children with disabilities in England and Wales.

Spencer, N., et al. "Disabling Conditions and Registration for Child Abuse and Neglect: A Population-based Study." *Pediatrics*, 116 (2005): 609 – 613.

The purpose of the study was to examine the relationship between disabling conditions and registration for child abuse and neglect in a 19-year whole-population birth cohort. Researchers found that cerebral palsy, speech and language disorder, learning difficulties, conduct disorders and non-conduct psychological disorders were all significantly associated with child-protection registration before adjustment, and all but cerebral palsy retained significance after adjustment for birth weight, gestational age and socioeconomic status. Autism and sensory disabilities (vision and hearing) were not associated with an increased risk of child-protection registration. Conduct disorders and moderate/severe learning difficulty were associated with registration in each of the four categories after adjustment for socioeconomic status, birth weight and gestational age. Children with speech and language disorders and mild learning difficulties were at increased risk of physical abuse, emotional abuse and neglect. Non-conduct psychological disorders were associated with all categories except neglect, and cerebral palsy was associated with all categories except physical abuse and neglect. Conclusions Children with disabling conditions seem to be at increased risk of registration for child abuse and neglect, although the pattern of registration varies with the specific disabling condition. The strong association with

registration noted for conditions such as conduct disorder and learning difficulties is likely to arise, in part, because these conditions share a common aetiological pathway with child abuse and neglect.

Stanton, M., et al. “Nurses’ Attitudes Toward Emotional, Sexual, and Physical Abusers of Children with Disabilities.” *Rehabilitation Nursing*, 19 (1994): 214 – 218.

Some studies have linked birth defects, disability, and chronic illness with an increased incidence of child abuse. Nurses who are involved with disabled children face a challenge in preventing child abuse and intervening in cases in which abuse has occurred. Nurses must become aware of the risk factors and signs of abuse, understand the role of their personal attitudes toward abuse and abusers, and develop the skills to intervene effectively and deal with abusers. Thus, the authors of this article undertook a study to ascertain nurses' attitudes about emotional, sexual, and physical abuse of children with disabilities and to determine if nurses' anticipated level of comfort differed when dealing with abusers of children with disabilities in contrast to abusers of children without disabilities.

Starr, Elizabeth. “Commentary. Facilitated Communication: A Response by Child Protection.” *Child Abuse & Neglect*, 18 (1994): 515 – 527.

No abstract available.

Stavis, Paul. “Harmonizing the Right to Sexual Expression and the Right to Protection from Harm for Persons with Mental Disability.” *Sexuality and Disability*, 9 (1991): 131 – 141.

Issues of sexuality have increasingly become matters of public debate, laws, civil rights, and a reason for enhanced protection of individuals from harm and abuse caused by inappropriate sexuality activities. Beginning with the relatively recent landmark decisions of the Supreme Court in the late 1960s, sexuality became a matter of constitutional law. These decisions declared that an individual had a civil right in regard to family matters, especially procreation, birth control, and abortion. At approximately the same time, the United States Supreme Court declared special constitutional rights to protection from harm for individuals with mental disabilities who are being care for under the powers of the state governments. Additionally, the Supreme Court and many other courts in the United States addressed problems of a person's competency and capacity to consent to various important activity. Since the issue of consent to sexual activity often differentiates appropriate and perhaps even legally protected sex from inappropriate and perhaps criminal sexual activity, the issue of consent is paramount to understanding how the law categorizes sexual activities and deals with such behaviors. This article distills and integrates the seemingly disparate legal principles by suggesting a method to apply them consistently to persons with mental disabilities. The law has been providing clearer

guidelines to such activities, but they are still very general. The law and judges heavily rely upon the standards which have been developed by the relevant professions and practices in this field, which points out the need for professionals to study such standards carefully and to adopt policies which are consistent with them.

Stehlik, Daniela. “A Brave New World?: Neo-Eugenics and Its Challenge to Difference.” *Violence Against Women*, 7.4 (2001): 370 – 392.

This article uses the metaphors of segregation and surveillance of women with disabilities historically, establishing links between current practices in genetics and past experiences. Following Foucault, the article argues for a “history of the present” through an appreciation of the many discursive narratives of the past. From recently completed research focusing on the lifelong caring undertaken by Western Australian parents of their children with intellectual disabilities, the genealogy of three influential discursive propositions of the early and mid-20th century are identified: eugenics, institutionalization, and motherhood. By their powerful present-day influence, such discourses affect the lives of women with disabilities, thus underpinning the inherent institutionalized violence of their day-to-day experience.

Stein, June and Hilary Brown. “‘All in this Together’: An Evaluation of Joint Training on the Abuse of Adults with Learning Disabilities.” *Health & Social Care in the Community*, 3.4 (1995): 205 – 214.

The authors were involved in planning and delivering a multi-agency training programme on the abuse of adults with learning disabilities as part of an ongoing programme of research and development into the sexual abuse of adults with learning disabilities. The training took place after work had been carried out to develop a formal policy on abuse of this client group and focused on issues of investigation and interviewing as an important first stage towards implementing the policy. A coherent strategy requires clearly targeted training, adequate information and guidance for staff and clarity about roles within and between agencies. In this case it seemed that all these were in place except the formal allocation of named police officers to take on the role of investigating cases involving the abuse of vulnerable adults.

Stermac, Lana, Giannetta Del Bove, and Mary Addison. “Stranger and Acquaintance Sexual Assault of Adult Males.” *Journal of Interpersonal Violence*, 19 (2004): 901 – 915.

This study examined victim and assault characteristics and the nature and extent of coercion, violence, and physical injuries among adult male victims of sexual assaults. Client records of three groups presenting to a sexual assault care center were included: males assaulted by a stranger (n = 64), males assault by an acquaintance (n = 81), and females assaulted by an acquaintance (n = 160). Study results revealed that male victims of sexual assault tended to be young, single men who reported high rates of vulnerabilities such as homelessness and physical, psychiatric, and cognitive disabilities. Male stranger assailant victims were more likely to experience assaults

involving weapons and physical violence. Injuries sustained by victims and services delivered at the sexual assault care center were similar for both male and female clients. The results of this study reveal new information about violence in male sexual assaults and the vulnerability of the male victims.

Stiles, Beverly L., Shaheem Halim, and Howard B. Kaplan. "Fear of Crime Among Individuals with Physical Limitations." *Criminal Justice Review*, 28.2 (2003): 232 – 253.

Multivariate logistic regression models are estimated using survey data to test the relationship between health status and fear of crime. More specifically, this article examines the relationship between fear of crime and perception of health, versus an actual measure of health (i.e., having a physical disability or limitation). Along with sex and age, health status is considered a prominent indicator of personal vulnerability to crime. Nevertheless, support for health status as an indicator of fear of crime is contradictory, because it is the perception of health that has been measured and not actual illness or disability. Although much is known about the prevalence of fear of crime among populations who perceive themselves to be at a greater physical disadvantage, very little is known about the perceptions of individuals with physical disabilities, those who suffer from actual measurable physical limitations (such as the loss of one or more limbs or senses), as opposed to those who perceive themselves to be limited in the ability to protect themselves. Results indicate that impairment of ability has implications for fear of crime beyond the assessment of one's general health.

Stobbs, Georgina and Mark Kebbell. "Jurors' Perception of Witnesses with Intellectual Disabilities and the Influence of Expert Evidence." *Journal of Applied Research in Intellectual Disabilities*, 16 (2003): 107 – 114.

Purpose: The aim of this study was to assess mock-jurors' perceptions of the evidence of witnesses with intellectual disabilities either with or without expert evidence and in comparison with witnesses from the general population. Method: Sixty participants read transcripts of a mock trial focusing on the testimony of an eyewitness. Participants were assigned to one of three groups. The first was told that the witness was a person from the general population. The second was told that the witness had mild learning disabilities. The third group was told that the witness had mild learning disabilities and was given expert evidence concerning his abilities. Results: While mock-jurors perceive witnesses with learning disabilities to be fundamentally honest, they are reluctant to rely on the evidence provided by witnesses with learning disabilities. Expert evidence can go some way to ameliorating the negative perceptions of the reliability of witnesses with learning disabilities. Conclusions: Expert evidence can provide jurors with a certain degree of insight and understanding of an individual witness with intellectual disabilities that potentially increases the likelihood of achieving justice.

Strand, MarieLouise, Eva Benzein, and Britt-Inger Saveman. "Violence in the Care of Adult Persons with Intellectual Disabilities." *Journal of Clinical Nursing*, 13 (2004): 506 – 514.

The objective of the article is to investigate violent situations involving Swedish adult persons with intellectual disabilities and their caregivers in group-dwellings. A questionnaire, including violence towards adults with intellectual disabilities and violence towards staff members during 1 year, was sent to all staff member (n = 164) from 17 care settings for adults with intellectual disabilities. Thirty-five per cent of 122 respondents admitted they had been implicated in or witnessed a violent incident towards an adult person with intellectual disabilities and 14% of the staff members admitted they themselves had been the perpetrators. Sixty-one per cent of the staff members described various situations when they were exposed to violence from an adult person with intellectual disabilities. Physical violence was most frequently reported. Most of the aggression occurred in helping situations when persons with intellectual disabilities did not cooperate or when both actors reacted with violence. The violent situations led the staff members to feel powerless and inadequate. In order to cope they discussed with each other or with the manager.

Strauser, David and Daniel Lustig. "The Implications of Posttraumatic Stress Disorder on Vocational Behavior and Rehabilitation Planning." *Journal of Rehabilitation*, 67 (2001): 26 – 30.

Posttraumatic Stress Disorder (PTSD) is a condition that can occur at any age with people who have no predisposing conditions. PTSD is distinguishable from other DSM-TR anxiety disorders as its symptoms develop after exposure to an extreme stressor or traumatic event (i.e. rape, sexual assault, physical violence and war). Research has suggested that individuals with disabilities, especially, women experience higher rates of violence, abuse, and trauma when compared to their non-disabled peers, theoretically putting them at increased risk for the development of PTSD. The purpose of this article is to provide a brief review of PTSD and discusses the implications for rehabilitation planning and individual vocational development. The Ecological Model of Career Development is applied to help the reader conceptualize the effects of PTSD on vocational behavior. Specific attention is given to the potential effect of PTSD on the congruence between the individual and work environment. Recommendations are then offered to increase the effectiveness of rehabilitation counselors working with individuals with disabilities who may be experiencing PTSD.

Strauser, David, Daniel Lustig, and Ayse Uruk. "Differences in Self-Reported Trauma Symptomatology Between Individuals With and Without Disability: An Exploratory Analysis." *Rehabilitation Counseling Bulletin*, 50.4 (2007): 216 – 225.

In this study, the authors examined whether individuals with disabilities report higher levels of trauma symptoms than their nondisabled counterparts. Based on trauma theory and prior research regarding the incidence rate of posttraumatic stress disorder,

the authors hypothesized that individuals with disabilities would report higher levels of trauma symptoms. Results partially supported the hypothesis, with women with disabilities reporting significantly higher levels of recalled trauma symptomatology when compared with men with disabilities and with men and women without disabilities. Men with disabilities did not report significantly higher levels of trauma symptoms when compared with men and women without disabilities. Effect sizes and confidence intervals were also computed for each analysis.

Strickler, Heidi. "Interaction Between Family Violence and Mental Retardation." *Mental Retardation*, 39 (2001): 461 – 471.

Although family violence and mental retardation are both prevalent in today's society; very little research has been conducted to investigate the relationship between them. Characteristics that make individuals with mental retardation more vulnerable to family violence are discussed in the areas of child, adult, and sexual abuse. Common psychological effects of this trauma are then explored followed by implications for practice. Because family violence and mental retardation are both societal as well as personal issues, intervention and prevention efforts must occur at both a direct service level and a community/macro service level. With such intervention and prevention efforts, persons with mental retardation will receive superior service when dealing with issues related to family violence.

Stromsness, Marilyn. "Sexually Abused Women with Mental Retardation: Hidden Victims, Absent Resources." *Women & Therapy*, 14 (1993): 139 – 152.

The aims of this report were to provide a description of sexual abuse among adult women with mild mental retardation and to examine the characteristics and experiences of the sexual abuse among these adults. Data collected in a 55-item structured interview from fourteen, predominantly Caucasian women in a community based, non-clinical population, were used to achieve the aims of the report. Nearly 82% of survivors were molested prior to their 18th birthday. Sex education appeared not to prevent abuse, but instead appeared to increase the reporting of sexual abuse. The vast majority of survivors received no medical, psychological, or legal help. The conclusion to be drawn from this report is that barriers are effectively erected which prevent women with mental retardation, who are also survivors of sexual abuse, access to the same essential therapeutic intervention non-retarded women possess.

Sullivan, Patricia and John Scanlan. "Psychotherapy with Handicapped Sexually Abused Children." *Developmental Disabilities Bulletin*, 18 (1990): 21 – 34.

No abstract available.

Sullivan, Patricia, et al. "Patterns of Physical and Sexual Abuse of Communicatively Handicapped Children." *Annals of Otology, Rhinology and Laryngology*, 100 (1991): 188 – 194.

Evidence suggests that handicapped children are at increased risk for abuse and neglect. Communicatively impaired youngsters are particularly vulnerable because of their limited ability to report the maltreatment. Of 482 abused handicapped children evaluated at Boys Town National Research Hospital, 212 had hearing impairment, 87 speech language disorders, 39 learning disorders, 43 behavioral-emotional disturbances, 74 mental retardation, 5 visual impairment, 3 cleft lip or palate, and 19 other disorders. The perpetrator was either a relative or a 'trusted other' in 97.2% of sexual abuse cases. Handicapped males were much more likely to be victims of sexual abuse than nonhandicapped males in the general population. Children being educated in residential schools were more likely to be sexually abused than mainstreamed youngsters. These children may be at risk for abuse from a wide variety of potential perpetrators, including teachers, dormitory counselors, van drivers, clergy, classroom aides, older students, peer siblings, scout leaders, abused peers, baby-sitters, and custodians.

Sullivan, Patricia, et al. "The Effects of Psychotherapy on Behavior Problems of Sexually Abused Deaf Children." *Child Abuse & Neglect*, 16 (1992): 297 – 307.

This study assessed the effectiveness of a broad based psychotherapeutic intervention with a sample of 72 children sexually abused at a residential school for the deaf. An untreated comparison group emerged when about half of their parents refused the offer for psychotherapy provided by the school. Treated and untreated children were randomly assigned to two assessment groups: those who participated in a pretreatment assessment and those who did not. Houseparents at the residential school used the Child Behavior Checklist (CBC) to rate the pretreatment assessment children before treatment and all 72 children one year after the implementation of psychotherapy. Children receiving therapy had significantly fewer behavior problems than children not receiving therapy. There was a differential response to therapy on the basis of sex. Boys receiving therapy had significantly lower scores on the following CBC scales than the no treatment group: Total, Internal, External, Somatic, Uncommunicative, Immature, Hostile, Delinquent, Aggressive, and Hyperactive. There were no differences on the Schizoid and Obsessive scales. Girls receiving therapy had significantly lower scores than the no treatment group on the following CBC scales: Total, External, Depressed, Aggressive, and Cruel. There were no differences on the Internal Anxious, Schizoid, Immature, Somatic, and Delinquent scales.

Sullivan, Patricia. "Sexual Abuse Therapy for Special Children." *Journal of Child Sexual Abuse*, 2 (1993): 117 – 125.

Preliminary research on the incidence of abuse among handicapped children has indicated that sexual abuse is the most prevalent type of maltreatment endured by children with identified disabilities. This is in contrast to nonhandicapped children who endure physical abuse and neglect more often than sexual abuse. This commentary will address the special psychotherapeutic needs of handicapped children. To this end, it will discuss the need for intervention with sexually abused children and various treatment modalities recommended in the literature. Therapeutic programs and techniques which are effective with handicapped sexual abuse victims and an outcome study employing them will be discussed.

Sullivan, Patricia and John Knutson. "The Association Between Child Maltreatment and Disabilities in a Hospital-based Epidemiological Study." *Child Abuse & Neglect*, 22 (1998): 271 – 288.

The study explores the circumstances of maltreatment and the presence of disabilities by using an electronic merger of the records of all pediatric patients. The study notes differences between the Hospital and Residential samples, maltreatment and perpetrator characteristics, disability/maltreatment relationships, and their implications for primary health care.

Sullivan, Patricia and John Knutson. "Maltreatment and Behavioral Characteristics of Youth Who Are Deaf and Hard-of-Hearing." *Sexuality and Disability*, 16 (1998): 295 – 319.

This paper summarizes the available literature on child abuse and neglect among children with disabilities in general and considers children who are deaf and hard-of-hearing within this larger rubric given the low prevalence rates of children who are deaf and hard-of-hearing among the disabled population. This procedure allows for comparisons between disabilities as well as abused and non-abused children who are deaf and hard-of-hearing. Maltreatment data on children who are deaf and hard-of-hearing in a large epidemiological study of the prevalence of child maltreatment among children with disabilities are summarized. Children who are deaf and hard-of-hearing comprised 6.1% of the disabled population who were identified as victims of maltreatment. Their most prevalent form of maltreatment was neglect, followed by physical abuse and sexual abuse. Although children who are deaf and hard-of-hearing are significantly more likely to be maltreated by immediate family members, placement in a residential school is a risk factor for sexual and physical abuse. Maltreated children who are deaf and hard-of-hearing exhibit significantly more behavior problems including Post Traumatic Stress Disorder related behaviors than nonmaltreated peers.

Sullivan, Patricia and John Knutson. “Maltreatment and Disabilities: A Population Based Epidemiological Study.” *Child Abuse & Neglect*, 24 (2000): 1257 – 1273.

The purpose of the study was to assess the prevalence of abuse and neglect among a population of children identified as a function of an existing disability, related specific types of disabilities to specific types of abuse, and to determine the effect of abuse and neglect on academic achievement and attendance rates for children with and without disabilities. Analyses of the circumstances of maltreatment and the presence of disabilities established a 9% prevalence rate of maltreatment for nondisabled children and a 13% prevalence rate for the disabled children. Thus, the study established a significant association between the presence of an educationally relevant disability and maltreatment.

Sullivan, Patricia and John Knutson. “The Prevalence of Disabilities and Maltreatment Among Runaway Children.” *Child Abuse & Neglect*, 24 (2000): 1275 – 1288.

This research was conducted to determine the prevalence of disabilities among abused and nonabused runaways within a hospital population (Study 1) and community school population (Study 2) and to identify any associations between disability, maltreatment, family stress factors, academic achievement, school attendance, domestic violence and runaway status. Researchers found the prevalence rate of disabilities among the maltreated runaways was 83.1% and 47% among the nonmaltreated runaways in the hospital sample and 34% and 17%, respectively, in the school sample. Children and youth with disabilities were at increased risk to become runaways in both populations. The presences of maltreatment significantly increased the association between running away and disability status. Children with behavior disorders, mental retardation, and some type of communication disorder were significantly more likely to run away than children with other disabilities. Among the maltreated runaways with and without disabilities, physical abuse and sexual abuse were significantly associated with running away. Records of domestic violence were more prevalent in the families of runaways with behavior disorders and no diagnosed disability. Lower academic achievement, poor school attendance, and more family stress factors were associated with maltreatment, disability and runaway status.

Sundram, Clarence J. and Paul F. Stavis. “Sexuality and Mental Retardation: Unmet Challenges.” *Mental Retardation*, 32.4 (1994): 255 – 264.

This article discusses the nature and extent of the problem of sexual abuse in community programs that serve people with mental retardation, as well as differing judicial approaches in assessing their ability to consent to sexual relations. Potential sources of provider liability for harm caused to program participants are explained.

Swartz, Daniel. "Effective Techniques in Treating Survivors of Child Sexual Abuse: Problematic Areas in Their Application to the Deaf Population." *Sexuality and Disability*, 13 (1995): 135 – 144.

Problems exist in identifying and treating deaf "survivors" of child sexual abuse. Even once they are identified, there are still problems in effectively applying existing regimens of therapy to this special population. While we believe we are effectively mainstreaming the deaf person into society, and believe that such an act is progressive, careful consideration, respect, and acknowledgement must be given to the special culture of the deaf person. Employing existing therapeutic methods, with only the adjustment of supplying an interpreter for the deaf, is usually not enough.

Swedlund, Nancy and Margaret Nosek. "An Exploratory Study on the Work of Independent Living Centers to Address Abuse of Women with Disabilities." *Journal of Rehabilitation*, 66 (2000): 57 – 64.

Staff of 36 independent living centers (ILCs) participated in telephone interview about their services for women with disabilities experiencing abuse. One major theme which arose from analysis of the interviews was that women with disabilities face disability-related issues in dealing with abuse. Of the 36 respondents, 31 identified abuse as an important issue among their consumers. Respondents identified a number of needs and problems which arose in their efforts to assist women with disabilities experiencing abuse. The problem mentioned most often was the lack of physically accessible shelters and abuse interventions program offices. Other problems frequently mentioned included dependence on the abuser for economic support, personal care, or both, a need for increased outreach to women with disabilities experiencing abuse, and a need for training of abuse intervention program staff and other service providers on disability-related issues.

Szeli, Eva and Dea Pallaska. "Violence Against Women with Mental Disabilities: The Invisible Victims in CEE/NIS Countries." *Feminist Review*, 76 (2004): 117 – 119.

No abstract available.

Tang, Catherine and Lee, Yvonne. "Knowledge on Sexual Abuse and Self-Protection Skills: A Study on Female Chinese Adolescents with Mild Mental Retardation." *Child Abuse & Neglect*, 23 (1999): 269 – 279.

This study aimed to examine the level of sexual abuse knowledge and self-protection skills in a sample of female Chinese adolescents with mild mental retardation. It was hypothesized that the participants would exhibit impoverished knowledge on sexual abuse and related self-protection strategies. The present finding provided strong cross-cultural support to previous Western studies that found females with mild mental retardation of high risk to sexual abuse and in need of specially designed

prevention program to enhance their competency against sexual victimization and exploitation. With modification and refinement, measurement scales used in the Western general population could be extended to Chinese adolescents with mental retardation. Suggestions on the design of the sexual abuse prevention programs, limitations of the present study, and recommendations for future studies were also discussed.

Tarrant, Alison. “The Sexual Abuse of People with Learning Difficulties: The Problem and Possible Solutions.” *The Journal of Adult Protection*, 5.3 (2003): 6 – 13.

This article explores the law relating to the sexual abuse of people with learning difficulties and proposes a number of key changes that need to take place in order to offer people with learning difficulties greater protection from abuse.

Taylor, Kate and Karen Dodd. “Knowledge and Attitudes of Staff Towards Adult Protection.” *The Journal of Adult Protection*, 5.4 (2003): 26 – 32.

Despite the introduction of Surrey-wide vulnerable adults policies and procedures, monitoring figures from the Surrey Adult Protection Committee indicate that abuse is still being under-reported for different service user groups. This study explored staff knowledge and attitudes towards abuse and the reporting procedure to further understand why abuse is not reported.

Teplin, Linda, et al. “Crime Victimization in Adults with Severe Mental Illness: Comparison with the National Crime Victimization Survey.” *Archives of General Psychiatry*, 62 (2005): 911 – 921.

Since deinstitutionalization, most persons with severe mental illness (SMI) now live in the community, where they are at great risk for crime victimization. The objective of the study was to determine the prevalence and incidence of crime victimization among persons with SMI by sex, race/ethnicity, and age, and to compare rates with general population data (the National Crime Victimization Survey), controlling for income and demographic differences between the samples. The study showed that more than one quarter of persons with SMI had been victims of a violent crime in the past year, a rate more than 11 times higher than the general population rates even after controlling for demographic differences between the 2 samples. The annual incidence of violent crime in the SMI sample is more than 4 times higher than the general population rates. Depending on the type of violent crime (rape/sexual assault, robbery, assault, and their subcategories), prevalence was 6 to 23 times greater among persons with SMI than among the general population.

Tharinger, Deborah, Connie Horton, and Susan Millea. “Sexual Abuse and Exploitation of Children and Adults with Mental Retardation and Other Handicaps.” *Child Abuse & Neglect*, 14 (1990): 301 – 312.

There is growing recognition that children, adolescents, and adults who are mentally retarded are particularly vulnerable to sexual abuse and exploitation and are in need of intervention services. These people are especially vulnerable due to their often life-long dependence on caregivers, relatively powerless position in society, emotional and social insecurities, and lack of education regarding sexuality and sexual abuse. In addition the mental health functioning and emotional development of individuals who are mentally retarded are not well understood, and many professionals remain uneducated about their mental health needs. To work effectively with this population, mental health professionals and educators must be alert to what is known about the sexual abuse and exploitation of persons with mental retardation. Furthermore, they need to become educated about the rights of these persons to special legal protection from abuse and neglect and to appropriate and effective mental health interventions. The challenge for mental health professionals and educators is to protect persons who are mentally retarded from sexual abuse and exploitation, to provide appropriate psychotherapeutic interventions when abuse occurs, to respect their right to developmentally appropriate knowledge about sexuality and sexual abuse, and to allow for the fulfillment of their sexuality.

Thomas, George. "Institutional Child Abuse: The Making and Prevention of an Un-Problem." *Journal of Child and Youth Care*, 4 (1990): 1 – 22.

The movement against child abuse has imposed a child protection orientation on child welfare services that has made an un-problem of institutional child abuse by depressing public interest in institutional services, by providing technology inadequate to dealing with the problem as it affects older children, and introducing adversarial conditions that permit the problem to be explained away, or failing that, outright avoidance. Prevention is viewed as a by-product of a renewed emphasis on child development rather than a consequence of discrete child protection initiatives. A child development-oriented definition of institutional child abuse is offered as a starting point, followed by a discussion of the likely benefits of its implementation.

Thompson, Ross and Jennifer Wyatt. "Current Research on Child Maltreatment: Implications for Educators." *Educational Psychology Review*, 11 (1999) 173 – 201.

The increasing rate of child abuse and neglect is a special concern for educators who are legally mandated reporters of suspected maltreatment, are often the first to identify and refer children who have been harmed, are in contact with parents and are aware of the family conditions contributing to child maltreatment, and who must often work closely with other professionals in their efforts to support child victims and prevent further abuse. Moreover, children's emotional or behavioral problems, learning disabilities, or other difficulties often reflect broader problems that are associated with abuse or neglect. Consequently, understanding the causes and consequences of child maltreatment, and contemporary child protection efforts, is essential to educators in their efforts to assist victimized children. This article surveys current research on child maltreatment with particular attention to the

challenges of child protection, the multidimensionality of child maltreatment (distinguishing physical abuse, physical neglect, sexual abuse, and psychological maltreatment), and hopeful new avenues for prevention. The implications of this research for educational professionals are emphasized.

Tumeinski, Marc. "Problems Associated with Use of Physical and Mechanical Restraints in Contemporary Human Services." *Mental Retardation*, 43 (2005): 43 – 47.

No abstract available.

Turk, Vicky and Hilary Brown. "Sexual Abuse and Adults with Learning Disabilities: Preliminary Communication of Survey Results." *Mental Handicap*, 20 (1992): 56 – 58.

No abstract available.

Turk, Vicky and Hilary Brown. "The Sexual Abuse of Adults with Learning Disabilities: Results of a Two Year Incidence Survey." *Mental Handicap Research*, 6 (1993): 193 – 217.

This paper reports the results of the largest survey to date of the sexual abuse of adults with learning disabilities. Existing knowledge is reviewed in the light of complex methodological and definition issues that exist and limit any work undertaken. The few existing studies of sexual abuse of adults with learning disabilities are described. Details of the current survey of sexual abuse carried out by the University of Kent and funded by the Rowntree Foundation are then provided. Detailed results of the survey are presented followed by a discussion of their implications and comparability with previous research.

Ulicny, Gary, et al. "Consumer Exploitation By Attendants: How Often Does It Happen and Can Anything Be Done About It?" *Rehabilitation Counseling Bulletin*, 33 (1990): 240 – 246.

Presents the results of a survey designed to evaluate the magnitude of the problem concerning the exploitation of individuals with severe physical disabilities by their attendants and to evaluate the relationships of variables to the likelihood of exploitation by attendants.

Valenti-Hein, Denise and Linda Schwartz. "Witness Competency in People with Mental Retardation: Implications for Prosecution of Sexual Abuse." *Sexuality and Disability*, 11 (1993): 287 – 294.

Victims with mental retardation have been excluded from the legal system based on the belief that they are incompetent to provide accurate, reliable testimony. Such restrictions contribute to the increased risk that people with mental retardation will be

victimized. This article examines the complexity surrounding definitions of competency, as well as the mythology which serves to de-emphasize the abilities of victims to testify against an alleged perpetrator. The implications of the presumption of incompetency are highlighted through the example of sexual abuse. Empirical evidence and recent court cases are used to argue that people with mental retardation deserve access to the same standards of competency as the rest of the population.

Valenti-Hein, Denise. "Use of Visual Tools to Report Sexual Abuse for Adults with Mental Retardation." *Mental Retardation*, 40 (2002): 297 – 303.

Adults with mental retardation were assessed for their ability to use visual tools for identifying body parts. Participants were shown three representations: anatomical dolls, anatomical drawings, and live models, each of which had a sticker placed on a body part. They were asked to name that body part and place a sticker in the same place on their own body. Results indicated that verbal labeling was easier for participants with mild mental retardation compared to moderate mental retardation. Level of mental retardation affected the participants' ability to correctly place the stickers. Form of representation was also important. Live models were easier to use compared to dolls and drawings. Implications for forensic evaluations are discussed.

Vaughan, Phillip. "Secure Care and Treatment Needs of Individuals with Learning Disability and Severe Challenging Behavior." *British Journal of Learning Disabilities*, 31 (2003): 113 – 117.

A survey was undertaken within the catchment area of the Wessex Consortium (population 1.8 million) to identify the number of individuals with learning disabilities and challenging behavior who were placed in or needed to be placed in secure care. Twenty-nine men and six women were identified, the majority of whom were in out-of-area placements. There is a need to develop a local long-stay secure service offering a range of security measures and focusing on individuals who exhibit problems of violence and sexually inappropriate behaviour. Consideration should be given to providing small domestic style functional units as the preferred model of provision with a separate facility for a small number of women. The service should also be closely integrated with local community learning disability services.

Verdugo, Miguel and Belen Bermejo. "The Maltreatment of Intellectually Handicapped Children and Adolescents." *Child Abuse & Neglect*, 19 (1995): 205 – 215.

Eleven and a half percent of intellectually handicapped children in Castilla-León are subjected to maltreatment; in these, physical neglect is the most frequent. These findings come from a questionnaire (CEMND) specifically designed to detect and discover the prevalence of maltreatment in a sample of 445 mentally retarded children. It was discovered that problems between the child's parents, the child's behavior and the interaction between both aspects were significant factors in situations of maltreatment.

Vig, Susan and Ruth Kaminer. “Maltreatment and Developmental Disabilities in Children.” *Journal of Developmental and Physical Disabilities*, 14 (2002): 371 – 386.

The purpose of this review is to explore the interactive influences of maltreatment and disabilities on children’s development, and to provide practical suggestions about what may be done to optimize developmental outcomes. The review briefly describes maltreatment in the general populations, noting incidence, proportions of children experiencing different types of maltreatment, and special risk for very young children. The disproportionate vulnerability of children with developmental disabilities is discussed, with emphasis on risk factors for maltreatment. The high incidence of developmental disabilities in maltreated children and reasons for it are described. Studies documenting the developmental consequences of abuse and neglect are reviewed. Specific recommendations, based on review of maltreatment and disability literature, include recognizing subtle forms of maltreatment; routinely screening for developmental problems; referring children for comprehensive multidisciplinary evaluation; identifying caregiver competency; gaining familiarity with intervention resources; and monitoring children’s progress with directive guidance.

Vig, Susan, Susan Chinitz, and Lisa Shulman. “Young Children in Foster Care: Multiple Vulnerabilities and Complex Service Needs.” *Infants & Young Children*, 18 (2005): 147 – 160.

Young children who have been removed from their biological families and placed in foster care are at significant risk for poor developmental outcomes. Their vulnerability is often the result of adverse biological and psychosocial influences: prenatal exposure to alcohol and other drugs, premature birth, abuse and neglect leading to foster placement, and failure to form adequate attachments to their primary caregivers. Children younger than 6 years form the largest group entering foster care, and remain longest in care. Meeting the complex needs of this vulnerable group of young children and their families presents extensive challenges for early intervention service systems. The purpose of the following discussion is to describe the foster care population and the kinds of medical conditions, mental health problems, and developmental disabilities experiences by young children in foster care, and to explore implications for intervention. By increasing their understanding of risk factors, vulnerabilities, and complex service needs, early childhood professionals can become effective advocates and provide services that ameliorate risk and optimize outcomes for these children and their families.

Wald, Rebecca and John Knutson. “Childhood Disciplinary Experiences Reported by Adults with Craniofacial Anomalies.” *Child Abuse & Neglect*, 24 (2000): 1623 – 1627.

The article discusses research done on parent-child interaction and parenting stress in families of children with Craniofacial anomalies (CFAs). CFAs, such as cleft lip and

palate, have been identified as one group of disabilities which may pose a particular high risk for child maltreatment. Evidence from previous studies suggest that such facial deformities are associated with disruptions in parent-child relationships. Particularly, children with CFAs are said to be more likely ignored by their parents during free play, and that mothers of children with CFAs smile and look less at their children and avoid eye contact. Using a sample of adult respondents with CFAs, the present study tested hypothesize that there is a high prevalence of punitive or abusive discipline in the families of children with CFAs. Although some of the participants in the study reported a history of severe discipline, the majority did not describe unusually harsh or punitive childhood experiences. Moreover, participants did not describe a greater disparity between their own disciplinary experiences and those of their siblings. Thus, the hypothesis that young adults with CFA would experience significantly more abusive treatment than the norm was not supported.

Waldman, H.B., M. Swerdloff, and S.P. Perlman. "A 'Dirty Secret' The Abuse of Children with Disabilities." *Journal of Dentistry for Children*, 66.3 (1999): 197 – 202.

The media and professional and lay literature are replete with the tragic stories of the abuse and neglect of children. Limited references, however, are made to the even more unbelievable reality that children with disabilities are maltreated at a rate that may be as great as four to ten times that of children without disabilities. The characteristics that make children with disabilities more vulnerable to abuse, the nature of the abuse, the variation by gender, the financial costs of abuse and the reality that this abuse may occur in the "best of families" are reviewed in an effort to increase practitioner awareness of the "dirty secret."

Walker-Hirsch, Leslie and Marklyn Champagne. "Circles Revisited: Ten Years Later." *Sexuality and Disability*, 9 (1991): 143 – 148.

The Circles Program (1) have been in practical use for a decade to teach students with intellectual impairments, both teenagers and adults, the adaptive skills needed for healthy, self affirming, social/sexual development. The creators of the Circles Programs examine what they have learned about effective application of these multimedia curricular resources to various situations affecting the target population as people with intellectual impairments present themselves in 1991.

Watson, James. "The Use of Facilitated Communication in Child Abuse Prosecutions." *University of Richmond Law Review*, 31 (1997): 447 – 472.

No abstract available.

Waxman, Barbara. "Hatred: The Unacknowledged Dimension in Violence Against Disabled People." *Sexuality and Disability*, 9 (1991): 185 – 199.

The article examines the cultural ideology about disability which leads to violence, including crimes of a sexual nature, directed at disabled persons. It asserts a

disability rights perspective and also focuses on the socio-political model of disability which provides a greater understanding as to why these crimes occur. The ultimate goal of the author is to argue for the inclusion of the disability community as a group at risk in the federal Hate Crimes Statistics Act, which is designed to track hate crimes.

Weinberg, Lois. “Problems in Educating Abused and Neglected Children with Disabilities.” *Child Abuse & Neglect*, 21 (1997): 889 – 905.

This study considers whether Goerge and colleagues’ (1992) thesis is correct – that the reason the special education needs of abused or neglected children in foster care are not being met appropriately is that the services provided to them revolve around their need for protection. In those instances where the child welfare agency did not take into account a child’s educational needs when placing that child, but simply considered the appropriateness of the living situation to protect and care for the child, then the thesis appears to be borne out. However, some dysfunctions appear to be part of a routine lack of compliance with certain areas of special education law, and would seem to affect any child with similar disabilities and educational needs in the offending school districts.

Weiner M. and M. Miller. “Deaf Children and Bullying: Directions for Future Research.” *American Annals of the Deaf*, 151 (2006): 61 – 70.

U.S. schools are currently addressing bullying and its effects on children. Bullying is characterized as repetitive verbal teasing, threatening, physical intimidation, demeaning others, violent acts, torture, and other forms of verbal and physical aggression (Smith and Sharp, 1994a). Little is known about bullying and its impact on deaf children. Measures to describe and quantify bullying factors in this population should be developed and validated that address characteristics of deaf victims and bullies, various types of school settings deaf children attend, bullying dynamics that may be unique to this population and its peers, and other environmental factors. The presence of disabilities besides deafness, social support systems of deaf children and their families, sociocultural background, degree of hearing loss, parental educational levels and occupations, socioeconomic status, and linguistic backgrounds should also be considered. This discussion highlights issues and precautions concerning future directions for studying bullying with deaf children.

West, Margaret A., et al. “Identification of Developmental Disabilities and Health Problems among Individuals under Child Protective Services.” *Mental Retardation*, 30 (1992): 221-25

Analysis of 150 case records of children identified to child protective services indicated the poor quality of health and developmental information provided for these children, information that would be useful in determining developmental status. A screening protocol is presented for use by child protective services workers to pinpoint indicators of impairments and functional status.

Westat, Inc. *A Report on the Maltreatment of Children with Disabilities*. Washington, DC: National Center on Child Abuse and Neglect (1993).

This report summarizes available information on the incidence of child abuse among children with disabilities, relationships between child abuse and disability, and the incidence of disabilities resulting from child abuse or neglect. Much of the information in the report comes from data collected on 1249 substantiated cases of maltreatment involving 1834 children. Among major findings were: (1) the incidence of maltreatment among children with disabilities was 1.7 times higher than for children without disabilities (2) for 47 percent of the maltreated children with disabilities, caseworkers reported that the disabilities directly led to or contributed to the child maltreatment; and (3) the incidence of disabilities caused or likely to have been caused by maltreatment was 147 per 1000 maltreated children. It is recommended that: risk assessment approaches should include the child's disabilities as a risk factor; caseworkers and other professionals should be educated on the relationship between maltreatment and disabilities; and state and federal systems for reporting cases of child maltreatment should include uniform information on disabilities. The report's three sections review previous research and explain the study's methodology; consider the incidence of maltreatment among children with disabilities; and present data on maltreated children with disabilities, characteristics of children, characteristics of adults, and case processing. Appendices provide further methodological detail, the two data collection instruments, and a glossary of terms.

Westcott, Helen. "The Abuse of Disabled Children: A Review of the Literature." *Child: Care, Health and Development*, 17 (1991): 243 – 258.

Literature concerning the abuse of disabled children is examined with a view to elucidating why it is that this problem has not received full attention from professionals to date. Two contributing factors emerge: the limits of studies that have been conducted and the failure of society to address the needs of disabled children. It is concluded that disabled children are at increased risk of abuse, and that new policy and research initiatives are required in this area.

Westcott, Helen. "The Memorandum of Good Practice and Children with Disabilities." *The Journal of Law and Practice*, 3 (1994): 21 -32.

This paper reviews the recently issued Memorandum of Good Practice (MOGP, Home Office 1992) as guidance in investigative interviews with children who have disabilities. A number of concerns and shortcomings are raised and contradictions within the guidance identified. It is considered that the MOGP has a limited role for interviewing children with disabilities and that much greater flexibility in investigative interviewing is required to meet their special needs.

Westcott, Helen and Merry Cross. *This Far and No Further: Towards Ending the Abuse of Disabled Children*, Birmingham: Venture Press (1996).

No abstract available.

Westcott, Helen and David Jones. "Annotation: The Abuse of Disabled Children." *Journal of Child Psychology and Psychiatry*, 40 (1999): 497 – 506.

Open almost any recent social work magazine, or child protection text, and some reference to the abuse of disabled children will be included. Yet awareness of abuse within this group has resulted from a relatively recent growth of interest on the part of psychologists and social work and child protection professionals. Previously, sociocultural and political factors contributed to an otherwise muted response to research dating back to the 1960s, which clearly documents abuse of children who have an impairment or "developmental disability" of some kind. Reviewing this research reveals as much about society's reaction to disability and to disabled children, as it does about the abuse itself. This Annotation presents research in relation to three issues: (1) prevalence of abuse of disabled children; (2) responding to abuse; and (3) preventing abuse.

Westerlund, Elaine. "Thinking About Incest, Deafness, and Counseling." *Journal of the American Deafness and Rehabilitation Association*, 23 (1990): 105 – 107.

No abstract available.

White, Caroline. et al. "The Identification of Environments and Cultures that Promote the Abuse of People with Intellectual Disabilities: A Review of the Literature." *Journal of Applied Research in Intellectual Disabilities*, 16 (2003): 1 – 9.

The paper examines the literature regarding abuse within long-stay hospitals and community-based residencies for people with intellectual disabilities. It is argued that much current thinking attributes abuse to individual deviancy and culpability; however, a greater recognition of the range of causes of abuse and the circumstances in which abuse flourishes is required if we are to develop a full understanding of preventative strategies. This review is concerned with the significance of environments and cultures in increasing vulnerability to abuse. Seven aspects of environments and cultures which promote vulnerability are outlined, offering insights into the processes by which services may deteriorate and abuse becomes established.

White, Richard and Paul Willner. "Suggestibility and Salience in People with Intellectual Disabilities: An Experimental Critique of the Gudjonsson Suggestibility Scale." *The Journal of Forensic Psychiatry & Psychology*, 16 (2005): 638 – 650.

The Gudjonsson Suggestibility Scale (GSS) assesses suggestibility by asking respondents to recall a short story, using leading questions and pressure to change their responses. Suggestibility, as assessed by the GSS, is elevated in people with

intellectual disabilities. Unlike real life incidents, the information presented is of no personal significance to the respondent. The aim of the present study was to investigate whether this factor influences suggestibility in people with intellectual disabilities.

Whittell, Bridge and Paul Ramcharan. “The Trouble with Kids: An Account of Problems Experienced with Local Children by People with Learning Disabilities.” *British Journal of Learning Disabilities*, 28.1 (2000): 21 – 24.

Recent research carried out in North Wales, which has been funded by the Wales Office for Research and Development, has focused attention on the everyday lives of a small number of people with learning disabilities living in the community. Although many positive stories and experiences have emerged, negative incidents of abuse and victimization have also been experienced by the majority of participants. The present article concentrates on incidents of abuse and victimization which have involved children as the perpetrators, drawing upon the experiences of a married couple who participated in this research. Their experiences are not uncommon and highlight this as an issue which requires attention by looking at more positive and proactive ways of preventing and tackling problems involving children – and also adults – in the community.

Williams, Christopher. “Vulnerable Victims? A Current Awareness of the Victimization of People with Learning Disabilities.” *Disability, Handicap & Society*, 8 (1993): 161 – 172.

The general victimization of adults with learning disabilities has received little significant attention. This position paper outlines relevant literature, and a current awareness of the nature of victimization, police and reporting, and court procedures. It aims to provide a basis for research or other actions, which can contribute to minimizing victimization and maximizing the means to support and redress for victims.

Williams, John. “Public Law Protection of Vulnerable Adults.” *Journal of Social Work*, 2 (2002): 293 – 316.

This article examines the need for a new public law designed to protect vulnerable adults who are being abused. It considers the impact of the Human Rights Act 1998 on the debate on the need for a new law, and considers developments in the USA and proposals for reform in Scotland. Social workers are frequently in the position of having to deal with the abuse of adults, without clear legal framework that empowers them to act to protect the person being abused.

Wilson, C., and N. Brewer. "The Incidence of Criminal Victimization of Individuals with an Intellectual Disability," *Australian Psychologist*, 27 (1992): 114 – 117.

The extent of criminal victimization of individuals with an intellectual disability was compared to the nondisabled population. The results indicated significantly higher levels of victimization in regard to both personal and property offences. Victimization rates varied between organizations that provided services to individuals with different levels of disability. The mildly-moderately disabled clients of one organization were particularly susceptible to both personal and property crimes. The organization dealing with the more severely disabled cohort was faced with very high personal victimization rates, but relatively low property victimization rates. In addition, risk of victimization varied with residential situation, the greatest risk experienced when living alone or with other disabled individuals. Examination of the extent of crime reporting indicated that while police were likely to become aware of the crime, it was unlikely to be the disabled victim who did the reporting.

Wishart, Guy. "Abuse of Adults with Learning Difficulties: User Consultation in Developing Adult Protection Procedures and Guidelines." *The Journal of Adult Protection*, 5 (2003): 4 – 17.

This article reports the findings of a national survey of the consultation of people with learning difficulties by social services departments in the development of adult protection procedures and guidelines. The survey also considered the consultation of other service users, carers and family, and staff. Despite the rhetoric of user involvement in adult protection literature, low levels of consultation for people with learning difficulties were found.

Wishart, Guy. "The Sexual Abuse of People with Learning Difficulties: Do We Need a Social Model Approach to Vulnerability." *The Journal of Adult Protection*, 5 (2003): 14 – 27.

Many factors have been identified as being responsible for increasing the vulnerability of people with learning difficulties to sexual abuse. However, there has not been a great deal of debate about the term 'vulnerability'. Here, an argument is developed that puts forward the case for a social model approach to understanding vulnerability, which avoids a focus on victim characteristics.

Womendez, Chris and Karen Schneiderman. "Escaping from Abuse: Unique Issues for Women with Disabilities." *Sexuality and Disability*, 9 (1991): 273 – 279.

This article is an overview of the issues and problems facing women with disabilities who have been battered and abused. It is written by two women who have experienced abuse and have been involved with the Finex House in Jamaica Plains, Massachusetts. The article discusses specific problem areas facing women with

disabilities such as accessibility, self-protection and shelters available. It also examines the unique psychological and socialization problems that women with disabilities must deal with throughout the developmental process. Finally, the article addresses prevention issues and how to protect one's self from an abuser.

Young, M., et al. "Prevalence of Abuse of Women with Physical Disabilities." *Archives of Physical Medicine and Rehabilitation*. 78 Suppl. (1997): S34-S38.

Emotional, physical, and sexual abuse of women with physical disabilities is a problem largely unrecognized by rehabilitation service providers. This article documents the prevalence of abuse of women with physical disabilities compared to women without physical disabilities. The Research design was a case-comparison study using written survey. A sample of 860 women, 439 with physical disabilities and 421 without physical disabilities, was compiled from women responding to a national sexuality survey. The women were asked if they had ever experienced emotional, physical, or sexual abuse. If they answered yes, they were asked to identify the perpetrator(s) of the abuse and when the abuse began and ended. Sixty-two percent of both groups of women had experienced some type of abuse at some point in their lives. Of women who had experienced abuse, half of each group had experienced physical or sexual abuse. Husbands or live-in partners were the most common perpetrators of emotional or physical abuse for both groups. Male strangers were the most common perpetrators of sexual abuse for both groups. Women with physical disabilities also were more likely to be abused by their attendants and by health care providers. Thirteen percent of women with physical disabilities described experiencing physical or sexual abuse in the past year. Women with physical disabilities appear to be at risk for emotional, physical, and sexual abuse to the same extent as women without physical disabilities. Prevalence of abuse by husbands or live-in partners in this study is similar to estimates of lifetime occurrence of domestic violence for women living in the United States. They are also more likely to experience a longer duration of abuse than women without physical disabilities.

Zavirsek, Darja. "Pictures and Silences: Memories of Sexual Abuse of Disabled People." *International Journal of Social Welfare*, 11 (2002): 270 – 285.

The article de-individualizes the debate about sexual abuse of disabled people, especially women, by showing that both the sexual and asexual identity of impaired persons are invariably fashioned within the institutional arrangement of domination and subjugation. It shows that if disabled persons are seen as asexual or if they are sexualized, they cannot escape sexual violence, which is not an aberration, but is intrinsic to the social construction of disability. The article includes personal testimonies of women with different disabilities from Slovenia, who were abused either at home or in public care and shows some responses of the professionals and caregiver who minimize the importance of abuse. It claims that ignoring the memories of sexual abuse is part of a subtle and unintentional discrimination, which reflects a continuity of prejudices and hatred toward disabled children and adults in the private realm as well as in public care. People from ethnic minorities, such as

Roma, are still today more often diagnosed as mentally disabled, which shows that the disability diagnosis has to be seen as part of cultural responses towards an economically and socially marginalized group. The author uses different perspectives: historically, social work theories, cultural studies and feminist analysis.

Zirpoli, Thomas J. “Physical Abuse: Are Children with Disabilities at Greater Risk?” *Intervention in School and Clinic*, 26.1 (1990): 6 – 11..

No abstract available.

Zweig, Janine, Kathryn Schlichter, and Martha Burt. “Assisting Women Victims of Violence Who Experience Multiple Barriers to Services.” *Violence Against Women*, 8 (2002): 162 – 180.

This study examines the extent to which programs for domestic violence and sexual assault gear services toward women facing multiple barriers (i.e., substance abuse disorders, mental health problems or learning disabilities, incarceration, and prostitution) and the unique problems such women encounter when accessing services. As part of a national evaluation, the authors interviewed staff from 20 programs focusing their service efforts on multibarriered women. Problems encountered by such women include lack of services dealing with multiple barriers, uneducated service providers, and batterers using women’s barriers to further control or victimize them. This article describes the strategies programs use to meet these women’s distinct needs.