

TRAUMA AND POSTTRAUMATIC STRESS DISORDER IN INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

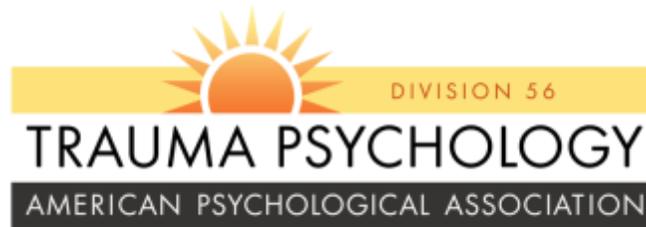
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Common Types of and Prevalence Estimates Exposure to Traumatic Stressors

- It is estimated that children with disabilities are abused at a rate that is 1.7 (Westat, 1993) to 3.4 times that of non-disabled child abuse victim. (Sullivan/Knutson, 2000)
- non-disabled However a compilation of smaller studies from 1982 to date generate an overall rate of increased abuse of those with disabilities at about 7 times that of the non-disabled counterparts.
- Adults with disabilities are abused more than their non-disabled counterparts. The chart below details a comparison of populations and rates of abuse.

POPULATION	# IN POPULATION	% ABUSED	NUMBER ABUSED
Vulnerable adults	48 million	10.0	5 million
Older adults (>64)	41.4 million	5.0	2 million
Children (<18 years old)	74.2 million	1.4	1 million

- In sum, adults with disabilities are abused more than children and elders combined.
- Highlights from the *Bureau of Justice Statistics (2012) Report*:
 - Age adjusted rate of violent crimes against persons with disabilities (28 per 1000) was nearly twice the rate for neurotypical individuals without disabilities.) (15 per 1000). Serious violence (rape/sexual assault, robbery and aggravated assault) represent 50% of violence, an increase from 36% in 2009.
 - Serious violent victimization was 16 per 1,000 persons with disabilities compared to 5 per 1,000 non-disabled individuals.
 - In 2010 people with disabilities between 12-15 years of age had an unadjusted rate of violent victimization (61 per 1000) nearly twice that of non-disabled people (23 per 1000).
 - Both males and females with disabilities were victims more than the non-disabled non-disabled population.
 - Males with disabilities: 23 per 1000 versus Males without disabilities: 16 per 1000
 - Females with disabilities: 26 per 1000 versus Females without disabilities: 15 per 1000



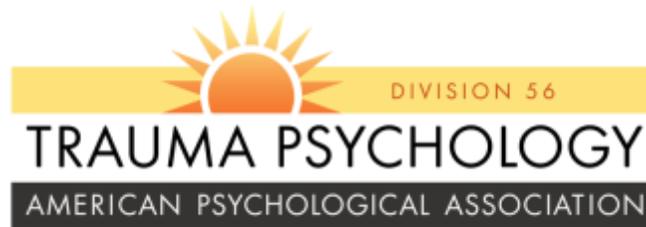
- Highlights of *The First Report: Victims and Families Speak Out* (2012):
 - In total, 7,289 individuals responded. The report focuses on the 2500 respondents who are people with disabilities and their family members.
 - Over 70% of these respondents were victims of abuse. The abuse took many forms, primarily emotional/verbal abuse (87%), physical abuse (51%) and sexual abuse (42%). Ninety percent had been abused on multiple occasions.
 - Of the respondents, 66% of victims were not referred to therapy, but of those who received therapy, 83% reported benefit from it .
 - More information is available online: disabilityandabuse.org/survey.

Behavioral and Physical Health Impact of Trauma on Individuals with Developmental Disabilities

- The impact of trauma upon individuals with intellectual and developmental disabilities (I/DD) is at least the same as neurotypical persons, however, it is more difficult to discern due to lack of ability of the trauma victim to effectively communicate and/or identify their feelings.
- There is often a failure on the part of parents and others to interpret changes in body language that express traumatic impact, but rather they interpret such changes as behavioral problems, and fail to treat the trauma-related effects.
- Although many of the signs of abuse and trauma are the same as one might see in any list of signs and symptoms of abuse in the non-disabled population, there are myriad signs specific to those with I/DD. To facilitate assessment, providers can use the acronym **DR. CHAP**:
 - **D**evelopmental **R**egression
 - **C**ommunication
 - **H**ealth/Physical
 - **A**ctivity/Behavioral
 - **P**sychological

New Developments in Research on the Impact of Trauma on Individuals with Developmental Disabilities

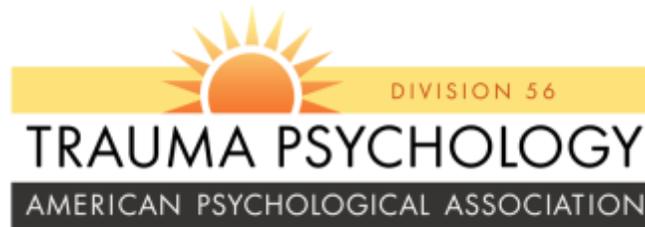
- Projects such as the Disabled Persons Protection Commission in Boston lead the way to encouraging other states or counties to develop vertical prosecution units. Using this approach, an increasing number of cases are tried and sentences are adjudicated. This also increases training for law enforcement agencies in Massachusetts.
- The development and distribution of the Risk Reduction Workbook for Parents (available at <http://www.disabilityandabuse.org/books/>) details how to develop Individual Response Plans based upon their child's unique abilities and deficits, so they know what to do both during the assault and after. This knowledge and skill-building activity has prepared individuals so that when abuse does occur, the psychological impact is significantly reduced.



Clinical Considerations for Practitioners Treating Traumatized Individuals with Developmental Disabilities

- Practitioners offering therapy must comply with the Americans with Disabilities Act. This Act states that anyone providing a “service to the public” such as psychologists and other mental health practitioners should be aware of and make sure that their office and practices are compliant with the letter and spirit of the law.
- Payment for trauma therapy is covered in most states under the Victims of Crime Program. Alternatives can be the individual’s own insurance, free programs offered in the community for trauma victims, or Disability Service Agencies such as the Regional Center system in California.
- It is recommended that the clinician acquire the appropriate knowledge, attitude and skills to effectively provide trauma therapy to individuals with intellectual and developmental disabilities.
- Providers should be familiar with the variety of communication modalities used by individuals with disabilities, and be able to use them (if needed) or adapt one’s therapy practice to the individual who uses interpreters or mechanical devices to communicate. One’s office should be maintained so that those who use wheelchairs have ample space.
- It is essential to open the conversation about abuse and individuals with disabilities. Many family members, especially parents, are terrified that their child may be abused, and thus do not seek information on what to do about this existing problem.
- Distribute resources that provide the essential information on what one can do to best identify abuse when it happens, identify possible sources of abuse (school, school bus, workplace, etc.).
- Encourage the parents to learn how to reduce the risk of abuse for their child. A first step is to recognize the signs of abuse and knowing what to do upon recognition. This is detailed in the “Ten Tips” available at no cost on the website of the Disability and Abuse Project, disabilityandabuse.org.
- A second step is to read and implement the recommended steps to reduce the risk and impact of abuse that are detailed in the “Risk Reduction Workbook for Parents and Caregivers of Individuals with Intellectual and Developmental Disabilities.”
- Both caregivers and family members should, along with the individual with a disability, create an Individual Response Plan, to be prepared in case abuse happens again. This should be done upon concluding trauma therapy for any individual with (or without) a disability.
- Both caregivers and family members should be instructed in trauma reduction strategies and practices that can be used at home when the individual experiences flashbacks or exposure to triggers to the abuse.

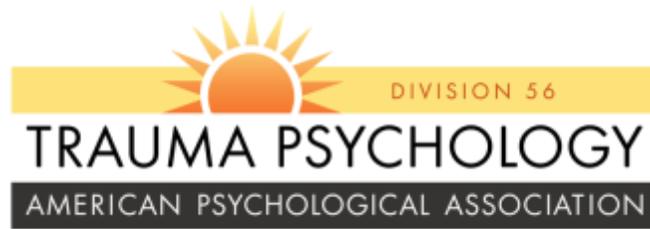
Resources for Professionals Seeking More Information about Traumatized Individuals with Developmental Disabilities



- The Disability and Abuse Project of SPECTRUM Institute
 - <http://disability-abuse.com>
- Ohio Disability Rights Center
 - <http://www.disabilityrightsohio.org>
- The Arc of the United States
 - <http://www.thearc.org>

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