

# Disability and Abuse: Evidence-Based Data Should Drive the Narrative

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My first serious venture into the field of disability and abuse occurred in 1997 when I gave the welcoming address to a “think tank” [conference](#) on the topic. The forum was convened by the Disability, Abuse, and Personal Rights Project of Spectrum Institute. This is where I learned that a study conducted in 1993 found that children with disabilities were 1.7 times more likely to be victims of abuse than children without disabilities. I tucked that statistic away in my mental database for future reference.

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A few years later, as I continued my interest as a student of disability and abuse, I was informed that a federal report released in 2000 found that the rate of abuse for children with disabilities was 3.4 times that of generic children. As a result, I updated my mental archives.

In the following years, I heard educators and advocates repeating the mantra that “Children with disabilities are 1.7 to 3.4 times more likely to be victims of abuse than children without disabilities.” The more I saw this statement repeated, the more embedded it became in my mind. As a result, I routinely repeated it when I discussed or wrote about the topic of disability and abuse.

I never questioned this 1.7 to 3.4 statistic until I came across a [book](#) published by the American Association on Intellectual and Developmental Disabilities (AAIDD) in the fall of 2016 titled “Maltreatment of People with Intellectual and Developmental Disabilities.” I read with great interest a chapter on “The Association Between Childhood Disability and Child Maltreatment.” After I finished the chapter, my understanding of data on the prevalence of abuse of children with disabilities was fundamentally altered.

The AAIDD book caused me to realize that the truth about victimization rates of children with disabilities was both complex and nuanced. What came to mind was a quote from Mark Twain. “Facts are stubborn things, but statistics are pliable.”

Having a background in law and admiring evidence-based rules of legal proceedings, I did not want my educational and advocacy efforts on disability and abuse to use tactics of statistical pliability. Incorporating what I had learned from the AAIDD book, I wrote a [commentary](#) in January 2017 titled “A Review of the Association Between Childhood Disability and Maltreatment.” The commentary explained how this review of 31 studies on the topic had caused me to realize that statistics based on studies done in 1993 and 2000 should be viewed in a larger context of more recent and more reliable research and reporting. I privately vowed never to use the 1.7 to 3.4 statement again.

In my commentary I explained: “This meta analysis makes one thing clear – the relationship between disability and abuse is very complex and quite nuanced. It calls into question the usefulness of broad generalizations about the rates of abuse of children who have disabilities. It suggests that awareness of subtle distinctions in the data will better serve those who develop responses to abuse of children with disabilities, and those who devise methods to reduce the risk of such abuse.”

I am not alone in taking a more cautious approach in terms of the use of data on the prevalence of abuse of children and adults with disabilities. For example, the Center for Research on Women with Disabilities (CROWD) at Baylor College of Medicine says this on its [webpage](#) on the topic of prevalence:

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Caution is advised when citing the prevalence of violence against women with disabilities. Early studies tended to use highly heterogeneous samples, combining both genders, all disability types, and all ages. As a result, they reported that the rate of abuse among women with disabilities ranges from 31 percent to 83 percent, or double to quadruple the rate found among women in general. Most previous studies focused on people with cognitive impairments or developmental disabilities, a group that includes people with and without cognitive impairments. Our position is that

violence issues, such as prevalence, risk factors, and interventions, vary to such a high degree across disability types (sensory impairment, physical impairment, psychiatric impairment, cognitive impairment), that it is best to focus on one group at a time and speak of findings for that group only. It is very difficult to generalize statistics to the population of women with disabilities as a whole. . . . In our national study comparing women with physical disabilities to women without disabilities, rates of physical, sexual, and emotional abuse were equally high in both groups.

This admonition to use caution and to focus on types of abuse and types of disability should be heeded by disability and abuse educators, disability rights advocates, and those who make and implement public policy. Data that is too general or that is based on studies done 20 or more years ago should be footnoted rather than highlighted. Current evidence-based statistics should drive educational, [legal](#), and [political](#) narratives.

If studies from 20 years ago are going to be used in describing comparative rates of abuse, then the findings published in the [December 1997 edition](#) of the *Archives of Physical and Medical Rehabilitation* by Young, Nosek, Howland, Chanpong, and Rintala should be thrown into the mix. These researchers found that abuse rates were the same for women with and without disabilities. They found no significant differences between percentages of women with and without disabilities who reported experiencing emotional abuse (52% versus 48%), physical abuse (36% in both groups), or sexual abuse (40% versus 37%).

The 1.7 to 3.4 claim is called into serious question by a remark made in a [report](#) issued by the Department of Health and Human Services to Congress in 2010. The report of the Fourth National Incidence Study of Child Abuse and Neglect states: “The risk of abuse for children with no disability is 1.4 times that of children with a confirmed disability.” While this statement grabbed my attention since it turned the usual 1.7 to 3.4 statistic on its head, when I dug deeper into the report I discovered data that confirmed what the AAIDD book and the Baylor webpage had cautioned. The truth is in the details. There is no one-size-fits-all rate of abuse for people with disabilities. It bears repeating that evidence regarding rates of abuse is both complex and nuanced.

The NIS report placed abuse into two categories. Under the “harm standard,” children must have experienced some harm or injury from maltreatment. Under the “endangerment standard,” children in any category of maltreatment are counted as long as they are regarded as endangered by the abuse or neglect.

This summary from the Fourth National Incidence Study report shows how complex and nuanced the data on disability and abuse actually is:

Rates of abuse vary according to the type of abuse and the type of disability. Generalizations are of little value in applying statistics on rates of abuse to the development of effective methods of identification, risk reduction, reporting, and response to abuse of people with disabilities.

Under the Harm Standard, children with confirmed disabilities had significantly lower rates of physical abuse and of moderate harm from maltreatment, but they had significantly higher rates of emotional neglect and of serious injury or harm. Using the Endangerment Standard to define maltreatment revealed more extensive differences, some similar to the Harm Standard findings, but also some quite different results. Children with disabilities had a significantly lower rate of Endangerment Standard abuse overall, consistent with their lower rate of physical abuse under both standards. Children with disabilities also had significantly lower rates of Endangerment Standard sexual abuse, neglect, physical neglect, and emotional neglect; and they were significantly less likely to be moderately harmed or endangered but not demonstrably harmed by the maltreatment.

Similar to the Harm Standard finding, the children with disabilities were significantly more likely to be seriously injured or harmed when they experienced maltreatment. The findings on the incidence of emotional neglect are exactly opposite under the two standards. This indicates that, although children with confirmed disabilities were less likely to be

emotionally neglected, they more often suffered harm from that maltreatment (in fact, serious harm) and so were more often countable under the Harm Standard in this category.

My analysis of the AAIDD report confirms that rates of abuse vary according to the type of abuse and the type of disability. Here are some quotes from my commentary, all of which call for the abandonment of the 1.7 to 3.4 assertion and the use of more circumspect statements about rates of victimization of children with disabilities:

*Disability and Emotional Abuse.* Two of the reviewed studies looked at the association between childhood disability as a unitary construct and emotional abuse. One study reported higher rates of emotional maltreatment for children with a disability diagnosis, while the other had mixed results. One portion of the second study reported high rates but the other did not. The current authors commented: “Conflicting empirical evidence from these analyses on the association between emotional abuse and childhood disability provide little information to guide research or practice. Future research may be better informed by including more specific predictors (e.g., types of disability) and outcomes.” (Leeb, 2016, p. 270)

Two studies reported higher rates of neglect among children with a disability than children with no identified disability.

*Disability and Sexual Abuse.* Three studies reviewed by the authors of the current study reported on the association between childhood disability in general and sexual abuse. Two of them found that “children with a disability were no more likely to experience sexual abuse than children without a disability.” (Leeb, 2016, p. 27) The other study had mixed results, with one portion of it showing an association of increased risk while the other portion did not. The current authors observed that “when disability is considered as a unitary construct, childhood disability may not be associated with increases in reported sexual abuse.” (Leeb, 2016, p. 27) Note the inclusion of the modifier in the phrase “*reported* sexual abuse.”

*Disability and Neglect.* Three studies reviewed by the authors of the current study reported on the association between neglect and childhood disability in general. Two of them reported higher rates of neglect among children with a disability than children with no identified disability. The third study looked at three specific subtypes of neglect – physical, emotional, and educational – and found “increased rates of all three neglect subtypes for children with disabilities when data from CPS and NIS-2 were combined, but no increased rates for children with disabilities for any of the three types of neglect based on CPS data alone.” (Leeb, 2016, p, 28)

*Maltreatment and Cognitive Disorders.* Four studies reviewed by the authors of the current study examined whether children with cognitive disorders had a higher rate of maltreatment than children without disabilities. The term “cognitive disorders” includes several specific types of mental disabilities, such as learning disorders, autism spectrum disorder, and developmental delay. With mixed results from these studies, the authors of the current study found “little support for an association between cognitive disorders in general and maltreatment.” (Leeb, 2016, p.32) The authors added: “Studies investigating the association between cognitive disorders or developmental disabilities, whether studied as aggregate groups (e.g., cognitive disorders, sensory impairment) or individual disability types (e.g., autism spectrum disorder) reported little evidence of an association with maltreatment as a general construct, suggesting that these children may not differ in this regard from their peers without these disabilities.” (Leeb, 2016, p. 49)

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*Maltreatment and Communication Disorders.* Several studies reviewed by the authors of the current study looked at the association between maltreatment and a group of children with and without communication disorders. The definition of “communication disorders” includes disabilities associated with speech, hearing loss, autism spectrum disorder, and learning impairments. Of the three studies that analyzed the association between communication disorders and maltreatment in general, two found a high rate of maltreatment while the third did not. *Neglect.* Two studies – both using reports of maltreatment substantiated by Child Protective Services – found a positive association between neglect and communication disorders.

*Emotional Abuse.* Of the only two studies to review the association between communication disabilities and emotional abuse, both reported a positive association. *Sexual abuse.* There were mixed results when it came to communication disorders and sexual abuse. One study found a positive association while the other did not. *Physical abuse.* Three studies examined by the authors of the current study all reported a positive association for physical abuse among children with communication disorders.

The AAIDD book brought me to state this in my commentary: “Accurate data is essential to properly address the needs of potential child-victims of abuse – especially those who have communication and cognitive disabilities. Although children with disabilities appear to more vulnerable to abuse than children without disabilities, there are large gaps in our base of knowledge about abuse and disability – gaps which need to be filled.”

A [recent study](#) published in May 2019 in the Journal of Child Psychology and Psychiatry reports: “Children with ASD and/or ID are at heightened risk for maltreatment. . . . In particular, children with ASD+ID and ID-only were between two and three times more likely to experience maltreatment. All groups were more likely to experience physical neglect, and children in the ASD+ID and ID-only groups were more likely to experience all forms of abuse.”

While this is only one study, its results are worthy of note. However, they are inconsistent with some of the studies cited in the AAIDD book and the NIS-4 report to Congress in 2010 and therefore should be evaluated in this larger statistical context. When the NIS-5 report is released in 2020, we will have much more data to take into consideration – data which will better inform educators and advocates as they make future statements about the incidence and rates of abuse of children with disabilities.

Perhaps the more cautious approach taken by the Center for Disease Control should be used in comparing rates of abuse for children with and without disabilities.

In the meantime, as we wait for the release of the NIS-5 report, those of us whose educational and advocacy efforts involve the issue of disability and abuse should be careful about the statistics we thrust into the public arena. In order to maintain credibility and to avoid unnecessary hyperbole, our narratives should be driven by the larger and growing body of available evidence-based statistics. Data should not be overly generalized and statistics should not be selectively used to promote a particular narrative.

Perhaps the more cautious approach taken by the Center for Disease Control should be used in comparing rates of abuse for children with and without disabilities. Its [website](#) states: “Children with disabilities may be at higher risk for abuse or neglect than children without disabilities.” That pronouncement is 100% correct and leaves open the possibility for variations in rates depending on the type of abuse and the type of disability involved in the comparison.

A [study](#) published by Sara-Beth Plummer and Patricia Findley in the November 2011 edition of *Trauma Violence & Abuse* had this to say about rates of abuse of adult women: “Women with disabilities experience abuse at similar or increased rates compared to the general population.” The authors cited prior studies as the basis for this conclusion – some of which found that rates of abuse were the same for both groups while others found higher rates for women with disabilities than those without disabilities.

A [report](#) from the United States Department of Justice released in July 2017 demonstrates that generalized statistics on rates of crime against persons with and without disabilities can be misleading, depending on the audience to whom those statistics are presented. This report details the rates of nonfatal violent victimization against individuals 12 years of age and older with and without disabilities.

Statistical tables (2009 - 2015) show that in every one of those years the rate of violent victimization was at least twice the rate for persons without disabilities. However, that



general statistic was not accurate for various sub-groups for whom statistics were gathered.

Data on victimization rates for domestic violence, crimes against seniors, and victimization of people with hearing disabilities, is quite different than general victimization data. Among persons 65 years of age and older, there was no statistically significant difference between the rates of violent victimization for those with and without disabilities. In terms of intimate partner violence regardless of age, the report found no statistically significant difference in the rate of victimization for those with (15%) and without (13%) disabilities. Also, among all ages, persons with hearing disabilities had a slightly higher rate of crime victimization (15.7/1,000) than people without disabilities (12.7/1,000) but had a lower victimization rate for simple assault (7.9 compared to 8.7).

It is fair for educators and advocates to state that people with disabilities may be at a higher risk for abuse and crime victimization than those without disabilities. Rates may vary depending on the types of abuse and the kinds of disabilities involved in the comparison.

Based on the current state of available data for children and adults with disabilities, it is certainly fair for educators and advocates to say: “People with disabilities may be at a higher risk for abuse and crime victimization than those without disabilities. Rates may vary depending on the types of abuse and the kinds of disabilities involved in the comparison.”

It is also fair to cite current data on specific types of abuse as it relates to particular types of disabilities and compare that data with prior studies.

What is no longer appropriate is the selective use of data from studies done 20 years ago – studies that have been augmented with an increasing number of more recent reports, many of which focus on specific types of abuse committed against specific disability populations.

The development of models to improve the identification, reporting, response, risk reduction, and treatment of abuse of children and adults with disabilities is better served when those models are grounded in the full range of evidence-based statistics.



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## **Addendum: Clarifying Data on Disability and Crime Victimization**

In an [article](#) published in January 2018, a story produced by National Public Radio said that “People with intellectual disabilities are sexually assaulted at a rate seven times higher than those without disabilities.” The story based this assertion on federal crime data provided to NPR.

Each year the Bureau of Justice Statistics (BJS) issues a [report](#) about “Crime Against Persons with Disabilities.” The data is taken from crimes reported to law enforcement agencies throughout the nation. It does not include data for crimes against children. It focuses only on crimes against teenagers and adults (people over 12 years of age). Therefore, any statement regarding rates of victimization would be more accurate to say “rates involving teenagers and adults with disabilities” rather than rates for “people with disabilities.” NPR used the generic term “people” which could cause the audience to infer that included people of all ages.

There can be a big difference between actions which are “abusive” and actions which are “criminal.” Whereas [other federal agencies](#) track abuse of children or adults, the Department of Justice only tracks crimes. Much of the abuse that is tracked by federal agencies is not criminal. Emotional and verbal abuse, for example, harms the victim but does not constitute a crime. Therefore, any statement about the BJS statistics should refer to crime victimization and not abuse. NPR got that right since it referred to “assault” and not “abuse.”

The NPR statement was incorrect when it asserted that this heightened rate applies to people with “intellectual disabilities.” That term is generally understood to apply to a subset of people with developmental disabilities who have limited cognitive functioning. By using the term “intellectual disabilities,” the story gave the impression that, as a class, people with this type of developmental disability were sexual assault victims at a rate seven times higher than people without disabilities. BJS statistics do not support this assertion.

The Bureau of Justice Statistics uses data collected by the American Community Survey (ACS) of the United States Census Bureau. The ACS survey is done annually. The BJS report tracks data for people over the age of 12 who have a “cognitive” disability. That is the same term used by the ACS survey. Neither the BJS or ACS has data for people with intellectual or developmental disabilities. Therefore, it is not correct to cite BJS reports for rates of victimization for this population.

The ACS asks respondents if they or someone in their household has “a serious difficulty remembering, concentrating, or making decisions.” Therefore, crime victimization rates for individuals with a “[cognitive difficulty](#)” track those who answered yes to this [question](#).

Those with a “cognitive” difficulty in the ACS survey and BJS reports would include a wide range of conditions that cause such symptoms, including: dementia, anxiety disorder, diabetes, alcoholism, depression, bipolar disorder, schizophrenia, insomnia, OCD, hypertension, and hypothyroidism, as well as those suffering from the side effects of medications. The rate of sexual assault victimization for those with cognitive disabilities would include individuals in any of these categories.

What NPR told its audience is generally correct. Vulnerable populations have higher rates of crime victimization. But educators and advocates speaking about disability rates should be more precise. They should refer to the original source and cite rates for the categories that BJS actually tracks. Neither intellectual or developmental disabilities are specified in BJS reports.