

Ann Fisher: Welcome to All Sides with Ann Fisher. Sexual assault against individuals with developmental disabilities are often treated as isolated incidents, but a child with such a disability is roughly five times as likely to be sexually abused as a child in the general population. A new report released this week by Disability Rights Ohio suggests that such abuse is systemic and widespread. Joining us now in the studio is a Policy Analyst for Disability Rights Ohio, Mary Turocy. Welcome to the show.

Mary Turocy: Thank you.

Ann Fisher: What do we know about the incidents of sexual assault against individuals with developmental disabilities compared to the general and I guess the larger disabled populations, too.

Mary Turocy: We did quite a bit of research for our briefs to give a little bit of background. We have, at Disability Rights Ohio, a responsibility to monitor the state agencies that provide services for individuals with disabilities, including developmental disabilities. Our team of attorneys and social workers that do that monitoring noticed a pattern over several years, and then within a short amount of time they started to notice a pattern in a particular abuser group, and that was the drivers of individuals with developmental disabilities.

Ann Fisher: In other words, people who drive them around, right?

Mary Turocy: Sorry, yes.

Ann Fisher: That's okay.

Mary Turocy: People who are employed to drive an individual from one place to another. Because of that, they approached my team, which is the Policy and Communication Team, to look into the issue and see if the pattern had other elements to it.

I began to look at the research on is this an issue that comes up across the country? Are there numbers in Ohio, as well as the US? Initially what I found actually is that there isn't a great amount of research on this issue. A lot of what we know is anecdotal. It's kind of connecting the dots and drawing connections from information that is available, and that is pretty typical of all sexual abuse, because of the shame associated with sexual abuse, the lack of monitoring.

Ann Fisher: Under-reporting is typical in general. Right.

Need Help? <mailto:support@rev.com>

Mary Turocy: Yes. Under-reporting, thank you, yes. What information we did find pointed to the fact that indeed it is a huge problem. The Disability and Abuse Project recently did a survey of individuals with disabilities, and I'm blanking on the exact number, but it was a majority of individuals with ...

Ann Fisher: I think it was nine out of ten.

Mary Turocy: Yes, thank you. Actually said that they had experienced sexual abuse, so I started digging deeper, and found that there do seem to be factors that put individuals with developmental disabilities at a particular vulnerability to sexual abuse, and, indeed, sort of a vulnerability that makes them more likely to have a predator prey on them.

Ann Fisher: You're listening to All Sides with Ann Fisher on 89.7 NPR News. We're talking about sexual abuse of people with developmental disabilities. My guest is Mary Turocy. She's Policy Analyst for Disability Rights Ohio. Disability Rights Ohio released this week a new series of reports that suggests that such abuse is systemic and widespread.

Mary Turocy just mentioned to us one of the patterns. It's very common, shows up over and over again, is that people who shuttle people with developmental disabilities around, the drivers that take them to their sheltered workshops I guess, to classes, to work places, medical appointments, anything wherever they might be taken, there's a big pattern there.

We're going to talk about that this hour. If you have a question or comment, you can give us a call, 614-292-8513. You can, also, email us at AllSides@wosu.org, or you can check out our Facebook page and you can join the conversation there.

As you mentioned, the report notes that while individuals with disabilities are more likely than the general population to experience sexual abuse, the vulnerabilities of individuals with developmental disabilities are unique, so how so? What are those unique vulnerabilities?

Mary Turocy: Well, it's important in the discussion of developmental disabilities to acknowledge that there is a very wide range of disabilities.

Ann Fisher: Right. It's a continuum.

Mary Turocy: It is. You have individuals that might have a cognitive impairment, where their cognitive development doesn't match their age, their physical age. You, also, have individuals who might have a developmental disability

that is primarily a physical impairment. Their cognitive ability is perfectly typical, but they might be nonverbal or unable to move. That aspect of it is important in teasing out these vulnerabilities.

The big vulnerability, one of the primary vulnerabilities is the fact that the services that are necessary for a lot of individuals with developmental disabilities leave them isolated, and, of course, less able to disclose.

Ann Fisher: Can you tell us what you mean by the services leaving them isolated? How does that work?

Mary Turocy: A good example to go back to, and I don't want to make it seem like the only sexual abuses that we saw were among drivers, but to use the instances of individuals driving people with disabilities, you might have a situation where a person with a developmental disability, say using a wheelchair, needs to get from point A to point B, and the only way that they can do it is with an accessible vehicle, and so they use a service that drives them. If there's only one individual in that vehicle, that driver now has an opportunity, if he or she is a predator, has an opportunity to get that person isolated.

We had one case that came through Disability Rights Ohio where a driver actually drove an individual to a field, an isolated field far away from everyone else, abused that individual. This was a nonverbal individual. Abused that individual, and then drove them to their destination. It took a long time to identify that that was happening, so it happened more than once.

That kind of isolation, that's an extreme, but even if you have an individual in a facility, they might be ... Or in the community. They might be provided services for what we call ADLs or activities of daily living, which involve very personal touching, cleaning an individual, toileting an individual. That typically doesn't happen in an open space, so, again, that's a vulnerability, where this person needs the service, but they're in a position where they don't want a lot of people around, and so, again, a predator could take advantage of that.

Ann Fisher: The report, also, notes that because Ohio's developmental disability system, such as it, has different policy procedures from the system of supports for individuals with other disabilities, it focuses only on the developmental disability system, but how do these policies and procedures differ?

Mary Turocy: From system to system?

Ann Fisher: Yeah.

Mary Turocy: Well, one of the big factors is that you see a lot more individuals with developmental disabilities that are in facilities or receiving those kind of very personal ... The services that are a lot more personal and ...

Ann Fisher: Intimate?

Mary Turocy: Yeah, intimate, thank you. Thank you. The system has to be incredibly robust and large, and because of that administrative bulk, there are a lot of different policies and procedures.

The other example would be, one of the other ones that we address as overlapping with the developmental disabilities system is the mental health system. There certainly are individuals in facilities related to mental illness, but that system has a different set of rules and a different way of dealing with the issue of abuse.

Ann Fisher: All right. Just in general now, what's the status quo when it comes to teaching people with developmental disabilities about what their rights are, and about good touch, bad touch and everything that we think we're teaching kids in the general population?

Mary Turocy: I don't know that there necessarily is an easy way to answer that question in a sense that different caretakers might do different methods of training. Certainly the way of educating about sexuality and the risks and reducing the risks of sexual abuse is evolving, and I think it's hard to capture where we are in the evolution in the state, because different facilities and caretakers might approach it differently.

People First does a really great training. They try to use self-advocates, individuals with disabilities training other individuals with disabilities. We think that's a great way to go. The flip side of that is caretakers, and I think to a lesser degree facilities, because I should note the Department of Developmental Disabilities does have trainings that they provide to individuals and facilities, and that is something that the department has carefully created. But if you have a family caretaker, for example, they might not be educating their child. They might be hesitant to ...

Ann Fisher: It's always hard to have the talk, right?

Mary Turocy: Yes. In a lot of these situations, you have, again, an individual who might have a cognitive age that's lower than their physical age, and so they're having sexual responses physically, but the parents might be

uncomfortable with the fact that they cognitively seem younger. That's why I say there is no standard prescriptive ...

Ann Fisher: You talked about the patterns. You don't want to pick on drivers, but that's a pattern that's easily recognizable, that they are isolated with the victims. What sort of screening is in place for these kind of positions when it comes to hiring?

Mary Turocy: Well, they are required to have background checks, but in our research we found that there are some problems with the background check requirements. The biggest one is that there's a ninety day period to get that background check. In the industry of service providers, there's a very high turnover rate. The pay is very low. This is something that has been talked about quite a bit recently. The pay is very low. The conditions, the work is hard, and there's a lot of responsibility, so that all adds up to a system where you have high turnover. I believe the turnover rate is 34%.

Ann Fisher: The demand is much higher than the supply for people willing to do it.

Mary Turocy: Yes. There are people that are willing to do it, but they might not stick around. They might find that if I'm getting paid eight dollars an hour to do backbreaking work, where I have a lot of responsibility, I might be better off getting ten dollars an hour at McDonalds, so you have a very high turnover rate, and as a result, the folks that are looking ... Again, if you have a predatory situation, you might say, "I can get this job for three months. Abuse someone within that background check period, and then hop to the next person."

Ann Fisher: The ninety day background check period, is that set by the state?

Mary Turocy: I believe so, yes. Yes, it is. We, Disability Rights Ohio, was part of a work group to look at some of the factors that could be improved, and that was one of the factors that that work group flagged as something that ... That is a policy change that could pretty easily be improved and could make a difference.

Ann Fisher: We are talking about the very high rate of sexual abuse of people with developmental disabilities. Fully nine out of ten are abused at some point in their life. If you have a question or comment, you can give us a call, 614-292-8513, or email us at AllSides@wosu.org. I've been talking to Mary Turocy, Policy Analyst for Disability Rights Ohio. She referred just a few minutes ago to People First Ohio. We're going to hear from the Executive Director of that organization in just a minute.

This is All Sides with Ann Fisher on 89.7 NPR News.

Welcome back to All Sides. I'm your host, Ann Fisher. In Ohio, most people with developmental disabilities receive state benefits, and many live under the care of advocates who work hard to ensure their safety. Still, the prevalence of sexual abuse of people in that population is much higher than most Ohioans would guess. The incidence is outlined in a new report from Disability Rights Ohio. Still with us in the studio is Policy Analyst for Disability Rights Ohio, Mary Turocy. Thanks again for joining us, Mary.

Mary Turocy: Thank you.

Ann Fisher: And joining us in the studio is the Executive Director for People First Ohio, Sadie Hunter. Welcome to the show, Sadie.

Sadie Hunter: Good morning.

Ann Fisher: One of the big factors in the incidence of sexual abuse of people with developmental disabilities is the issue of dependence. They depend on a lot of different people to do things for them. We were talking earlier about the patterns they found in abuse with people who are isolated with them, drivers, caretakers, that kind of a thing, people who take care of them. How does that connect with the challenge of self-advocacy that I know is a primary tenet of People First Ohio. Sadie?

Sadie Hunter: I mean this, of course, is a touchy subject, no matter what it is, and nobody wants to talk about it. Everybody wants to put it under the carpet. The time is gone about pushing things under the carpet. Now's the time we got to talk about it. We got to get this going.

People First had a call to action last year from our conference, and it was about health and safety, because we want people to be employed. We want community inclusion, but they're not going to be sitting next to somebody on a bus who has had their background checked. If we want them to be truly in the community, we've got to educate them. We have got to empower them to know what a perpetrator is, who can be a perpetrator. In our trainings, we use people who have already had those problems. Who have already been molested. I mean all types of abuse. They're the ones who are our trainers.

Ann Fisher: The people who are developmentally disabled are trainers?

Sadie Hunter: Yeah.

Ann Fisher: How does that work? Mary Turocy mentioned earlier that the continuum, it has a lot of depth and has a lot of breadth. There's a lot of factors that go into any individual's personality and what their needs are and abilities are.

Sadie Hunter: Exactly. We don't turn anyone away on our trainings, and we can see if somebody's not exactly getting it. In our trainings we use scenarios, and they're true life stories, and so the self-advocates come in. We don't use pet names for our body parts. We use the words, because if they have to go to court, we have so many people that they say they're not reliable witnesses, and then it goes untreated. We have to teach them and give them the knowledge of if this happens, this is what you do. This is what you don't do, but it has to be in People First language, which means for everyone to understand.

In our program, we have pictures, like what hitting is, what stealing is, and who are those people. It's very, very important to People First is that for our people to be safe. It's great to have all community. It's great if you're going to get a job, but you can't go to a job if you're being molested at home.

Ann Fisher: I guess that sexual assault is just one of many crimes that are perpetrated at a higher rate against people with developmental disabilities, right?

Sadie Hunter: Exactly. There's theft. People think that if someone borrows a cigarette from somebody with a disability, that's theft. That belongs to them, and like a staff go, "Hey, can I borrow a cigarette." It's just that fine line sometimes, and so the scenarios that we do and we act out, it's all those types of things, those gray areas, what's right and what's not right. What you would do in the circumstances.

Ann Fisher: A lot of people [inaudible 00:19:00] the developmentally disabled community in general. That's been a big issue over the last thirty or forty years now, is the whole issue of sexuality in the community, so first you have the issue of whether they should be introduced to the idea of sex anyway, and then you have to go to that other layer of sexual abuse. That's touchy.

Sadie Hunter: It's really touchy, and a lot of times parents don't want it. They just will refuse. Right now, we do have one for under fourteen and to eighteen, but ours right now is from eighteen up, because we just don't have it, which I think is horrible. We have the training, but we've just not been asked to do the training.

Ann Fisher: I wanted to ask, we didn't talk, Mary Turocy, about just gender differences, the statistics on how they differ gender-wise, and, also, age-wise. Do we know anything about that?

Mary Turocy: Well, I think that we do see more ... The statistics indicate that there is more abuse happening when individuals are younger, but it certainly does happen as adults as well. I believe the statistics indicate that there are more women that are sexually abused than men, but the prevalence of sexual abuse of men with disabilities and developmental disabilities is much higher than men or boys in the general population.

Ann Fisher: Right. You're listening to All Sides with Ann Fisher on 89.7 NPR News. We're talking about the issue of sexual assault of people who are developmentally or intellectually disabled. My guests, Mary Turocy of Disability Rights Ohio just put out a series of reports this week, and, also, Sadie Hunter. She's Executive Director for People First Ohio. It's an advocacy group, and they're working, and we're talking about their role in educating people with disabilities about what their rights are, and how to understand what's happening to them.

If you have a question, comment, want to join the conversation, 614-292-8513, or email us at AllSides.wosu.org.

Mike in Columbus, you're on the air. You're a retired special ed teacher.

Mike: Yes. I taught multi-handicapped. That means both mentally and physically, severely handicapped kids, for thirty years. We have this terrible conundrum. We want to protect our children and the adults, too, of course, but how do we guarantee that every moment ... How do we say that five years ago at 2 pm, when I might have been alone with a child, I didn't physically or sexually or in some way abuse them? There's no way you can protect yourself.

As rewarding as I found the career, I found myself recently saying to young people, especially men, and I think we need more men teachers than ever, because there are so few men in our homes, don't become a special ed teacher. You can never protect yourself enough to possibly have someone say, "Where were you at 2 pm three years ago on Wednesday the 27th?" You were alone with that child.

Ann Fisher: Did that happen to you a lot? Mike, did that happen to you?

Mike: Sexually, no, but that was physical abuse a couple of times, and one time, there was a case where I was at meetings virtually all day. I was in the

classroom for fifteen minutes while there were three other adults there, and then the child had ... The mom thought that the child had been bruised up, so the very next day we had the nurse completely check. No bruises, no nothing.

Two weeks later, Children's Services comes in. They're screaming at me. It was a terribly frightening experience. I don't know what the agenda was. Very confusing.

Ann Fisher: I think you're bringing up a pretty good issue. It is a conundrum. I mean on one hand, we've got people like Mike. He devoted thirty years of his life to this, and he understands why people are worried about this kind of thing, but, Sadie Hunter, what about that other side of the equation, the people who maybe are doing a good job. How do you attract people to these professions?

Sadie Hunter: It's very hard. It's so hard to do that, especially with the money that they're giving.

Ann Fisher: You hear what Mike's saying?

Sadie Hunter: I understand exactly what he's saying, because it does happen that people say you said this, and people with disabilities do tell stories. You have to figure it out. Put something in place. Put something in place that you can ... Or for protection, that there's always two people somewhere. In a classroom, I do believe there's supposed to be two people in that classroom at all times. Those kind of things.

But those bathroom issues and all that kind of stuff, you never know who is going to say what. It is. It's a really, really hard thing.

Mary Turocy: It brings up an important issue that we tried to get at in the reports as well, and that is the issue of appropriate responses to claims and reports of abuse. I don't want to assume that this is what happened in Mike's case, but we did see cases where ... What we looked at in our instances was major unusual incidents, or MUIs, that the Department of Developmental Disabilities collects whenever there looks like there might be something inappropriate going on. MUI covers a lot.

We looked at all of the ones that were flagged as possibly being sexually related. What we found in a couple of instances was someone who ... That the instance of rape that they were investigating was found unsubstantiated. However, it was clear that this person, either the department and the facility, knew that they had been abused, or there

was a ton of evidence that they had been abused in the past, but they had never received appropriate therapy, appropriate services to deal with that kind of trauma, and they weren't being treated in a trauma informed way, recognizing that this person might be extra sensitive to particular touching.

That kind of thing can help prevent these kinds of, to use Sadie's term or phrase, stories from turning into something that is inappropriate.

Ann Fisher: Mike, thanks for that call. Charlotte, you're on the air. Hi, Charlotte.

Charlotte: Good morning. Thank you for taking my call. With regard to credibility, I recall the case in 2005 in which a young lady at Columbus Public Schools reported repeated sexual abuse by classmates to her father, and the principal ended up being dismissed because the only way anybody believed her was when the perpetrators were bragging in their math class by sharing videos of the assault.

I'm wondering, as difficult as it is for people with all their faculties, particularly women, to be believed about rape or assault, how many of these disabled people are reporting abuse without ever being taken seriously? That's the other half of that coin.

Ann Fisher: Right, Charlotte. Thanks for that call. Mary Turocy.

Mary Turocy: Yes. We found that that is a huge problem, and there is a lot of research that substantiates that. In fact, one of the reasons why it's so under-reported is that people with disabilities are not believed on much less serious issues, and so when it comes to something that's so private and so serious, they aren't taken seriously. There is that credibility bias against people with developmental disabilities.

If you have someone who is perfectly, again, cognitively typical, but they might be nonverbal, they might not be believed, because it's assumed that because they can't speak for themselves that they aren't able to understand what has happened to them, which, of course, is not necessarily true at all, or if someone does have a cognitive impairment, it's assumed that maybe because they don't understand time perfectly or think very literally, that they're not able to understand that they were abused. That is a huge problem.

Ann Fisher: Sadie Hunter.

Sadie Hunter: I don't think our community values them as full community citizens, and so that's a huge problem. When they go into ... They're scared. It's the old saying, you don't bite the hand that feeds you. This could be the person that gives them their breakfast, gets them to the movie theater, so is that going to go away. They think about things like that.

Ann Fisher: Isn't it true, too, or isn't it possible that they're threats to them are even taking ... It's bad enough for somebody, as Charlotte mentioned, with their full ... With everything going for them, who are threatened as children or whatever, threatened with some kind of retribution if they report.

Sadie Hunter: Definitely. A lot of times they'll say, "Well, they told me that they would tell my dad on me," and they don't want their dad to know that they had sex, or that something happened to them, because they're going to look down ... Okay, there's something else I didn't do right with my disability. Oh, man, another thing that somebody's going to have against me.

There are so many people out there who want to tell, but being scared, being believed, police ... I mean I've dealt with police many, many times and been called in, and the police don't understand, and I think that's one of our things is our attorneys, our policeman, people at the hospital, understand when they come in, who is going to come in. They don't know what a rape kit is. They don't know what's going to happen.

Like in our training, I just say, "Do not wash yourself." We talk about those things. You just call somebody who you love, somebody who you trust, and we're going to do that. I will be there. We'll find somebody to be there. You will not be alone. That's the thing is people are scared to be alone. That they're going to have to go with this by themselves.

Ann Fisher: Communication issues are a part of this whole thing, too. There could be a lot of things. They could be almost nonverbal.

Mary Turocy: Absolutely.

Ann Fisher: How do they even report in the first place, let alone be believed when they tell their story?

Mary Turocy: People who are nonverbal often have ways of communicating, and sometimes the method of communicating is not necessarily intuitive to someone who doesn't know the individual. In the research we found that that is a big problem with the interviews of an individual after they report.

They might report to someone that they care for, and they have a method of communicating by gesture or through assistive technology, but when you have the interviewer, they are uncomfortable with communicating that way, or they're not sure that the interpreter is not changing the story. Indeed, that is an issue as well. You have to have someone to be that middle interpreter. Is the message getting changed? Communication is absolutely a big consideration.

Ann Fisher: When you're doing the trainings, Sadie Hunter, by way of People First Ohio, what's it like? What are the participants, are they nodding? Do they know what you're talking about?

Sadie Hunter: They do know.

Ann Fisher: In terms of the problem, the larger problem.

Sadie Hunter: When we start off, we talk about the words, what a perpetrator is, how you can get hurt. First, we talk about sexuality. Who you are as a person, you're a man. You're a woman. In our field, we have people who are transgender. We have all types of people with disabilities that are in the regular world, but no one wants to actually talk about those issues. Sometimes that's behavior. Sometimes that can get them in trouble.

I know a gentleman that this has happened to, but we got him into an organization that helps him along with it, to know how to not get hurt if he goes into a club like that.

Ann Fisher: We are talking about sexual abuse of people, of individuals who are developmentally or intellectually disabled. We'll continue the conversation. This is All Sides with Ann Fisher on 89.7 NPR News.

Welcome back to All Sides. I'm your host, Ann Fisher. Someone who has an intellectual or developmental disability is much more likely to be sexually abused than the general population. He or she is less likely, however, to be his or her own advocate in such cases. We're talking about the incidence of sexual abuse of people who are developmentally disabled, the risk factors to watch for, and the importance of self-advocacy.

Still with us in the studio is Policy Analyst for Disability Rights Ohio, Mary Turocy. Mary, thanks for joining us again.

Mary Turocy: Thank you.

Ann Fisher: Disability Rights Ohio put out a series of reports this week on the topic, and, also, Executive Director for People First Ohio, Sadie Hunter. Thanks again, Sadie, for joining us.

Sadie Hunter: Thank you.

Ann Fisher: Joining us now by phone is the Director of the Disability and Abuse Project, clinical psychologist, Dr. Nora Baladerian. Her practice focuses on trauma and abuse. She conducts seminars and trainings for first responders, agency personnel, and service providers. Welcome to the show, Dr. Baladerian.

Nora Baladerian: Thank you so much.

Ann Fisher: You've issued ten tips for parents or family members whose loved ones fall into one of the risk categories for people who are developmentally disabled. The first tip is to know and believe that abuse can happen to your loved one. It's the first tip of them all, so that must be a pretty big issue.

Nora Baladerian: It's a huge issue, and one of the reasons is that the parents are not informed by any agency, at least to my knowledge, that abuse is a huge risk for their children. Now, not only are they not told that, but it's a horrible thing to learn and to know, but as parents, it's our responsibility to know what are the risks for our children, and I think it's incumbent upon us to finally say, "Okay, I get it," and a lot of parents tell me, "I don't want to talk about this. It's too scary."

Well, it's even scarier for the child who is being abused sexually, and it's pretty scary after the fact, and so I'm saying before the fact, there's a lot of scary things in our culture. We acknowledge them. Like here in California, earthquakes, for example. But hardly anyone says, "Don't tell me about earthquakes. Don't tell me. I don't want to address ... Forget it."

But they do about sexual abuse, which is so common for children and adult with developmental disabilities. That's the first thing, and not acknowledging it leads to not seeing the signs when the signs are right in front of our face.

Ann Fisher: The second tip is to become familiar with the signs of abuse. Are those signs different for people who are developmentally disabled?

Nora Baladerian: They're basically the same, although there are additional I would say permutations, and we just put out a campaign called the Rule Out Abuse Campaign, and in part two, I delineate the signs and symptoms of abuse for people with intellectual and developmental disabilities. The campaign is for health practitioners who often are so focused on the disability, as well as the parents. They attribute the changes, which are signs of abuse, to the disability, rather than thinking, "Oh, there may be abuse as a new factor in this child's life."

That's why we just started the Rule Out Abuse Campaign for doctors and health care practitioners, so that when parents take their children to see them and say, "What the heck is going on with my child. They're all of a sudden blah, blah, blah." Then the practitioner has right at the top of the list abuse.

Ann Fisher: The signs are things, just like anyone else, signs of not sleeping well, not eating well, mood changes, maybe harming themselves, that sort of thing.

Nora Baladerian: All of those things. Maybe now needing to sleep with a parent in their bed, rather than not. I work a lot with schools where the teachers have abused the children, and these children inevitably indicate an eagerness not to go to school. They'll do whatever they can not to go to school, but the parents, believing that the school is the best place for them, with special ed teachers and all of the supports, force them to go to school, and don't recognize that that is a sign of abuse.

Ann Fisher: Once you detect one of these signs, we were talking earlier about how you suss out whether it is maybe any number of things versus actual abuse, physical abuse, sexual abuse, that sort of thing.

Nora Baladerian: That's right, and that's why I think it's important to consult with your psychology or your primary care provider, and discuss abuse as a possible thing to rule out, along with onset of a new illness or increased seizure disorder, which could be a sign of abuse, by the way, because a lot of seizures are caused by stressors. In other words, additional seizure disorder is common among people who have a seizure disorder when additional stressors occur. It's just important to address these issues.

Where could the abuse could be happening? Mary Turocy mentioned bus drivers, which is very true, but it's, also, in the school classroom. It's, also, basically any place where the child is with a trusted caregiver.

Ann Fisher: Including at home.

Nora Baladerian: Including at home.

Ann Fisher: Do you think that people on the other side of the equation, the people outside of the home, are any better prepared to identify that there's possible abuse, as people in the home, the parents, the caretakers?

Nora Baladerian: The parents are generally the best ones, because they spend the most time with their kids, and they know their kids the best. The parents that I work with are devoted, loving parents, who take their kids to every possible service, and a lot of those services are in the home, but they absolutely notice when their child is unhappy, when their child is now sad, when their child is now afraid, when their child is having nightmares.

It's confusing, but shouldn't be confusing. They should be saying, "Oh, this is a constellation that I know about. This is a constellation of signs that indicate abuse or something very wrong maybe happening," that they could be witnessing.

Ann Fisher: Sadie Hunter said just a few minutes ago, Sadie Hunter, Executive Director for People First Ohio, that their self-advocacy training sessions are only for people eighteen and older. Obviously abuse knows no age limit. It happens more frequently, Mary Turocy said, in younger people. What about that? What needs to change to reach them as well?

Nora Baladerian: I don't know that we know that. There's no reason in my mind to think that abuse is less common among people with developmental disabilities who are younger than older. The research, however, is almost absent, and that's why we did the 2012 national survey on abuse of people with disabilities that Mary used in her report. We do know that at the latest count, the Sullivan Study on Children, showed that kids with disabilities are 3.4 times more likely than their generic counterparts to be victims of abuse. If you do the math, so quickly do the math, Ann. What is 3.4 times one in four? Never mind, I already did it for you. It's 85%.

Ann Fisher: Thank you.

Nora Baladerian: For boys, it's one in six in generic, and times 3.4 is fifty-eight. Those are pretty high numbers. That's nearly sixty, right? You have nearly 60% of the boys and 85% of the girls are sexually assaulted or abused by the time they're eighteen, so if you're starting at eighteen, you're late.

Ann Fisher: Right.

Nora Baladerian: Plus, we know about the effects of abuse, sexual assault, or other kinds of assault, but we're talking today about sexual assault. The effect of sexual assault on any individual is huge, and it covers every area of life. In addition, we are aware of [ASIS 00:40:42], the program that tells us that abuse in early life will generally lead to physical anomalies and difficulties in later life, so we need to start very, very, very early in abuse risk reduction practices on the part of the parents and the school, which is where most children are going to be.

Ann Fisher: My sense is then over time and covering this issue for thirty-five years that a lot of people still don't understand that people who are developmentally disabled can be just as traumatized and damaged by this kind of abuse as anybody.

Nora Baladerian: Yes. There's a lot of denial, and when I hear things like I already heard on your radio show that people think it's an anomaly, that when it happens it's one in a million, or it doesn't happen that often, and I'm so glad and so grateful to you for doing this show so that the public, but particularly those who respond to abuse, health practitioners, law enforcement, child protective services, can have another chance to learn that this is more the rule than the exception.

Ann Fisher: You noted in that ground breaking survey from 2012 that nearly half of the victims with disabilities did not report abuse to authorities, because most thought it would be futile. You go on to note that for those who did report abuse, more than half said nothing happened, and in fewer than 10% of the cases was the perpetrator even arrested, so that really gives credence to those who do not report. Why go through that, too?

Nora Baladerian: Exactly. But it gives us a guideline. It tells us we have a lot of work to do with child protective services, adult protective services, and law enforcement personnel who want to do a good job, but they don't receive the training that equips them to interact effectively with children who have intellectual and communication disabilities. I'm not saying it's their fault. I'm saying that it's the fault of whoever designs the training and funds the training, because they should be equipped to deal with and interact with everyone in their community.

It takes a special skill, it takes special knowledge to interact effectively and to interview children and adults with intellectual and developmental disabilities, and it's not that tough. It's just that they should receive that training, and had they received that training, I think those numbers would be way different.

There's, also, the thing that I think that Sadie mentioned, and that is the disregard and the prejudice against people with developmental disabilities. That they are not as important. That they always lie. That they always blah, blah, blah, and they're not honored and respected, and I think that our children are our most important resource.

As a matter of fact, in that same report, we, also, note that very few of the children who are the victims, child or adult, are ever offered mental health treatment after the sexual assault.

Ann Fisher: Right.

Nora Baladerian: The few that did say it was very helpful. Eighty-three percent said that the therapy was very helpful, but less than 5% of the victims were offered the free therapy that's offered in most states to the victims of crime programs.

Ann Fisher: Sadie Hunter, you were talking about training, first responders and that kind of thing. Tell us what you're learning from that.

Sadie Hunter: Well, it's not been a whole lot.

Ann Fisher: Because there hasn't been that much.

Sadie Hunter: There hasn't been that much interest in it.

Ann Fisher: There's been a lot of interest in training first responders to the issues of mental health. I think that Bradley Cooper movie, the name of it is escaping me right now, but he had bipolar disorder, and they said that that was a classic example of what to do as a first responder with a mental health issue. It's different for people with developmental disabilities.

Sadie Hunter: The problem is that lack of education and freedom, people with disabilities have never had that freedom to make choices and to say something, so they're not going to report sexual abuse, because of the education. They don't know that it is, and so when a policeman comes in, and I've heard policeman do great jobs, just wonderful jobs, and then they look at me and go, "But he would go from one subject to another." Well, that's what he does, but if you actually listen to everything ...

There's a gentleman that I know that has reported abuse many, many times, but because he's not credible, it continues to happen to him. He

continues to be the person that people go for and prey on, because they know that ...

Ann Fisher: No one will believe him.

Sadie Hunter: That's the thing. Nobody is going to believe me.

Ann Fisher: Is there anything special, Dr. Baladerian, about the predators? Are they just generic predators, or do they tend to go after people like this, either because they know they have less chance of it getting caught, or because there is something in their predatory drive that drives them in that direction?

Nora Baladerian: I don't think that there's anything particular about those who sexually abuse children with disabilities or just those without disability. It's pretty much whenever there's an opportunity they're going to take it.

I have heard, however, that some predators have learned that the children ... I don't believe what Sadie was just saying, and I don't think she meant to say it this way, that people are not credible, that they are seen as not credible.

Ann Fisher: Right.

Nora Baladerian: It's prejudice. It's a prejudice.

Sadie Hunter: I'm sorry. Yeah.

Nora Baladerian: Predators know that. They know that people have this huge prejudice against folks with disabilities, and that whatever they do, the victim is less likely to be believed because of the prejudice, and I think we got to start using language like that because of the prejudice, not because of the qualities of the victim.

Now the other thing that's very interesting that Ruth Luckasson, Dr. Luckasson in New Mexico said is that if a person is a victim and has a developmental disability, they're very much likely not to be believed, whatever they say. However, if they are a suspect, everything they say is likely to be believed.

Ann Fisher: That can and will be used against them, right?

Nora Baladerian: Yes, exactly. Exactly. It's a pure prejudicial, non-well thought out approach, so I think that back to training, we need to be asking our police

officers, captains, IACP, whoever it is, to really ramp up training for those responders [inaudible 00:47:46] to help, and then a lot of the victims that I serve say two things. One is thank you for believing me, and how come the police didn't believe me. The training programs, there's training videos available from the Department of Justice, Office of Victims of Crimes, that police departments and first responders could use. The fact that they're free, the fact that they're good, the fact that they have training guides with them could be used, but I think Sadie was right when she said they're not interested, and that's our biggest problem.

Ann Fisher: Well, Dr. Nora Baladerian, I want to thank you for joining us today.

Nora Baladerian: Thank you. I'm so thrilled that you're doing this, and this is the kind of work that you're doing that I think that Mary and Sadie and I completely applaud, and that is the knowledge has to be increased. Believability has to be increased, and it shows our caring for those who are very vulnerable in our culture.

Ann Fisher: Dr. Nora Baladerian, she's Director of the Disability and Abuse Project, which conducted a ground breaking survey from 2012. We'll have a link to that survey on our website at wosu.org/AllSides. Also, Sadie Hunter, thanks to you for joining us today.

Sadie Hunter: Thank you.

Ann Fisher: Sadie Hunter, she's Executive Director for People First Ohio, and Mary Turocy, Policy Analyst for Disability Rights Ohio, thank you as well.

Mary Turocy: Thank you. It's been a pleasure.

Ann Fisher: Thanks to everybody. Thanks to the All Sides staff, producer Michael De Bonis, associate producer Amy Juravich, assistant producer Rachel Quimby, All Sides interns, Michael Hepburn, [Shahina Seguiry 00:49:29], Hannah [Palmar 00:49:29], and Abdul [inaudible 00:49:30]. Video production by Rich Kaminski and Amber Kaminski. Thanks again for listening. This is All Sides with Ann Fisher on 89.7 NPR News.