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Victim-to-Perpetrator Relationships and Types of Crime in Developmentally Disabled Crime Victims

Amoxtli Justice Nox
Walden University

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Walden University

College of Psychology and Community Services

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Amoxtli Nox

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Andrea Goldstein, Committee Chairperson, Psychology Faculty

Dr. Jerrod Brown, Committee Member, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2024

Abstract

Victim-to-Perpetrator Relationships and Types of Crime in Developmentally Disabled

Crime Victims

by

Amoxtli Nox

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

February 2025

Abstract

Individuals with intellectual and developmental disabilities (IDDs) are more likely to be victimized and abused than their nondisabled peers, though not much is known about the main perpetrators of this population or the crime types most often committed against them. The purpose of this study was to explore the intersecting victimization risks for adults with IDDs. Guided by critical disability theory, this nonexperimental correlational study explored the relationship between the perpetrators and their IDD adult crime victims, established the crime types most often committed against them, and possible gender differences within victimization. Archival data from the National Crime Victimization Survey (NCVS) were analyzed. Over half (57.6%) of IDD victims knew their attackers, with most crimes committed against IDD adults comprising theft (49.2%), burglary (17%), assault (10%), verbal threats (7.7%), and assault without a weapon or force (6.7%). Pearson correlation analysis revealed that the perpetrator's relationship to the victim and the type of crime committed against them have a moderately high, statistically significant positive correlation ($r = .468, p < .001$). Close relatives are the main perpetrators of assault, and those who are further removed (e.g., friends, coworkers, roommates, or extended family) are the main perpetrators of theft. Female victims tend to know their offenders significantly more often than male victims. Lastly, the chi-square test of independence showed that rape, robbery, assault, verbal threats, burglary, and theft were all statistically significant when moderating for victim gender. Recommendations include interventions aimed at educating those with IDDs about healthy boundaries, safety planning, victim support services, and healthcare services.

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Dedication

I want to dedicate this dissertation to everyone who has ever been victimized, has hungered and thirsted for justice, and has ever wanted change.

This is for you. This is for us.

Acknowledgments

There are several people I would like to acknowledge and express my gratitude for their support. I want to thank Dr. Goldstein and Dr. Brown for being amazing committee members and helping me cross the finish line. Your patience and support throughout this process have been incredibly helpful and encouraging.

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Lastly, I want to acknowledge myself and the amount of strength and dedication it took. I was able to persevere through the various trials, suffering, abusive situations, disabling conditions, and general life chaos and see this venture through to the end. In the words of one of my favorite characters, Leslie Knope: "I'm big enough to admit that I'm often inspired by myself." May this serve as an inspiration to others to continue their fight, no matter the cost.

Table of Contents

List of Tables	iv
List of Figures	v
Chapter 1: Introduction to the Study.....	1
Background.....	2
Problem Statement.....	3
Purpose of the Study	4
Research Questions and Hypothesis	5
Theoretical Base.....	6
Nature of the Study	8
Definitions.....	9
Limitations	23
Significance of the Study	25
Summary	27
Chapter 2: Literature Review	28
Literature Search Strategy.....	30
Theoretical Foundation	31
Review of the Literature	32
Risks of Victimization	34
Types of Victimization	41
Social Determinants of Disability	60
Justice Involvement	71

Outcomes of Victimization	75
Summary	81
Chapter 3: Research Method.....	84
National Crime Victimization Survey	84
Survey Instruments	87
Research Design and Rationale	89
Methodology	90
Population	91
Measures	92
Research Questions and Hypothesis	93
Data Analysis Plan	94
Summary	96
Chapter 4: Results	97
Data Overview	98
Data Analysis Results	101
Descriptive Statistics.....	101
Analysis.....	103
Conclusion	113
Chapter 5: Discussion, Conclusions, and Recommendations	116
Discussion.....	117
Limitations	119
Recommendations and Implications	120

Conclusion	122
References.....	124
Appendix A: Descriptive Statistics	151
Appendix B: Tables and Statistics	154

List of Tables

Table 1. National Crime Victimization Survey Weights for Data Sampling	89
Table 2. National Crime Victimization Survey Descriptive Statistics: Answer to Developmental Disability Question	102
Table 3. Offender Sex	102
Table 4. Offender Age	102
Table 5. Crosstab Table: Type of Crime and Perpetrator Relationship Variables.....	104
Table 6. Chi-Square Test: Type of Crime and Perpetrator Relationship	106
Table 7. Pearson Correlation Table	107
Table 8. Crosstab Table: Sex and Perpetrator Relationship	108
Table 9. Crosstab Table: Victim Sex and Offender Stranger	108
Table 10. Chi-Square Test: Sex and Perpetrator Relationship	109
Table 11. Chi-Square Test: Sex and Offender Stranger	109
Table 12. Pearson Chi-Square Test: Perp Relationship and Crime Type Mod. for Victim Gender.....	110
Table 13. Pearson Chi-Square Test: Perpetrator Relationship, Crime Type, and Victim Gender.....	112
Table B1. Crosstab Table: Perpetrator Relationship, Sex, and Crime Type.....	154
Table B2. Crosstab Table: Types of Crime Against Those With and Without DDs	159
Table B3. Chi-Square Test: Types of Crime Against Those With and Without DDs	159

List of Figures

Figure A1. Victim Sex	151
Figure A2. Victim Age	151
Figure A3. Victim Race	152
Figure A4. Victim Education	152
Figure A5. Victim Marital Status.....	153

Chapter 1: Introduction to the Study

About 15% of the world, over a billion people, live with a disability (Brownridge et al., 2020; Mailhot Amborski et al., 2021), with minimal functioning affecting approximately 100 million adults (Jacob et al., 2020). More than 28% of adults in the United States, or 1 in 4 people, have a disability or mental impairment that limits one or more major life activities (Campbell et al., 2021; Centers for Disease Control and Prevention [CDC], 2024; Gillespie et al., 2022). There are many different types of disabilities one could experience, such as mobility, vision, hearing, and developmental (Gillespie et al., 2022; Mailhot Amborski et al., 2021). Thus, those with disabilities are heterogeneous in their degree of limitation and conditions but are often lumped together without consideration for these differences (Mailhot Amborski et al., 2021; Powers & Hayes, 2024). All individuals are vulnerable to disability, and most will experience a disability during some part of their lives. One may be born with a disability or may acquire it over the course of their lifetime, either through chronic conditions, injury, or the general aging process (Powers & Hayes, 2024).

The violent victimization rate is 4 times higher in those with disabilities than those without (Gillespie et al., 2022). Being disabled does not cause victimization, though having a disability could increase victimization risks due to a variety of factors, including reliance on caregivers, communication barriers, cognitive issues, discrimination, and isolation (Chopin et al., 2024; Gillespie et al., 2022; Sasseville et al., 2022). These factors that increase the risks of victimization are also known barriers to identifying and reporting victimization (Gillespie et al., 2022).

Globally, all forms of violence are recognized as human rights violations, but research assessing violence among those with disabilities has been requested (Malihi et al., 2021). Little is known about the correlates and consequences of how disability and victimization interact, creating a problem for practitioners and advocates as disabled adults have higher victimization rates than those without disabilities (Hayes & Powers, 2021; Sasseville et al., 2022). Current data lacks important moderating factors such as the type of perpetrator, type of disability, crime type, and living arrangement (Mailhot Amborski et al., 2021; Malihi et al., 2021). This lack of information is a pervasive concern, given that about 61 million adults in the United States live with a disability at any given time (Gillespie et al., 2022; Hayes & Powers, 2021). Disabled adults are among the largest marginalized groups in the United States; however, most studies fail to examine who commits the crimes against this population and where they occur (Ceccato & Nalla, 2020).

Background

Violence is a public health problem with high costs for victims, their families, the communities they live in, and the health care and welfare systems they may choose to seek help through (Antunes et al., 2021). Certain types of disabilities are more associated with violence than others (Mailhot Amborski et al., 2021). Individuals with developmental disabilities (DDs) are more likely to be victimized and abused than their nondisabled peers. Over 85 million people in the United States have a disability, resulting in ongoing stigma, discrimination, and abuse (Campbell et al., 2021). People with DDs risk becoming crime victims more than the general population (Hickson & Khemka,

2021). Sexual assault risk is more than 10 times higher, and robbery risk is at least 12 times higher for victims with DDs (Hickson & Khemka, 2021).

Sexual crimes against DD adults have been studied extensively (Åker & Johnson, 2020b; Curtiss & Kammes, 2020; de Vogel & Didden, 2022; Gibbs et al., 2021; Mailhot Amborski et al., 2021). Physical violence (Dembo et al., 2021; Hayes & Powers, 2021) has also been studied, though not as thoroughly as sexual crimes. Gender was included as a factor in analysis in some cases (Lund & Ross, 2021; Meyer et al., 2022), but not many. Developmentally disabled victims can be better supported by researching and understanding the accumulation of contexts of vulnerability and intersecting victimization risks (Sasseville et al., 2022). This study has the possibility to affect future research, practice, policy, advocacy, and prevention efforts, as little is known about the primary perpetrators of crimes against DD adults and what crime types are most often committed against them (Meyer et al., 2022).

Problem Statement

Individuals with intellectual and developmental disabilities (IDDs) are more likely to be victimized and abused than their non-disabled peers. As previously stated, over 85 million people in the United States have a disability, resulting in ongoing stigma, discrimination, and abuse (Campbell et al., 2021). People with IDDs risk becoming crime victims at a greater rate than the general population (Hickson & Khemka, 2021). Sexual assault risk is more than 10 times higher, and robbery risk is at least 12 times higher for victims with DDs (Hickson & Khemka, 2021). Little is known about the primary

perpetrators of crimes against this population and what crime types are most often committed against them (Garcia-Cuellar et al., 2023).

Crimes committed against developmentally disabled victims have not been explored by the perpetrator relationships and crime types. Sexual crimes against adults with DDs have been studied extensively (Curtiss & Kammes, 2020; de Vogel & Didden, 2022; Gibbs et al., 2021). Physical violence (Dembo et al., 2021; Hayes & Powers, 2021) and sexual crimes (Åker & Johnson, 2020a; Gibbs et al., 2021) have also been studied together. Gender was included as a factor in the analysis in some, but not all, cases (Garcia-Cuellar et al., 2023; Lund & Ross, 2021; Meyer et al., 2022), creating limitations and inconclusive evidence (Garcia-Cuellar et al., 2023). Developmentally disabled victims can be better supported by researching and understanding intersecting victimization risks (Meyer et al., 2022). The current study could affect future policy, policing, advocacy, and prevention efforts.

Purpose of the Study

This quantitative study aimed to explore the intersecting victimization risks for adults with IDD. No research to date has studied the relationships between perpetrators and their developmentally disabled crime victims. The study included the crime victim and perpetrator relationship to determine whether IDD adults are more often victimized by a family member, a friend, an acquaintance, an employee, or a stranger. Another concept of interest was to detect which crime was most often committed against DD adults. Victim age and gender were also included as potential moderators to observe how they could also influence victimization.

A nonexperimental quantitative design focused on the extent of victimization and possible correspondence with the other variables. The specific research design was correlational to determine whether the variables have a relationship. If the variables have a relationship, it does not necessarily prove causation (Seeram, 2020). The dependent variable is criminal victimization, determined by the individual self-reporting a crime was committed against them in the National Crime Victimization Survey (NCVS). The independent variables were the perpetrator's relationship to the victim, crime type, and victim gender, all of which were also provided in the NCVS.

This nonexperimental quantitative design was utilized to indicate the relationship between the crime perpetrators and their developmentally disabled adult crime victims, establish the crime types most often committed against developmentally disabled adults, and find possible gender differences within victimization. A chi-square test of independence was then used to test the association between the variables. The results from the analysis also helped guard against inaccurate conclusions based on only partial correlations (Weisburd et al., 2022). This design best suits the study as it allows researchers to predict a dependent variable more accurately by using the information provided by the independent variables (Weisburd et al., 2022).

Research Questions and Hypothesis

Research Question 1 (RQ1): What is the correlation between perpetrator relationship and crime type amongst developmentally disabled adult crime victims?

H_0 1: There are no statistically significant differences between perpetrator relationship and crime type amongst developmentally disabled adult crime victims.

H_{a1}: There are statistically significant differences between perpetrator relationship and crime type amongst developmentally disabled adult crime victims.

Research Question 2 (RQ2): What is the relationship between victim gender and perpetrator relationship amongst developmentally disabled adult crime victims?

H₀₂: There are no statistically significant differences between developmentally disabled male and female adult crime victims when accounting for the relationship with their perpetrators.

H_{a2}: There are statistically significant differences between developmentally disabled male and female adult crime victims when accounting for the relationship with their perpetrators.

Research Question 3 (RQ3): What is the correlation between perpetrator relationship and crime type among developmentally disabled adult crime victims when moderating for victim gender?

H₀₃: There are no statistically significant differences in crime types between developmentally disabled adult crime victims and their perpetrators when accounting for victim gender.

H_{a3}: There are statistically significant differences in crime types between developmentally disabled adult crime victims and their perpetrators when accounting for victim gender.

Theoretical Base

The theory that grounds this study is Hosking's critical disability theory (CDT; 2008). Under CDT, disability is not a tangible medical condition but a social or cultural

paradigm caused by the environment that neglects to meet the needs of those who differ from the social norm (Hosking, 2008; Muster, 2021). Misconceptions, discrimination, inaccessibility, and lack of accommodations can prevent those with disabilities from fully participating in all aspects of community life (McCulloch et al., 2021). Through these societal failures, everything is structured to create and sustain disability. CDT focuses on ensuring those with disabilities have the same opportunities and safeguards in society as fully-abled individuals (Hosking, 2008). Those who are victimized for being differently-abled need support and protection. CDT explains that the oppression experienced by those with disabilities is not a personal issue but a societal one with both personal and political implications (Muster, 2021). CDT can assist the developmentally disabled crime victim by implementing social safeguards and transformative politics (Hosking, 2008).

Disability is the socially constructed relationship between impairment, the response to said impairment, and the disadvantage experienced when the needs of disabled individuals are not met (Hosking, 2008). This structural formation of disability could then result in victimization. There is multidimensionality to CDT as disabled people are diverse and have multiple overlapping identities (Hosking, 2008), creating intersecting risk areas. These intersecting risks of victimization were analyzed in the study. The research problems are focused on individuals with DDs, requiring a theory that understands disability and any intersecting risks in the social environment (Hosking, 2008).

The language around disability directly affects social attitudes toward disabled people, and the media portrayals of those with disabilities show deficient, pitiable,

wicked, or valueless humans (Hosking, 2008). These negative stereotypes toward disabled individuals could lead to further victimization. Differences among disabled individuals, such as race or gender, should not be dismissed as irrelevant, as rejection and marginalization can occur if differences among disabled individuals are ignored (Hosking, 2008). Gender and age differences within victimization are included as variables in this study. CDT covers all these areas while still aiding the research to understand the intersecting victimization risks for developmentally disabled people.

CDT explains what is wrong in the current social reality, identifies those who can help change it, and introduces standards into the social forum to devise objectives for social change (Sztobryn-Giercuskiewicz, 2017). The theoretical basis for this study allows an exploration of crimes committed against developmentally disabled adults through quantitative analysis. When conducting a study dealing with the disabled population, it is crucial to recognize the autonomy, identity, and diversity of disabled adults while embracing their legal rights (Hosking, 2008). Quantitative methodology was chosen to appropriately analyze the crimes committed against DD adults within the social model of disability. The Americans with Disabilities Act was signed in 1990, and more than being about accessibility or legal status, it is also about the dignity and right to live discrimination-free (Draper, 2021). CDT provides a basis for various policy responses to disability, such as inclusion, equality, and autonomy (Hosking, 2008).

Nature of the Study

This cross-sequential correlational research design utilized the U.S. government's NCVS to address the research questions in this quantitative study. The NCVS is an

ongoing, longitudinal criminal victimization survey conducted on a nationally representative sample of persons and households (Bureau of Justice Statistics, 2020). Correlational research designs examine whether changes in one or more variables affect additional variables and are typically cross-sectional in design (Dar & Iqbal, 2020). Cross-sequential designs allow for cross-sectional (between-group) and longitudinal (within-subject) analysis, though each is subject to potential confounding by cohort or time of measurement effects (Beck & Wilson, 2000). This cross-sequential correlational study determined specific risk factors for victimization in adults with DDs.

To address the research questions in this quantitative design, the specific systematic approach involved the analysis of archival secondary data from the NCVS. Surveys and observations are the two main methods of conducting correlational research (Dar & Iqbal, 2020). Surveys and interviews have already taken place by the U.S. government, and the data have already been codified. The study population included a representative sample from the U.S. population focusing on adults with DDs who have been victimized. The Statistical Package for the Social Sciences (SPSS) was utilized for the planned research design to collect, organize, and store the data. Statistical analysis was provided through SPSS, a software package that runs statistical analysis, modeling, and predictive survey research tools (Walden University Office of Research and Doctoral Services, 2021a).

Definitions

All research questions have a mix of independent and dependent variables, given that this study is quantitative. This study was trying to identify the population most likely

to victimize developmentally disabled individuals and whether they are known to the victim. It is also unknown which type of crime is most often perpetrated against developmentally disabled individuals. Possible covariates include gender and crime type, given the research question. Definitions of commonly used words are explained below.

Disability: Disabilities are any sensory, intellectual, physical, or psychosocial impairment, as well as possible head injuries or other conditions, that restrict an individual's daily activities and social engagement (Saleme et al., 2023). Disabilities can be visualized according to six differences in limitations: (a) mobility/ambulatory disabilities, (b) cognitive disabilities (which include difficulty with concentration, recall, or decision making), (c) independent living disabilities (a physical, mental, or emotional condition that hinders aspects of daily living), (d) serious hearing difficulties/deafness, (e) serious vision difficulties/blindness, or (f) self-care disabilities (i.e., difficulty dressing, bathing, or eating; Bureau of Justice Statistics, 2021; Hayes & Powers, 2021). Disabilities can thus be grouped into four overarching types: (a) ambulatory (mobility, flexibility, dexterity, pain), (b) sensory (vision difficulties, blindness, hearing difficulties, deafness), (c) cognitive (learning, developmental, memory, etc.), or (d) mental health-related (anxiety, depression, bipolar disorder, etc.; Brownridge et al., 2020; Hayes & Powers, 2021). Any one of these disabilities may impact how one interacts with the world and may interfere with one's ability to take care of themselves (Hayes & Powers, 2021). Disabilities can be seen as a form of diversity where an individual's impairments are created or exacerbated by social, cultural, and systemic factors (Marinos & Whittingham, 2019), outlining the basic tenets of the social model of disability. The oppression and

discrimination from society fail to integrate or accommodate the individual who learns, moves, and interacts in diverse ways (Crowell et al., 2019; Marinos & Whittingham, 2019). More organizations are adopting a holistic definition of what constitutes a disability instead of identifying the disability within the individual (Crowell et al., 2019; Marinos & Whittingham, 2019).

Intellectual and developmental disabilities (IDDs): An overarching term used to indicate the bulk of intellectual and developmental disorders. IDD is a neurodevelopmental disorder “characterized by deficits in intellectual and adaptive functioning that emerge within the developmental period” (Conant & Miller, 2024, p. 588). IDD replaced the former term *intellectual disability*, and the definition moved away from strict IQ score cutoffs to emphasizing functional levels in both adaptive and cognitive abilities, better approximating the definition of IDD put forward by the American Association on Intellectual and Developmental Disabilities (AAIDD; Conant & Miller, 2024). Adults with IDD tend to have higher psychiatric and physical comorbidity rates than the general population (Moon et al., 2020). The paradigms of IDD overlap considerably, though not entirely (Schalock et al., 2019). While some DDs may also encompass intellectual disability, they may also include physical disorders and other disorders that emerge during the developmental period, such as fetal alcohol disorder or autism (Schalock et al., 2019).

Developmental disability (DD): Developmental disability (DD) is an umbrella term for conditions with delayed or functional impairments shown early in development, whether in physical, learning, language, or behavioral performance (Langenfeld et al.,

2021; Lim et al., 2023; Scher, 2022; Walton, 2022). DDs require many supports as they substantially limit functioning in at least three or more life activities, including self-care, learning, self-direction, mobility, independent living, or economic self-sufficiency (Codina et al., 2024; Haverkamp et al., 2019; Hughes et al., 2019). DDs can be due to various environmental and genetic factors (Langenfeld et al., 2021). People with DDs can also have sensory impairments of hearing and vision, epilepsy or seizure disorders, intellectual disabilities, or learning disorders (Scher, 2022). Behavioral and mental health disorders may accompany those with DDs later in life (Hoyle et al., 2020; Scher, 2022). DDs represent manifold medical conditions and neurodevelopmental disorders such as intellectual disability, neurodevelopmental disorders, medical conditions like epilepsy, and related conditions (Lim et al., 2023; Walton, 2022). Significant within-disorder heterogeneity exists in cognition and behavior, emphasizing the overlapping characteristics between syndromes and a lack of discrete diagnostic boundaries at the behavioral level (Ridley et al., 2020).

Intellectual disability (ID): Intellectual disability (ID) is a neurodevelopmental disorder with delays and deficits in cognitive, intellectual, and adaptive functioning beginning in the developmental period (Ghirardi et al., 2023; Langenfeld et al., 2021; Moon et al., 2020; Walton, 2022; Yang et al., 2022). Intellectual functioning refers to the broad mental ability that includes things like “reasoning, planning, problem-solving, thinking abstractly, comprehending complex ideas, and learning quickly and from experience” (Haverkamp et al., 2019, p. 22). Intellectual functioning should be considered more than simply a score on an intelligence test (Olley & Cox, 2021). Those

with IDs often have comorbid diagnoses, like attention-deficit/hyperactivity disorder (ADHD) and autism, and chronic health conditions such as epilepsy and cerebral palsy, that are also seen in many cases, though rates vary depending on the etiology of the ID (Conant & Miller, 2024). The primary qualities of IDs are discrepancies in one's general mental abilities and impairment in everyday functioning when compared to their developmental age and socioculturally matched peers (American Psychiatric Association, 2013). The prevalence of IDs worldwide is estimated to be between 1% and 3% (Conant & Miller, 2024; Yang et al., 2022). Individuals with IDs have deficits in reasoning and abstract thinking, limiting their introspection and verbal skills (Stobbe et al., 2021). There are also significant limitations in adaptive behavior, such as conceptual, social, practical, and intellectual functioning (Borghus et al., 2020; Havercamp et al., 2019). These limitations contribute to limited interpersonal skills and social judgment, leading to difficulty recognizing danger (Olley & Cox, 2021). Deficits in adaptive functioning range in severity and are identified with the following specifiers: mild, moderate, severe, and profound (Conant & Miller, 2024).

Mild intellectual disability (MID): Mild ID (MID) can be considered between IQs between 50 and 70 (Stobbe et al., 2021), and those with MID make up about 80%–90% of those with ID (Olley & Cox, 2021). An estimated 85%–89% of individuals with IDs have MID (Conant & Miller, 2024; Walton, 2022). Those with MID typically show difficulty with learning and functional skills, limited awareness of social risk, and challenges with complex daily living tasks (Conant & Miller, 2024). However, basic

personal care tasks are easily completed, and they are often successful in employment settings without complex problem-solving or conceptual skills (Conant & Miller, 2024).

Neurodevelopmental disorders (NDDs): A group of developmental disorders (NDDs) that is characterized by social and communication difficulties (Moon et al., 2020; Ridley et al., 2020). NDDs are strongly associated with cognitive dysfunction (Conant & Miller, 2024) and may or may not be accompanied by an ID (Moon et al., 2020). These disorders include diagnoses such as Williams syndrome, Down syndrome, cerebral palsy, epilepsy, fetal alcohol syndrome, and Fragile X syndrome (Moon et al., 2020; Ridley et al., 2020; Sarrett, 2019). Four of the most common NDDs are IDD, autism, ADHD, and learning disorders (Conant & Miller, 2024). These diagnostic labels indicate that the neurology of those with NDD differs from that of the broader population (Kahn & Kofke, 2022). NDDs are multifaceted and unpredictable in their expressions, with many properties that are still not well understood (Conant & Miller, 2024). NDDs are exceedingly heterogeneous, both across and within diagnostic categories, and have a considerable amount of comorbidity (Conant & Miller, 2024). A framework of neurodiversity is called for to battle ableist notions (Kahn & Kofke, 2022).

Autism spectrum disorder (ASD): Autism is a clinically diagnosed neurodevelopmental disability characterized by impairments in social communication and interaction, as well as restricted interests and repetitive behaviors (Fisher et al., 2020). The current conceptualization of ASD is as a single diagnosis with dimensions, which is reflected in the *International Statistical Classification of Diseases and Related Health Problems* (11th ed.; *ICD-11*), and the *Diagnostic and Statistical Manual of Mental*

Disorders (5th ed.; *DSM-5*) uses levels of support to differentiate and approximate severity levels within said singular diagnosis (Conant & Miller, 2024). Severity level specifiers can change over time as the person ages and participates in society and possible intervention (Conant & Miller, 2024). Currently, the collection of autistic symptoms is classified through the overarching category of “spectrum” as each presentation of autism is different (Fortunato et al., 2022). Autistic individuals have difficulty reading others’ emotions, interpreting social cues, making social judgments, and detecting deception (Fisher et al., 2020). Working memory is severely impaired in autistic people, as is executive functioning (Rumball et al., 2021a), including attention, working memory, and cognitive flexibility (Bednarz et al., 2020). Metacognition (i.e., planning, organizing, and working memory) and behavioral regulation are commonly reported indices of executive functioning (Bednarz et al., 2020). Estimates of co-occurring ID vary between 40% and 80% in autistic individuals (Fisher et al., 2020).

Attention-deficit/hyperactivity disorder (ADHD): ADHD is often associated with DDs and early-onset neurological disorders, such as epilepsy and traumatic brain injury (Conant & Miller, 2024). One of the most prevalent neurodevelopmental disorders, in line with autism and ID (Ghirardi et al., 2023). Symptoms include inattention, hyperactivity, impulsivity, deficits in executive functioning, goal-directed behavior, and inhibition (Lee et al., 2023). There is a high co-occurrence of ADHD symptoms among those with autism (Lee et al., 2023).

Williams syndrome: A neurodevelopmental disability caused by a deletion of about 26 genes on chromosome 7q11.23 (Fisher et al., 2020). People with Williams

syndrome present with mild to moderate levels of ID and a highly social personality, frequently becoming overly friendly with a high prevalence of social disinhibition and extreme trust in other people (Fisher et al., 2020).

Down syndrome: A genetic disability caused by an extra copy of chromosome 21 (Fisher et al., 2020). Those with Down syndrome have excellent social skills but poor language skills, which can make it difficult to initiate and maintain conversations (Fisher et al., 2020). People with Down syndrome may be more vulnerable socially because of their physical characteristics and ID (Fisher et al., 2020).

Fetal alcohol spectrum disorders (FASD): A plethora of physical, emotional, cognitive, and social disorders caused by exposure to alcohol during fetal development (Koehlmoos et al., 2023). Common diagnoses incorporated within FASD include mood, memory, and behavioral disorders, the most common being fetal alcohol syndrome (Koehlmoos et al., 2023). Deficits in decision-making, organizing, inhibition, and working memory affect those with FASD (Burns et al., 2023).

Fetal alcohol syndrome: An NDD that results from fetal alcohol exposure and affects about 4%–5% of Americans (Flannigan et al., 2023). Fetal alcohol syndrome reflects significant neurocognitive and behavioral difficulties and multifarious physical and mental health challenges across the lifespan (Flannigan et al., 2023).

Ableism: Ableism is the belief that people without disabilities are superior. Therefore, discrimination and prejudice against people with disabilities tend to become the norm (Draper, 2021; Sarrett, 2019). Ableism is based on the idea that the abled body is natural and normal, the corporeal standard, and what it means to be truly human

(Thornycroft & Asquith, 2021). Ableism works to reproduce the abled body as the norm and creates IDD as a devalued state of being (Sarrett, 2019; Thornycroft & Asquith, 2021). Unquestioned and widespread ableism created inequalities for those with disabilities, especially IDDs, in assorted social institutions (Sarrett, 2019). It is important to remember that ableism was embedded within the construction of Western modern society and eventually led to the theory and practice of eugenics (Sarrett, 2019).

Disablism: On the opposite end of the spectrum is the belief that the disabled body is somehow “less than” and is the inferior way of being (Thornycroft & Asquith, 2021). This is loosely connected to ableism through the belief that putting down the differently-abled body somehow commemorates the abled one. Disablism produces harmful ideals around disability and those it affects.

Intersectionality: Various blends of social identities- such as race, socioeconomic status, sexuality, ability, and gender- lead to distinctive experiences that impact that person’s accomplishment in and understanding of the world (Sarrett & Ucar, 2021). Intersectionality was initially developed to explore how women of color were not adopted by antiracist and antisexist efforts (Sarrett & Ucar, 2021). This term has now come to encompass a range of issues for consideration within identity politics (Sarrett & Ucar, 2021). According to Lund and Ross (2021), “When a person is a member of multiple marginalized groups, the intersectionality of these identities can further increase their vulnerability towards victimization and difficulty in finding support that can adequately and knowledgeably address multiple facets of their identity” (p. 99). The various

intersecting identities inform the opportunities and barriers experienced on an individual and structural level (Campe, 2021).

Victimization: Victimization is a broad term that encompasses many forms of violence, such as neglect, physical and sexual assault, bullying, financial abuse and exploitation, discrimination, psychological abuse, and coercion (Tabin et al., 2021b). The ability to protect oneself from victimization varies from one group or person to another, and risks may increase or decrease throughout the lifespan (Tabin et al., 2021b).

Abuse: Abuse is the full range of actions involving intentional physical, sexual, emotional, or financial harm to a person (Collins & Murphy, 2021; Hickson & Khemka, 2021). It can even encompass rude behavior or bullying (Griffin et al., 2019). Abuse may also refer to institutional or organizational abuse in the form of neglect, maltreatment, or loss of dignity (Collins & Murphy, 2021). Abuse is the destruction of an individual's human and civil rights by another person, persons, or organizations, whether known or unknown (Collins & Murphy, 2021).

Sexual abuse: Any unwanted, nonconsensual sexual relationship that is carried out to please another; includes unwanted, nonconsensual sexual touching and forced sexual activity, whether oral, anal, or vaginal; forcing the victim to perform humiliating or painful sexual acts; sexually explicit photographing; forced cohabitation; sexual harassment; or sexual assault or battery, such as rape, sodomy, or coerced nudity (Abner et al., 2019; Curtiss & Kammes, 2019; Gil-Ilario et al., 2019). Sexual abuse is when one person exposes their genitals to another person or looks at or touches parts of another person's body to satisfy their needs (Tomsa et al., 2021). Sexual abuse could be

perpetrated using force, bribery, coercion, threats, or taking advantage of victims who cannot consent due to young age, immaturity, or cognitive impairment (Stobbe et al., 2021).

Physical abuse: Consists of acts aimed at physically harming the victim (Blom et al., 2023). These physical, hurtful acts could include but are not limited to pushing, attacking, punching, threatening, or attacking with a weapon, gun, or knife (Blom et al., 2023).

Emotional/psychological abuse: Any act that induces fear or emotional distress (Blom et al., 2023). Includes an assortment of behaviors that incorporate acts of emotional abuse, including but not limited to yelling, throwing objects, and controlling behaviors such as limitations of finances, social circles, or other life aspects (Blom et al., 2023).

Financial abuse: Theft and robbery are forms of financial victimization that are considerably less researched than other forms of criminal victimization (Olley & Cox, 2021). Financial victimization can include misappropriation of benefit payments, fraud, and friends “borrowing” money without the intent to repay (Olley & Cox, 2021). There are increasing rates of financial abuse and exploitation throughout adulthood for those with IDD (Hickson & Khemka, 2021). Because those with IDD may be eager to form relationships, they also risk financial victimization due to a desire to fit in and have friends (Olley & Cox, 2021).

Disability-specific abuse: Disability-related abuse could include the destruction or refusal of medical equipment, refusal to assist with essential life activities, or medication

manipulation (Hughes et al., 2019). Perpetrators could deny basic personal needs like food, shelter, and hygiene (Budu-Ainooson et al., 2020). Disability-specific abuse may overlap with neglect, especially in childhood (Hughes et al., 2019). This form of abuse may also capture distinct capacities, such as a need for prolonged assistance with activities for daily living that may not be included in state statutes or other things that could rise to the level of neglect (Hughes et al., 2019). These daily activities that disabled individuals may need assistance with include getting out of bed, eating, dressing, and accessing mobility devices (Lund, 2021).

Family violence: Refers to violence between family members, including current or former intimate partners and parents or siblings (Saleme et al., 2023). Family violence can include physical, sexual, and emotional abuse, intimidation, economic deprivation, or threats of violence (Saleme et al., 2023).

Domestic violence: A subset of family violence, but the violent behaviors reside between current or former intimate partners only (Saleme et al., 2023). For this reason, domestic violence can also be identified as intimate partner violence (IPV; Muster, 2021). This dynamic exists where one partner tries to exert power and control over the other (Saleme et al., 2023).

Intimate partner violence (IPV): Any form of physical, sexual, or emotional abuse or controlling behaviors perpetrated by a spouse or a current or former partner (Bowen & Swift, 2019; Garcia-Cuellar et al., 2023). Some forms of IPV are specific to women with disabilities, such as disability-related abuse (Garcia-Cuellar et al., 2023). Because domestic violence and IPV are similar, the remainder of this report will use the term *IPV*

to note the violence done by significant others and *family violence* for any victimization between other family members.

Maltreatment: Maltreatment includes a range of abuses and neglect, including physical abuse, sexual abuse, emotional abuse, and financial abuse (Hickson & Khemka, 2021). Maltreatment is prevalent across the lifespan of those with IDD, and these experiences can have long-term, devastating consequences (Hickson & Khemka, 2021).

Neglect: Refers to the absence of action by someone who fails to meet another person's needs (Hickson & Khemka, 2021). The appropriate party must be responsible for the care of the disabled individual when their physical or emotional needs are not being appropriately met (Hickson & Khemka, 2021).

Adverse childhood experience (ACE): Any early traumatic event in life that impacts a person's physical and mental health and well-being (Morgart et al., 2021; Son et al., 2020). ACEs can begin even before conception, during utero development and into childhood (Morgart et al., 2021; Son et al., 2020). ACEs can include physical, sexual, and verbal abuse; physical and emotional neglect; encountering mental illness; encountering substance abuse; encountering someone going to prison; witnessing violence; losing a parent (to separation, divorce, or death); refugee and war experiences; life-threatening injury and illnesses; natural disasters; and terrorism (Morgart et al., 2021; Son et al., 2020).

Poly-victimization: Poly-victimization refers to an individual's ability to experience multiple forms of violence across the lifespan (Corr et al., 2022; Dodds, 2021; Gibbs et al., 2021). Violence rarely occurs in isolation. The same individual is more

likely to experience a wide range of victimization throughout their lives (Codina et al., 2022). Experiencing multiple forms of violence is associated with diverse negative psychological and behavioral issues, mental health issues, and poor health outcomes (Corr et al., 2022). Poly-victimization has shown a 15-fold higher risk of psychiatric symptoms (Yang et al., 2022) and is more harmful than enduring single forms of abuse (Källström et al., 2020). This phenomenon is related to exceptionally adverse mental and physical health problems, such as severe depression, suicidal ideation, substance issues, and severe obesity, as well as aggressive behaviors (Källström et al., 2020). As Mitchell et al. (2020) noted, “The strong negative impact of poly-victimization and threats to safety are experienced across a wide range of relationships and environments” (p. 2).

Hate crime: A hate crime is an offense where the victim is targeted because of their actual or perceived ethnicity, gender, disability, color, religion, or sexual orientation (Bachera & Jupinko, 2021; Ceccato & Nalla, 2020; Iudici & Girolimetto, 2020). Hate crimes include numerous criminal activities, including abuse, vandalism, threats, homicide, and even genocide or ethnic cleansing (Bachera & Jupinko, 2021). Since the 1980s, hate crimes have had a long history in the United States (Bachera & Jupinko, 2021). Hate crimes are more likely to be more violent, with 79% resulting in physical injury as opposed to 29% of non-hate crimes (Bachera & Jupinko, 2021). What differentiates a hate crime from others is not the act itself but the hostility that propels the commission of the act (Bachera & Jupinko, 2021; Macdonald et al., 2021).

Mate crime: Mate crime is a form of offending where the victim is criminally manipulated by one or more persons with whom they have a friendly relationship

(Doherty, 2019). This action refers to deliberately abusive actions against a victim by someone known to them, often a friend, but it can include family members or caretakers (Forster & Pearson, 2020). This has been conceptualized as a hate crime against disabled people (Doherty, 2019; Pearson et al., 2022). One disturbing feature of hate crimes is their humiliation, exploitation, cruelty, servitude, or theft (Forster & Pearson, 2020).

Social vulnerability: Social vulnerability is a broad term used to define how a person is at risk of victimization (Fisher et al., 2020; Tabin et al., 2021b). A victim's social vulnerability is determined by their ability to detect or avoid several types of victimization, such as physical assault, sexual assault, financial abuse, and psychological abuse (Tabin et al., 2021b). Social vulnerability is marked by an impaired ability to detect or minimize harmful interpersonal reactions (Ridley et al., 2020). People are considered socially vulnerable when they cannot avoid negative social relationships or adverse events such as abuse, criminal victimization, bullying, discrimination, neglect, or financial abuse (Fisher et al., 2020; Tabin et al., 2021b). Social vulnerability does not lead to abuse but can be included as a risk factor for abuse (Tabin et al., 2021b).

Limitations

The research was limited by the survey and the data collected by it as the federal government had already conducted the survey. For this reason, gender identity was restricted to the binary male and female, crime types were restricted (i.e., verbal assaults were not included), and interpretations were limited by the data previously collected. Personal perceptions or interpretations from the initial interviewer could have influenced the data. It is critical to keep in mind that stereotypes and misconceptions about those

with disabilities may influence the types of research projects that are planned, funded, and implemented (Meyer et al., 2022). Surveys could also exclude those living in institutions or group housing (Meyer et al., 2022). Another limitation is that the current study only looked at victims with DDs and did not include those with other disabilities, so it is not as generalizable as it could be. A final limitation is that interviewers were limited in data collection by avoiding dangerous neighborhoods, nonanswers, and proxy interviewing (Bureau of Justice Statistics, 2020). Any telephone surveys could also have excluded those with hearing disabilities, or those with cognitive disabilities may have been unable to give informed consent or understand what is being asked (Meyer et al., 2022).

A challenge to consider was the overwhelming amount of data to be processed. The NCVS was initially implemented in 1973, and the survey includes a nationally representative sample of over 240,000 people (Bureau of Justice Statistics, 2020). Sorting and processing data could have been an issue, given the enormity of the data provided by the federal government via NCVS. A quantitative analysis specialist could have been consulted to assist in research question preparation and data processing. Another challenge is that there is no standardized method for compiling information on people with disabilities. The last challenge is the lack of a consistent, agreed-upon definition for disability. The definition of *disability* is diverse and broad (Garcia-Cuellar et al., 2023; Havercamp et al., 2019; McLachlan et al., 2020), and carries a range of medical, social, cultural, and administrative delineations that can vary widely (Schalock et al., 2019; Walter et al., 2024). There is a similar issue with *abuse*, *trauma*, and *victimization*. Using

these terms results in unique ways of getting information, but what is considered abuse in one study can be considered a *traumatic life experience* in the next (Cook & Hole, 2021). Research addressing victimization from distinctive disciplinary lenses not unambiguously related through language has the potential to prevent knowledge from being aligned across the literature, informing practice, and aiding patients and victims alike (Cook & Hole, 2021).

A barrier to this study could have been the sensitive nature of victimization experiences, which could be traumatizing. A vulnerable population such as DD adults being included in a study could be an additional obstacle. Research ethics must be considered; for example, those with cognitive disabilities may be unable to consent (Meyer et al., 2022). Researchers considering collecting data on sensitive topics or vulnerable people should consult with the Institutional Review Board (IRB) to obtain ethical guidance during the proposal writing process (Walden University Office of Research and Doctoral Services, 2021b). This study included sensitive topics and vulnerable populations as the study focused on the relationship between DDs and crime victimization (see Walden University Office of Research and Doctoral Services, 2021b). Archival data from the NCVS was utilized to avoid this barrier, as the researcher was not personally involved with data collection.

Significance of the Study

This study is significant because it addressed the issue of crime victimization against developmentally disabled adults. Developmentally disabled adults are victimized more often than other disabled individuals (Bureau of Justice Statistics, 2021). What is

not known is the victim–perpetrator relationship and the crime types most often committed against DD crime victims. This study helps contribute to the field of psychology by extending the literature on how intersecting victimization risks can affect the lives of those with DDs. This study could also help provide possible implications for assessing and treating this population.

This study also addressed issues significant to the discipline of forensic psychology. Individuals with DD are more often victims of crime (Bureau of Justice Statistics, 2021), making it essential to look at why. The perpetrator’s relationship to the victim, the crime type most often committed against them, and the gender of the victim could tell us what makes one person more ideal a target of crime than the next. This information helps contribute to the field of forensic psychology by broadening the literature on how and why these individuals are victimized. There are implications for safety programs and policy changes to aid DD crime victims.

Professional practice is another consideration when looking at the significance of a study. This study contributed to investigation and advocacy efforts by furthering the research on why DD people are targets for crime. An opportunity to discover why these victimizations occur and how to stop them was provided by exploring the connections between the victim–perpetrator relationship and crime type. These details aided investigators by statistically showing them whom to look at as a perpetrator. Advocates could also utilize the results for safety models to protect disabled adults from future victimization.

This study also has positive social change implications. Positive social change is created by applying ideas to promote the worth, dignity, and development of people, their communities, and societies (Walden University Center for Social Change, 2021). The current study can assist positive social change efforts by helping identify the potential intersecting victimization risks for developmentally disabled adults. Potential social change implications could have applications in policy, policing, advocacy, and healthcare to aid victims of crime. Other implications include prevention efforts by finding the patterns leading to the victimization of marginalized individuals, thus bettering society.

Summary

Victimization against those with IDD has been extensively studied. However, most studies in the scientific literature focus on sexual crimes only or crimes against children specifically. This quantitative study explored the intersecting victimization risks for adults with IDD by including all types of crimes. This chapter provided an overview of CDT and the study's theoretical framework. Chapter 2 provides a current review of the research literature relating to crimes committed against those with IDD. Specific aspects of the criminal incidents, such as type of crime and perpetrator, were included within search parameters.

Chapter 2: Literature Review

People with disabilities face daily discrimination and victimization due to their disability (Draper, 2021). Because this population has higher than average victimization rates, there is little knowledge about the causes and effects of victimization among those with disabilities (Hayes & Powers, 2021). Overall, current research on violent victimization makes assumptions as to the identity and relationship of the perpetrator and the various and diverse kinds of victimization they enact upon their victims (Källström et al., 2020). This quantitative study explored the relationships between the perpetrators and their developmentally disabled crime victims. The purpose was to determine whether developmentally disabled adults are more often victimized by a family member, a friend, an acquaintance, an employee, or a stranger, as most studies fail to separate the known offenders. Studying those who offend challenges the dominant image of the stranger-commits-crime-against-victim stereotype to create a fuller picture of victimization (Hall, 2019).

Having a disability can be an essential aspect of someone's identity. As such, it should be examined as it intersects with other various forms of identity, such as age and gender (Perrin, 2019). An increased risk of interpersonal violence may be linked to other minority statuses' intersectional racial, gendered, sexual, and classed characteristics (Liasidou & Gregoriou, 2021). It has been widely established that victim age and gender can influence victimization (Brendli et al., 2022). When age is accounted for, older adults with disabilities are at the highest risk of violence and abuse (Codina et al., 2022).

Violence plays a momentous role in the lives of disabled people; it is experienced at inexplicably high levels compared to the non-disabled population (Wiseman & Watson, 2021). Approximately 1 in 5 victims with disabilities believe they were targeted because of their disability (Draper, 2021). Violence toward disabled individuals can take many forms, including abuse, neglect, bullying, harassment, IPV, and even hate crimes (Wiseman & Watson, 2021). Victimization occurs based not only on the victim's disability but upon external factors as well (Rossa-Roccor et al., 2020). Higher levels of targeted abuse in institutionalized care settings, schools, and support workers leave developmentally disabled individuals vulnerable to violence in these oppressive social systems (Wiseman & Watson, 2021). These victimization experiences can lead to various negative mental and physical health consequences that can be exacerbated in victims with disabilities (Hayes & Powers, 2021).

This literature review provides an overview of the various risks and types of victimization for those with IDD, the social determinants of disability, sex- and gender-related differences in victimization, interactions within the justice system for those with IDD, and the outcomes of victimization for this population. The review considers the importance of CDT, the social model of disability, and intersectionality to gain a fuller picture of the victimization experiences those with disabilities face. The literature review aids in understanding the nature and intricacies of the victimization of disabled individuals.

Literature Search Strategy

This literature review was derived from a series of database searches, including an initial Thoreau multi-database search of the Walden Library, followed by Academic Search Complete, APA PsycInfo, and Google Scholar searches. Sources were limited to peer-reviewed and scholarly articles published from 2019 to 2024. This strategy ensured the most valuable results possible. The National Archive of Criminal Justice, a data collection resource, was also used because it contains the United States' statistical information on crime, criminal offenders, and victims of crime (Bureau of Justice Statistics, 2021).

The keywords searched included *developmental disability*, *victim**, *crime*, and *adult*. *Victim** is a Boolean phrase search to explore every term variation. Other keywords such as *autism*, *cerebral palsy*, *intellectual disability*, *attention deficit hyperactivity disorder*, *AD/HD*, and *ADHD* were substituted for developmental disability because these are all considered subdivisions of the term (CDC, 2021). *Hate crime* was also used as a keyword in place of *crime*. Another keyword of interest found while searching was *mate crime*, a subset of hate crime where the disabled adult is taken advantage of by someone known to them (Forster & Pearson, 2020). *Perpetrator relationship* was later added, though it did not prove to be a helpful search term. While searching, it was found that the term *trauma* is used more in medical or mental health research; in contrast, the terms *crime* or *victimization* are used in justice and criminology, whereas *abuse* or *assault* are used in the clinical literature (Cooke & Hole, 2021; Didden & Mevissen, 2022).

Theoretical Foundation

CDT is grounded within the critical theory framework to incorporate philosophical approaches not encompassed within the traditional disability studies model (Hosking, 2008). The seven elements of CDT are the social model of disability, the multidimensionality of disability, valuing diversity, legal rights, the inclusion of disabled voices, language around disability, and transformative politics. CDT views disability as a social construct based on how disability interacts with the disabled individuals and their social environment (Kahn & Kofke, 2022; Perrin, 2019). CDT is a model of inclusion based on the reality that disabled people are diverse. CDT offers a sensitivity to certain nuances that may draw attention to multidimensionality, intersectionality, and diversification of the community to which those with disabilities belong (Sztobryn-Giercuskiewicz, 2017). This theory also recognizes the legal rights of disabled individuals as an indispensable tool to advance equality.

CDT provides an understanding of the importance of language and how it influences the status of disabled people by addressing how negative attitudes are revealed through language (Hosking, 2008). Identity-first language (e.g., “disabled person”) centers disability as an essential and positive aspect of identity, much like race or sexual orientation (Perrin, 2019). CDT aims to change society’s social and political structure by empowering disabled individuals and providing equality by addressing the relationship between impairment, disability, and society (Hosking, 2008). CDT asserts disability as an identity with distinct cultural underpinnings that those who work with this population

should be aware of and emphasizes the importance of disability cultural competence skills (Perrin, 2019).

Review of the Literature

Abuse and violence against those with disabilities are well-documented (Fyson & Patterson, 2019; Lund, 2021). With the beginning of deinstitutionalization in 1970, many long-stay psychiatric institutions were dissolved, and individuals with IDD could fully participate in the community, leading to increased contact with the criminal justice system (Latvala et al., 2023). A significant vulnerability is associated with disability, especially when a high degree of support is needed to ensure that disabled individuals can navigate daily life well (McLachlan et al., 2020). Families or other caregivers can undertake this support, as well as other formal institutions and care systems (McLachlan et al., 2020). Within these relational support systems is an inadvertent power dynamic whereby caretakers are in a dominant position. This power imbalance can create conditions for disability-specific abuse (McCulloch et al., 2020). These could include but are not limited to denying mobility or communication aids, withholding or over/underdosing medications, forced or coerced contraception and sterilization, violations of privacy, and denial of essential care (McCulloch et al., 2020).

People with IDDs are not homogeneous (Marinos & Whittingham, 2019; Powers & Hayes, 2024). Some people with IDDs may be more easily identifiable due to physical characteristics (i.e., Down syndrome, Williams syndrome), reduced language ability, or developmental delay; however, most lack identifiable traits or can mask their more telling disabling symptoms (Marinos & Whittingham, 2019). Most DDs and MIDs are *invisible*

disabilities, meaning many individuals can work and live independently but still encounter struggles in daily living that may require accommodations due to differences in cognition and socialization (Walton, 2022). Those with IDD can get jobs that are usually unskilled and low-paying, resulting in unstable housing and unreliable transportation (Olley & Cox, 2021). People with IDD also have poor access to health care, more frequent and severe health conditions, and their social connections are often limited (Olley & Cox, 2021).

It is becoming more common to adopt a holistic definition of what constitutes a disability instead of identifying the disability within the individual (Crowell et al., 2019; Marinos & Whittingham, 2019). The social model of disability shows us that judgment and discrimination come from society in ways that do not incorporate or accommodate the individual who may learn, move, or interact in ways that are contrary to what society deems “appropriate” or “normal” (Crowell et al., 2019; Marinos & Whittingham, 2019). Certain social practices and processes may create a context where certain groups can become marginalized or stigmatized (Iudici & Girolimetto, 2020). In the social model of disability, vulnerability is contained within society and the perpetrators who devalue, violate, and victimize others, which does not allow for full participation in our society (Crowell et al., 2019). The social model of disability emphasizes the role of society in afflicting the disability in those who are impaired (McGowan & Elliott, 2019). In contrast, the current medical model states that the cause of disability resides within the individual (Iudici & Girolimetto, 2020). The medical perspective often overlooks intersectionality because it views disability as a health issue rather than a socially

constructed minority status (Macdonald et al., 2021). This pathologizing of disability causes this minority population to be under-researched within victimology and other disciplines (Macdonald et al., 2021).

There is mounting acknowledgement that those with IDD are at an increased risk for victimization (Bowen & Swift, 2019; Chadwick, 2022; Collins & Murphy, 2021; Draper, 2021; Gibbs et al., 2021; Sarrett & Ucar, 2021; Tabin et al., 2021b; Thomas et al., 2019). This increased risk could be due to a desire to please, naivete, suggestibility, or gullibility (Olley & Cox, 2021). Research into sexual abuse perpetrated against those with IDD is extensive; however, research into other forms of victimization (neglect, physical, psychological, and financial abuse) committed against people with IDD is more restricted (Collins & Murphy, 2021; Gibbs et al., 2021; Olley & Cox, 2021). Understanding the scale of violence against affected groups is the first step to violence prevention (Wiseman & Watson, 2021).

Risks of Victimization

Disability is a vital risk factor for victimization in adults and children (Codina et al., 2022; Gibbs et al., 2021). The study of disability as a vulnerability is not about focusing on how certain victim characteristics are responsible for their victimization but rather about understanding potential offender perception to protect victims from perpetrators (Chopin et al., 2024). Over 70% of those with disabilities have been abuse victims, with varying prevalence by disability type (Olley & Cox, 2021). Lower IQ, behavioral difficulties, and poor interpersonal skills increase the risk of experiencing violence for those with disabilities (Gibbs et al., 2021). The limited amount of research

that has focused on disparities across disabilities found that the victimization risk depends on the specific disability type (Ghirardi et al., 2023; Hayes & Powers, 2021). One study found that the risk of being sexually victimized was highest for those with sensory impairments like hearing; however, studies including all types of violent victimization find sensory impairments to have the lowest rates committed against them (Mailhot Amborski et al., 2021). Physical abuse, sexual assault, and torture are more than twice as likely to be used against those with IDD, as they are often the targets instead of their non-disabled peers (Hickson & Khemka, 2021). A comorbid mental health diagnosis on top of IDD increases the likelihood of being victimized (Codina & Pereda, 2021), with prevalence rates 3 times higher for violent victimization and 10 times higher for sexual victimization (Olley & Cox, 2021). It is important to remember that the risks associated with IDDs and any concurrent victimization experiences are not the victim's fault.

The same risks of abuse and victimization, such as unemployment, pregnancy, childhood abuse, and poverty, affect those with and without IDDs (Gibbs et al., 2021; Hughes et al., 2020b; Son et al., 2020). Some social behaviors demonstrated by individuals with DDs and MID, including immaturity, impaired judgment, eagerness to please, and gullibility, may increase victimization risks (Walton, 2022). There is a proven correlation between childhood maltreatment and adulthood victimization, though this link has not been studied extensively (Tiwari et al., 2021). Interestingly, childhood sexual assault increases the risk of adult violent physical and sexual victimization, with survivors reporting almost 50% revictimization (Tiwari et al., 2021). The childhood victimization/elevated risk-of-revictimization-in-adulthood correlation suggests that

previous victimization experiences may be related to an increased risk of current victimization (Hughes et al., 2019; Lund & Ross, 2021). While this explains the heightened prevalence among adults with IDD, it is also more likely that those with IDD intersect with these various risk factors. This intersectionality is due to the direct and indirect effects of deinstitutionalization, including but not limited to a lack of adequate resources, ineffective accommodations, and inconsistent access to programs, all of which led to the disproportionate representation of those with disabilities living in poverty, lacking in education and employment, and having increased involvement in the justice system (Marinos & Whittingham, 2019).

The victim–offender relationship is an important factor in the crime-commission process (Chopin et al., 2024), and as such, the relationship between victims and offenders needs to be studied. Offenders will exploit certain factors they perceive as vulnerabilities (Chopin et al., 2024). IDD, in general, are risk factors for victimization, with a higher prevalence among people with more severe IDs (Stancliffe & Frantz, 2024). Sex and gender are also related to victimization risk (Stancliffe & Frantz, 2024) and will be discussed more thoroughly later in the chapter. To reduce victimization risk for people with IDD, accurate knowledge about relationships, sexual health, and sexuality is essential (Stancliffe & Frantz, 2024). Research in this area reveals sizable knowledge gaps for those with IDD, revealing minimal or altogether absent education but a clear desire to learn more (Stancliffe & Frantz, 2024). As more sexual knowledge is associated with a significantly lower risk of victimization, modifiable risk factors (e.g., knowledge, education, and support) are of great interest in victimization risk reduction (Stancliffe &

Frantz, 2024). For effective risk reduction training, they must be generalizable to real-life situations, change knowledge and behavior, and be maintained over time (Stancliffe & Frantz, 2024).

Across the Lifespan

Though there is much research focusing on children with disabilities, there is a dearth of quality research that assesses the disabled adult population (Gibbs et al., 2021; McLachlan et al., 2020). Those with disabilities have been shown to have higher exposure to ACEs than those without (Jacob et al., 2020). ACEs have been shown to lead to impaired neurodevelopment, resulting in social, emotional, and cognitive adaptations and risk factors for disease, social problems, adult-onset disability, and even early death (Morgart et al., 2021). Children with IDD have significantly higher odds of experiencing victimization (Brendli et al., 2022; Morgart et al., 2021), and 60% of children either experience or witness some form of violence each year (Corr et al., 2022; Hughes et al., 2020a). The most common form of maltreatment for typically developing and disabled children is neglect, though those with the highest risk are children with behavioral disorders (Morgart et al., 2021).

Studies show that youth with IDDs are 3 times more likely to be maltreated or exposed to trauma (Haruvi-Lamdan et al., 2020). Research shows that children with IDDs experience significantly higher levels of ACEs (Morgart et al., 2021). Autistic children specifically experience more family and neighborhood adversity, have higher comorbid mental health challenges, and are significantly more likely to experience adverse life events while residing in low-income neighborhoods (Dodds, 2021; Morgart et al., 2021).

Children with IDD may also be at greater risk of poly-victimization, increasing their risk for posttraumatic sequelae and mental illness (Dodds, 2021; Mitchell et al., 2020; Yang et al., 2022). Poly-victimization is strongly related to poorer well-being in adulthood (Mitchell et al., 2020), as experiencing multiple abuse types carries more severe consequences (Jacob et al., 2020). It is important to note that disabled and multiracial adults are overrepresented within poly-victimization groups (Mitchell et al., 2020). Adults with IDD report having suffered six different victimization types throughout their lives, demonstrating the vulnerability and risk associated with this population (Codina et al., 2022).

Social Vulnerability

Most incidences of maltreatment occur within the victim's social environment and are repeated over time (Hickson & Khemka, 2021). People with disabilities often rely on family members, acquaintances, or home healthcare workers to help with daily tasks (Hayes & Powers, 2021), such as personal hygiene, communication, money management, eating, and accessing community and healthcare services (Codina et al., 2024). A dependency on caregivers can create conditions for an overemphasis on compliance, enhancing the possibility of coercion and victimization (Beckene et al., 2020; Codina et al., 2024). Additionally, the social boundaries that ordinarily govern interpersonal behavior are consistently breached while providing care (Fyson & Patterson, 2019). Some reports have shown that around 97% to 99% of the perpetrators are known to the victim with IDDs, including family members, paid service providers, peers, and intimate partners (Codina et al., 2024; Hickson & Khemka, 2021). However, many studies do not

differentiate between known perpetrators, which makes prevalence rates unknown. Societally, those with IDD are often subjected to negative attitudes and discrimination (Gibbs et al., 2021).

Those with IDD are more likely to experience situational vulnerabilities as a marginalized group, such as underemployment, poverty, a lack of social support, and isolation (Pearson et al., 2022). Dehumanization, bad first impressions, a lack of awareness, and underestimating the abilities of those with IDD may contribute to potential perpetrators viewing them as inferior, incapable, and compliant (Gibbs et al., 2021). Additionally, perceived language and social-emotional barriers and the perception of those with IDD as less likely to understand or report violence can lead them to become targeted victims (Doherty, 2020; Hughes et al., 2020b; Kahn & Kofke, 2022). People with disabilities are also taught that they should have “unquestioning compliance” when it comes to authority figures, often diminishing assertiveness and decision-making when interacting with them (Powers & Hayes, 2024).

Societal views of those with disabilities and their social and economic exclusion can compound the severity and duration of violence (Meyer et al., 2022). People with disabilities also face risks due to a lack of access to information, education, and support programs with violence prevention, safety planning, sexuality, and sex education, and they even have less opportunity to partake in healthy relationships (Hughes et al., 2020b). Adults with IDD have fewer opportunities for making independent choices and, therefore, are offered less independence (Tabin et al., 2021a). It has been shown that individuals with IDD who have greater functional independence show less social

vulnerability (Tabin et al., 2021a). Social function is improved in those with IDD with stronger executive functioning skills, impacting social competence, adaptive behavior, and abstract reasoning (Bednarz et al., 2020).

There are well-established risks in the literature regarding those with IDD and strong evidence that they have more adverse or traumatic life events than those without (Borghus et al., 2020; Cook & Hole, 2021; Didden & Mevisson, 2022). People with IDD have been socialized to comply with authority figures without question, complaint, or argument (Sarrett, 2019). Those with IDD may be more likely to accept and tolerate exploitative, abusive, or aggressive behavior due to a lifetime of negative social experiences and “interventions” aimed at addressing perceived social deficits (Gibbs et al., 2021). The motivational style of those with IDD could also make them excessively compliant, or they may lack the skills necessary to assert boundaries in a potential victimization scenario (Fisher et al., 2020). Adults with IDD are suggestible and susceptible to acquiescence, and autistic adults especially are more vulnerable to compliance (Åker & Johnson, 2020a; Beckene et al., 2020; Moon et al., 2020; Takeda et al., 2021). ADHD has also been shown to be associated with risky behaviors in adults (Takeda et al., 2021; Vermilion et al., 2022). Interestingly, ADHD is associated with an increased risk of violent victimization regardless of sex, and externalizing behaviors partially mediate the association (Ghirardi et al., 2023).

Impairments in adaptive behaviors, such as gullibility, lack of risk awareness, poor judgment, and other functioning differences or impairments that some IDD cause, can also increase victimization risk (Griffin et al., 2019; Thomas et al., 2019). There is a

heightened risk of social vulnerability for all individuals with IDD that age and gender do not contribute to significantly (Ridley et al., 2020). Autistic people, especially, are dehumanized and infantilized, which perpetuates the idea of innate vulnerability (Pearson et al., 2022). Perceptions of vulnerability can also cause crime reports to be taken less seriously, leading to underreporting and inaccurate prevalence rates (Pearson et al., 2022). Individuals with IDD can be vulnerable in varying and potentially unrelated ways, so researchers and clinicians must capture these diverse arrays of vulnerability (Fisher et al., 2020; Ridley et al., 2020).

Types of Victimization

People with disabilities account for 26% of all nonfatal violent crimes in the United States, forming about 12% of the population (Bureau of Justice Statistics, 2021). The violent victimization rate against disabled people is 4 times the rate of those without disabilities (Bureau of Justice Statistics, 2021). Assault, intimidation, threats, and robbery are the most common hate crime victimization types against this population (Codina et al., 2022). Of the measured disability types, those with cognitive disabilities or IDD had the highest rate of violent victimization (83.3 per 1,000; Bureau of Justice Statistics, 2021). Caregiver victimization is one of the most widely reported victimization types (Codina et al., 2022). However, most of the crimes against this population go unreported or uninvestigated.

A systematic literature review including multiple IPV types found the following significant associations with disability: 100% of financial violence, 81% of physical violence, 78.5% of psychological and emotional violence, 75% of physical and sexual

violence, 73% of sexual violence only, and 50% of any violence (Garcia-Cuellar et al., 2023). Early research on domestic and family violence against disabled individuals focused primarily on physical, psychological, and sexual abuse- particularly in women and children with IDs (Saleme et al., 2023). Psychological/emotional IPV occurs more frequently in more severe cases of disability, suggesting that the aim of violence is subjugation and control (Garcia-Cuellar et al., 2023). However, little research has been undertaken on the psychological or emotional violence perpetrated against the disabled population.

Sexual Assault

Sexual violence is a grave public health concern and is considered a desecration of human rights that affects millions in the United States every year (Gil-Llario et al., 2019; Mailhot Amborski et al., 2021; Wymbs & Gidycz, 2021). Many surveys indicate that sexual assault is underreported in the general population and is even more pronounced among individuals with DDs (Benarroch et al., 2021; Collins & Murphy, 2021; Curtiss & Kammes, 2020; Gil-Llario et al., 2019; Hughes et al., 2019; Kahn & Kofke, 2022; Mailhot Amborski et al., 2021). Those with IDD are 4 times more likely to be victimized via sexual abuse than those without disabilities (Gil-Llario et al., 2019). According to Antunes et al. (2021),

Sexual violence may involve manipulation, persuasion, and verbal persistence and often occurs among victims and aggressors who know each other or have a close or intimate relationship. As such, the victims' inability to resist may be associated with greater feelings of blame, powerlessness, and a low sense of control. (p. 175)

Victimization events across the lifespan are highly correlated, especially for sexual crimes (Rossa-Roccor et al., 2020). Studies show a collective risk of recurrent sexual assault victimization, which increases with each crime committed against the person (Lurigio & Staton, 2020). Essentially, experiencing various episodes of sexual victimization is more common than a single incident, highlighting poly-victimization in those with IDD (Codina & Pereda, 2021). Doubly concerning is that disabled victims have historically been met with disbelief regarding sexual abuse allegations (Budu-Ainooson et al., 2020). Additionally, the capacity and credibility of the victim are called into question when those with IDDs report victimization (Codina & Pereda, 2021). There is a negative stigma associated with sexual violence. One politician stated that “many myths are based on the religious concept that female sexuality is inherently evil, and subconsciously many men and women blame the female victim of nearly every act of rape” (Gang et al., 2022, p. 667).

Frequently, one of the issues in researching sexual abuse in those with disabilities is related to figuring out the scope of the problem (i.e., data on its occurrence, prevalence, and incidence rates; Tomsa et al., 2021). It has been estimated that only 19% of rapes or sexual assaults against those with disabilities were reported to the police, as opposed to the 36% without disabilities (Bureau of Justice Statistics, 2021). Underreporting could be due to numerous factors, including stigma, trauma, and court proceedings’ revictimization (Gang et al., 2022). The prevalence of sexual abuse is substantially higher in individuals with IDs (de Vogel & Didden, 2022), though exact prevalence rates are unknown (Campe, 2021). Some studies have shown that people with IDs experience

sexual assault at 7 times the general population's rate (Hughes et al., 2020b), but prevalence rates can vary from 7% to 34% (Curtiss & Kammes, 2020; Stobbe et al., 2021). Lifetime prevalence rates of sexual abuse may even be as high as 80% in people with IDs (Codina et al., 2022). Variance rates in prevalence percentages could be due to numerous issues, including a broad definition of sexual abuse, methodological shortcomings, and varying research designs (Codina, 2021; Stobbe et al., 2021).

Autistic individuals are more than 3 times as likely to “experience unwanted sexual contact, 2.7 times more likely to experience sexual coercion, and 2.4 times more likely to experience forced intercourse” (Kahn & Kofke, 2022, p. 49). Women with the highest autistic traits are 1.5 times more likely to report sexual abuse (Gibbs et al., 2021). Diagnosis of ADHD is also uniquely associated with experiencing sexual assault victimization (Wymbs & Gidycz, 2021). Research has indicated that those with MID are more likely to experience sexual abuse than those with moderate or severe ID because those with MID participate more actively in society (Gil-Llario et al., 2019; Stobbe et al., 2021). When physical and psychological disabilities were compared, it was the psychological disability that influenced the victimization process the most (Chopin et al., 2024).

When gender and disability interact, the risk of sexual victimization increases (Codina & Pereda, 2021). Women with disabilities experience sexual victimization rates estimated to be 4–10 times higher than women without disabilities (McCulloch et al., 2021). The female gender is strongly associated with sexual violence (Malihi et al., 2021; Rossa-Roccor et al., 2020), including coercion and assault (Walter et al., 2024). Sexual

abuse primarily involves female victims and male perpetrators, but male victims and female perpetrators should not be discounted (Abner et al., 2019). One study showed that 41% of sexual violence experienced by women with disabilities was perpetuated by strangers, compared to 28% for women without disabilities (Malihi et al., 2021). However, acquaintances are the main perpetrators of sexual violence against women with disabilities (Malihi et al., 2021). Ableist attitudes are often the justification used by perpetrators for their sexual violence against women with disabilities (Walter et al., 2024). One study noted that the usual locale of the victimization was either the victim's house or the perpetrator's, who was mainly a known male adult (Codina & Pereda, 2021). Studying those who offend challenges the dominant image of the stranger-commits-crime-against-unknown-victim stereotype to create a fuller picture of victimization (Hall, 2019).

There is often what is described as a “lasting legacy” of trauma that sexual violence has on the victim, including mental and physical illnesses, whether the crime is reported or not (Gang et al., 2022). Sexual victimization is associated with a higher incidence of psychiatric and behavioral disorders and posttraumatic stress disorder (PTSD) symptoms (Gil-Llario et al., 2019; Källström et al., 2020). Those who have reported sexual abuse have poorer quality of life, more negative attitudes toward sex, and a lower capacity to identify situations with victimization risk (Gil-Llario et al., 2019). Individuals with IDs are at a higher risk of developing disruptive behaviors as the main posttraumatic symptom of sexual assault (Benarroch et al., 2021). Additionally, there are indications that those with IDs have more difficulty coping with these experiences and

their consequences (de Vogel & Didden, 2022). Victims of sexual assault with IDs maintain low self-esteem, have atypical sexual interests, show aggressive behavior, self-harm, inappropriate sexualized talk, poor personal safety, and could develop conduct disorder (Stobbe et al., 2021). Among those who have been sexually assaulted, depressive disorders and PTSD are pervasive (Dworkin, 2020).

Sex education, sexuality, and IPV are often intertwined (Hughes et al., 2020b). Most sexual assaults occur between acquaintances and are less violent than the typical stranger assault (Wymbs & Gidycz, 2021). However, when the victim knows the offender and deception is used, more severe sexual victimization is likely, even though victims are less likely to resist (Chopin et al., 2024). Victims often have a relationship with the perpetrators who victimize them, as they may be family members, paid care providers, or fellow residents in care facilities (Abner et al., 2019). People with IDD have inadequate knowledge of sexual abuse and self-protection skills, which can increase their risk of victimization (Jojo et al., 2023). Decreased level of sexual knowledge in those with IDDs may also account for the increased rate of sexual victimization (Kahn & Kofke, 2022). Sex education can help increase sexual knowledge and skills in recognizing this type of abuse. It also helps build relationships, create and maintain boundaries, and inform decision-making—all of which can help protect against sexual victimization (Hughes et al., 2020b). People with IDDs can be taught safety skills and may also benefit from other opportunities of learning reinforcement (Hughes et al., 2020b).

Physical Assault

For those with IDD, abuse is the most studied type of trauma (Borghus et al., 2020), though there are various types of abuse. A greater risk of abuse is associated with MID or milder social impairments like autism (Hickson & Khemka, 2021). Adults with disabilities are 1.5 times more likely than those without to experience abuse (Lund, 2021; Malihi et al., 2021). The lifetime prevalence of interpersonal violence ranges from 26%–90% for women and 28%–86% for men with disabilities (Lund, 2019). The increased risk for abuse persists across disability types, though individuals with IDD are at the highest risk (Lund, 2021). Indications are that those with IDD who have experienced violence within the last year are at least 50% (Bowen & Swift, 2019). Women with the highest autistic traits are 2 times more likely to be victims of physical and emotional abuse than those with the lowest levels of autistic traits (Gibbs et al., 2021). People with IDD are victims of 26% of all nonfatal, violent crimes yearly while only accounting for about 12% of the population (Bureau of Justice Statistics, 2021).

While many researchers have studied sexual abuse in disabled individuals, very few have studied physical abuse. Although it was found that women were sexually abused 3 times as often as men, there was no significant difference related to physical abuse (Åker & Johnson, 2020a). In a study specific to women with physical disabilities, violence was equally likely perpetrated by an intimate partner, a care provider, or a healthcare professional (Meyer et al., 2022). However, it did not give separate prevalence rates for each. One study noted that people with mental illnesses were likelier to become homicide victims than those without (Takeda et al., 2021). The incidence of injuries

inflicted upon those with epilepsy, a type of DD, within 1 year, was 0.86% (Takeda et al., 2021). Studies on premature mortality in low-income areas show that death by homicide happens 4 times more often for those with IDD (Takeda et al., 2021).

Negative physical and mental health outcomes are associated with physical violence targeting a disability (Walter et al., 2024). Physical force is associated with a three-fold higher risk of psychiatric symptoms (Yang et al., 2022). Serious assaults included being strangled, beaten, stabbed, pushed down the stairs, or threatened with murder (Walter et al., 2024). Violence victimization has been correlated with various physical and mental health sequelae in those with preexisting disabilities (Liasidou & Gregoriou, 2021; Lund, 2021). These include depression, pain, posttraumatic symptoms, fatigue, cardiovascular issues, gastrointestinal symptoms, and the onset of new health issues or exacerbations of preexisting symptoms (Lund, 2021). For these reasons, violence prevention and intervention are essential concerns for public health policy (Liasidou & Gregoriou, 2021).

Intimate Partner Violence

Although various perpetrators may commit violence against those with IDD, there are suggestions that the most common culprits are intimate partners (Brownridge et al., 2020; Campe, 2021). Intimate partners commit 13% of violent victimizations against those with any disability compared to 11% of those without (Bureau of Justice Statistics, 2021). Those with any disability had a lifetime prevalence rate of 26%-90% for IPV among women and 29%–87% for IPV among men, according to a literature review on the subject (Hughes et al., 2019). Women with disabilities are 2–5 times more likely to

experience IPV during their lifetime and twice as likely to have experienced IPV in the last 5 years (Sasseville et al., 2022). This prevalence could be because women with disabilities often depend more on chronic abusers (Campe, 2021). These could be underestimated as most do not assess for disability-related abuse, such as hiding or destruction of medical equipment, refusal to assist with necessary accommodations or manipulation of medications (Garcia-Cuellar et al., 2023; Hughes et al., 2019).

Some studies note severe and frequent experiences of domestic violence (Thomas et al., 2019), and both men and women with mental and cognitive disabilities have a high probability of becoming victims (Garcia-Cuellar et al., 2023). Research has shown reliable associations between recent IPV exposure and disability, with stronger associations increasing with severity of disability (Meyer et al., 2022). Emotional abuse and verbal victimization are the most common types of IPV (Codina et al., 2022), though there is not much research on psychological or emotional abuse against disabled individuals. Bowen and Swift (2019) identified 9 factors that increase the risk of IPV for those with IDD:

1. “An increased dependency on others for care
2. denial of human rights leading to perceptions of powerlessness by both victim and perpetrator
3. less risk of discovery by the perpetrator
4. lack of understanding of others faced by victims
5. less education about inappropriate and appropriate sexuality
6. increased risk of social isolation due to living in isolation

7. the potential for physical helplessness and vulnerability in public places
8. values and attitudes held by professionals who neglect individual capacity for self-protection and promote integration economic dependence on another person.” (pp. 694-695)

Previous studies suggest that people with IDD are more vulnerable to IPV victimization than those without disabilities (Sasseville et al., 2022; Son et al., 2020). There are increasing rates of domestic and family violence, IPV, and financial abuse and exploitation throughout adulthood for those with IDDs (Hickson & Khemka, 2021). Economic abuse is less noticeable than other forms of IPV but is especially important for women with disabilities (Garcia-Cuellar et al., 2023). Higher levels of unemployment, the severity of disability, or the inability to manage personal financial resources places those with disabilities in positions of economic dependence on their partner and is an added obstacle to escaping the violent situation (Garcia-Cuellar et al., 2023).

A study of college students with disabilities found that 17.7% experienced some IPV (psychological, physical, or sexual) within the past year, as opposed to 9.7% of those without disabilities (Son et al., 2020). Recent studies have revealed that adults with prominent ADHD symptoms or diagnoses are more likely to be victims of psychological and physical violence from romantic partners than those with few to no symptoms (Wymbs & Gidycz, 2021). Studies have shown that among those with IDDs, physical force and verbal victimization are the most common types of IPV and risk factors for psychiatric symptoms (Yang et al., 2022). While male intimate partners are the most frequent perpetrators of IPV, it should be noted that family members, health care

providers, and personal assistance providers are also perpetrators and are all likely to be providing essential services (Hickson & Khemka, 2021). Incidents of abuse in residential and professional care settings are correlated with a high percentage of unqualified staff and low job satisfaction (Hickson & Khemka, 2021).

Physical dating violence is closely correlated with numerous other forms of victimization, such as physical abuse by a caregiver or rape (Källström et al., 2020). Disabled individuals experience the same consequences of IPV as those within the general population (i.e., physical, psychological, sexual, verbal, or economic; Källström et al., 2020; Sasseville et al., 2022). Verbal abuse usually accompanies other forms of violence, allows for further control of the victim, and has negative physical and psychological consequences for the victims (Sasseville et al., 2022). Interestingly, some studies showed that disability could be the result of IPV that the victim has experienced (Sasseville et al., 2022). However, it also makes the victim particularly vulnerable (Garcia-Cuellar et al., 2023). Having severe ID or high needs is associated with neglect, which can have devastating long-term consequences (Hickson & Khemka, 2021).

Women with disabilities are more vulnerable to IPV due to the gender-based socialization process that inhibits the acquisition of capabilities to establish proper boundaries around violence (Sasseville et al., 2022). Women's vulnerability to IPV is not due to any certain characteristic but the result of being in a context of vulnerability that affects the experience of violence (Sasseville et al., 2022). In general, women's reports to the police are not taken seriously, often failing to act or intervene in the violence and, in some cases, even exacerbating it (McGowan & Elliott, 2019). There are also numerous

barriers to reporting IPV to police, including police not seeing them as credible, lacking understanding of the situation, and responding through prejudice or stereotypes (McGowan & Elliott, 2019).

Robbery and Theft

Disabled individuals are at a greater risk of being the victim of theft or some form of financial abuse than non-disabled people (Healy, 2020; Walter et al., 2024). Theft and robbery are forms of financial victimization that are considerably less researched than other forms of criminal victimization (Olley & Cox, 2021). Financial victimization can include misappropriation of benefit payments, fraud, and friends borrowing money without the intent to repay (Olley & Cox, 2021). Women with MIDs report the men they were in relationships with could access both their income and savings, with the use of force if necessary, leaving the women with debts long after the relationship ended (Walter et al., 2024). There are increasing rates of financial abuse and exploitation throughout adulthood for those with IDD (Hickson & Khemka, 2021). Economic abuse is less pronounced than other forms of IPV but is especially important for women with disabilities (Garcia-Cuellar et al., 2023).

People with disabilities are 3 times as likely as those without to be robbed (Bureau of Justice Statistics, 2021), 50% more likely to be bullied, and 60% more likely to be socially excluded (Hoyle et al., 2020). Theft of possessions from children with IDDs, such as books, lunch money, toys, or bikes, have been reported in the literature, but most of the data is anecdotal or labeled as bullying (Olley & Cox, 2021). Robbery risk is at least 12 times higher for victims with IDDs (Hickson & Khemka, 2021).

Victimization of property is common among disabled individuals. It constitutes a risk of exposure to other adversities and emotional and behavioral problems, though it is generally not included in research on victimization or abuse (Källström et al., 2020). One study by Källström et al. (2020) found that property crime, such as theft, was most frequently perpetrated by a sibling. Because those with IDD's may be eager to form relationships, they also risk financial victimization due to a desire to fit in and have friends (Olley & Cox, 2021).

Those with IDD's are more likely to be unemployed; 40% report recent unemployment, and 25% were fired or laid off (Hoyle et al., 2020). The jobs that those with IDD's can get are usually unskilled and low-paying, often leading to unstable housing and unreliable transportation (Olley & Cox, 2021). On average, people with IDD's earn about 58% of the income that those without disabilities earn (Hoyle et al., 2020). So even though they are more likely to be robbed, they have less of which to be robbed. Interestingly, single-parent families that have a parent with IDD live in poverty at twice the rate compared to the general population (Olley & Cox, 2021). Many adults with disabilities receive government financial assistance due to their disability, making them particularly susceptible to theft or financial victimization (Olley & Cox, 2021).

Hate Crime

Disability hate crimes are defined as any criminal offense that is supposed to be based upon discrimination towards or hatred of the victim due to their disability (Iudici & Girolimetto, 2020; Macdonald et al., 2021). Other marginalized identities can contribute to those with disabilities becoming targeted for hate crimes (Macdonald et al., 2021).

Various intersectional identities, such as gender, subcultural identities, and social classes, conform so that the notion of “difference” within the community creates the conditions for hate crime to occur (Macdonald et al., 2021). Often, extreme violence is equated with hate crimes, but that should not be the case; it is one end of a broad range of hostile actions (Hall, 2019). Initial experiences of hate crimes reported by disabled people are low-level incidents, often harassment or intimidation, that continue to escalate in frequency and severity (Healy, 2020). These incidents become an expected detail of everyday life for disabled people and often include verbal and physical attacks, theft, threats, and even accusations of pedophilia (Burch, 2021). While many of these incidents do not rise to the crime level, they induce feelings of vulnerability and marginalization (Burch, 2021).

Perpetrators usually target their victims due to their multiple identities, indicating an intersectional dimension to hate crimes (Macdonald et al., 2021). Disability hate crimes are part of a larger power dynamic that socially excludes, ostracizes, and discriminates against those who are disabled (Burch, 2021). Society creates the circumstances through which those with disabilities are vulnerable, not their “defectiveness” but things like poor housing, inadequate care, or poverty (Macdonald et al., 2021). Hate crimes happen everywhere disabled people frequent- public and private (Hall, 2019). However, the primary locations of disability hate crime violence occur in school environments, public spaces, streets, and government buildings (Ceccato & Nalla, 2020). Disability hate crimes are particularly associated with poverty and low socioeconomic status, as there is a correlation between poor housing and deprived areas

and the occurrence of disability hate crimes (Healy, 2020; Iudici & Girolimetto, 2020).

According to Iudici and Girolimetto (2020), “Perceived or actual threats can be linked not only to economic stability and access to social resources, but also to people’s sense of safety in the society and/or values and social norms” (pp. 128-129).

Hate crimes are usually conceptualized as biased criminal acts from an unknown person toward another because of a minority identity (Macdonald et al., 2021). In reality, especially concerning disability hate crimes, there is often more than 1 hate incident, and there is often a relationship between the victim and perpetrator (Macdonald et al., 2021). The relationship between the victim and offender in hate crimes is significant, as research shows familiarity between the two (Doherty, 2020). This contrasts with other types of hate crimes (Bachera & Jupinko, 2021). Research has shown that hate crimes among those with disabilities have doubled in the past 3 years (Draper, 2021). Disability hate crimes have a higher probability of violence, threatening and intimidating behavior, and abusive language than other hate crimes (Hall, 2019; Healy, 2020). Approximately 1 in 5 people with disabilities believes they were victimized because of their disability, and those with cognitive disabilities had the highest victimization rate among disability types (Draper, 2021).

Certain body types or lives are considered less valuable by the social formation of disablist norms, perpetuating discrimination and violence against people with disabilities (McGowan & Elliott, 2019). It has been posited that hate crimes are driven by the normalization of hateful rhetoric and reinforced by structural inequality and exclusion (Healy, 2020). Victims may be targeted for violating accepted social norms or because

they are stereotypically perceived as “easy” targets (Doherty, 2020). Hate crimes are divisive and can impact not only the individual victim but also the broader society at large by deteriorating relationships within groups and reinforcing barriers between groups (Healy, 2020).

Hate crimes significantly impair disabled victims and their social engagement through psychological and physical impacts (Healy, 2020). This manifold impact includes waning physical and mental health, retreat from society, and normalization and tolerance of violence and abuse (Healy, 2020). Research has highlighted how disability hate crimes are continually ignored or denied by the criminal justice system and continually fail to respond appropriately to reports by disabled people (Healy, 2020). This is because of the absence of criteria to certify that crimes are hate crimes due to the victim’s disability and the peripheral nature of disability hate crimes as an area of research (Iudici & Girolimetto, 2020).

Mate crime. The term *exploitative familiarity*, more informally known as *mate crime*, is conceptualized as a hate crime against disabled individuals (Doherty, 2020). First introduced to prevent the exploitation of people with learning disabilities, mate crimes are often linked to several killings of disabled people (Doherty, 2020; Peterson et al., 2021). This type of crime describes the process of coercive control where a perpetrator befriends their victims to exploit them (Macdonald et al., 2021). Mate crimes do not explicitly start abusive. Through grooming, the perpetrator gains access to the individual and earns their trust to avoid disclosure (Peterson et al., 2021).

Additionally, isolation limits protective intervention from others and permits repeated victimization (Doherty, 2021). Over time, the crimes committed repeat and worsen in severity with each instance (Peterson et al., 2021). The sole purpose of this relationship is to benefit the perpetrator in some way- economically, socially, for transportation, or to provide housing (Macdonald et al., 2021).

Less discrete forms of reported mate crimes are inappropriate touching, physical assault, belittling or shaming, and harassment or bullying (Peterson et al., 2021). When asked about bullying incidents, some participants recounted instances of abuse or other forms of victimization not typically encompassed in the definition of bullying, suggesting that those with IDD have a broader conceptualization of the harms of various assaults (Griffin et al., 2019). Surveys of autistic adults have found that over 80% have been victims of mate crimes, suggesting that autistic adults may be disproportionately targeted by perpetrators (Forster & Pearson, 2020). In one alarming report, autistic individuals stated clear examples of exploitation perpetrated by friends where they were victimized because they did not want to be perceived as “rude” (Forster & Pearson, 2020). This lack of boundaries is particularly troubling given the emphasis on compliance training in social skills programs. These interventions negatively impact autistic people’s ability to trust their judgment by training them to conform to a specific demand instead of creating a bidirectional understanding between them (Forster & Pearson, 2020).

Because those with IDD may be eager to form relationships, they are at risk of victimization due to a desire to fit in and have friends (Olley & Cox, 2021). The theoretical question becomes how the prejudice associated with mate crimes can

encompass the friendship implied by hate crimes (Doherty, 2020). Mate crimes do not occur in a vacuum. Offenses can become “blurred” due to familiarity or friendship between the offender and victim (Forster & Pearson, 2020), though the same could be said for other crimes. It could be that the disadvantages experienced by disabled people, such as deprivation, poverty, and isolation, may contribute to the likelihood of them becoming victims of mate crimes (Doherty, 2021).

There are also less severe types of mate crimes wherein the perpetrator may not initially believe they are harming the victim or are unintentionally doing so. More discrete mate crimes like these include people with IDD being called unwanted names, being excluded from activities, being convinced to lend money or valuables without the promise of getting it back, or being ignored by others (Peterson et al., 2021). These can be related to the “low-level” hate incidents referred to in the hate crime literature. Even though psychological violence is a type of victimization that may not leave physical scars, research suggests that it is more harmful to the victim’s mental health than more physical types (Antunes et al., 2021). Mate crime victims report lower quality of life and self-esteem, are diagnosed with higher anxiety levels, depression, and sleep disorders, and may be prone to aggression (Peterson et al., 2021). Hate incidents are enduring forms of harassment that impede the victim’s movements, producing continual feelings of anxiety (Macdonald et al., 2021). Thus, hate acts should be understood in the context of everyday relationships and interactions between perpetrators and victims (Macdonald et al., 2021).

Disability-Related Abuse

One unique victimization risk factor for disabled individuals is their dependence on possible perpetrators for assistance or accommodations (Lund, 2021). This risk remains pertinent whether the caregiver is a professional, a family member, or a spouse (Lund, 2021). Abuse perpetrators thrive in these situations as the victim is less able to leave (Lund, 2021). Disability-appropriate housing could be difficult to acquire, breaking a lease to leave an abusive partner could impact rental history, and financial repercussions are just some reasons why victims may not leave (Walters et al., 2024). The victims often fear being left without access to daily care, so they often tolerate the abuse and feel like they have no other choice (Lund, 2021). Unfortunately, abuse by paid carers and assistants is considered widespread and common for those with disabilities (Walters et al., 2024).

Violence rates could be underestimated as most studies do not assess for disability-related abuse, such as the destruction of medical equipment, refusal to assist with essential activities, or medication manipulation (Hughes et al., 2019). Perpetrators could also deny basic personal needs like food, shelter, and hygiene (Budu-Ainooson et al., 2020). This type of abuse can have physical consequences, such as urinary tract infections and pressure sores, or even exacerbate current chronic illnesses such as diabetes or heart conditions (Lund, 2021). There are also psychological consequences when perpetrators target a person's disability, leaving them feeling powerless, inferior, and with a diminished sense of self-worth (Walter et al., 2024). Victims with disabilities often cannot manage their chronic health conditions as their care is obstructed, and

necessities for self-care, such as bandages, water, and ointments, are refused (Walter et al., 2024).

Disability-related abuse is rarely documented outside of rehabilitation- and disability-related fields and is not sufficiently acknowledged as part of standard abuse screenings (Lund, 2021). Although disability-related abuse is acknowledged in the literature, more common forms of abuse (i.e. physical or sexual) are reported against people with disabilities (Hughes et al., 2019). Disability-related abuse may overlap with other forms of abuse, like neglect or deprivation experienced in the general population, especially in childhood (Hughes et al., 2019). These forms of abuse may also have distinctive dimensions, such as a need for prolonged assistance with daily living activities that may not be written into state statutes or other legal definitions for abuse (Hughes et al., 2019). These daily activities include getting out of bed, eating, dressing, and accessing mobility devices (Lund, 2021). For those with IDD, a lack of comprehensive social support and an imbalance in personal relationships may contribute to social isolation and dependency, possibly leading to more chances for exploitation and abuse (Hickson & Khemka, 2021).

Social Determinants of Disability

Many disabled adults experience fear, harassment, and victimization daily in various settings (Griffin et al., 2019; Hall, 2019) due to the inherent ableism and degradation of disabled lives within healthcare and society (Lund, 2021). Devaluation and contempt for disabled lives facilitate and perpetuate violence against disabled bodies (Lund, 2021). The commonplace nature and the demeaning repercussions of the violence

surrounding the lives of DD people cause a regularization where the victims accept the violence as normal (Collins & Murphy, 2021; Wiseman & Watson, 2021). The ableist conditions of communities make dehumanizing people with DDs in various social institutions possible (Sarrett, 2019; Wiseman & Watson, 2021). As Codina and Pereda observed, “the inherent ableism in Western societies dominated by a hegemonic medical model perceiving disability as a pathological abnormality contributes to non-disabled people having negative attitudes and stereotypes of those with ID, which often revolve around inferiority and incapacity” (p. 14118).

Society creates barriers where people are considered disabled and therefore vulnerable, and it is the prejudice against people with disabilities that creates the notion of innate vulnerability (McGowan & Elliott, 2019). The idea of innate vulnerability positions the victims as vulnerable, failing to see the extent of violence and reducing justice response (McGowan & Elliott, 2019). Negative stereotypes of people with IDD may result in reactions expressed as microaggressions or hate crimes, such as disgust, pity, or discomfort towards them (Peterson et al., 2021). Moreover, society’s myths and false beliefs about people with IDDs are indirect factors that may increase the risk of abuse (Gil-Llario et al., 2019). Several areas of social and civic life, such as education, employment, housing, government, and medicine, fail to support and even actively harm people with IDDs (Sarrett, 2019). Those with disabilities may face potential discrimination when pursuing work and community services, are targeted as victims of crime, and a lack of media representation, among other things (Draper, 2021). Some

disabled people have been encouraged to accept the negative behavior directed towards them by those who care for them, family members, and broader society (Healy, 2020).

People with IDD find themselves in powerless positions in society, frequently living in settings that make abuse more likely, more effortless to cover up, and less likely to be reported (Beckene et al., 2020). Stigma and reluctance to disclose limitations related to IDD contribute to underreporting (Havercamp et al., 2019). A dependency on caregivers can create conditions for an overemphasis on compliance over independence, enhancing the possibility of coercion and victimization (Beckene et al., 2020), which is a relatively common experience for those with IDD (Codina et al., 2024). Caregiver-dependent assistance is a contributing factor to a higher risk of disability-related abuse (Codina et al., 2024). Those who are victims of caregiver abuse typically are unemployed, have low education levels, and are heavily dependent on caregivers for health and resources (Budu-Ainooson et al., 2020). Loneliness, social isolation, and nonparticipation are all created by ableist societies and have destructive effects on people's health and well-being (Wiseman & Watson, 2021). Stereotyping and dehumanization feed into marginalizing those different, creating opportunities for rejection, exclusion, discrimination, and resentment to fester (Forster & Pearson, 2020). These conditions within society, limited social networks, limited skills, desire for acceptance, and poorer insight and judgment can lead to increased vulnerability (Chadwick, 2022).

Unsuitable public housing and inconsistent institutionalization of those who are disabled can lead to the social marginalization and isolation of this already marginalized

population while also accentuating the power imbalance between those who inhabit these places (Iudici & Girolimetto, 2020). The type of housing could provide a significant moderating factor between disability and victimization (Mailhot Amborski et al., 2021). Living in residential care facilities substantially increases the risk of abuse for those with IDD, and early indicators of abuse in these settings are often overlooked (Fyson & Patterson, 2019). The less support an individual needs in the context of health and community living, the less they are socially vulnerable (Taben et al., 2021). The ongoing challenge is preventing cultures of abuse from developing in residential care settings and increasing the reporting rate when abuse does occur (Fyson & Patterson, 2019). Those with disabilities may find themselves increasingly exposed to motivated offenders through substance use, offender perceptions, or the perpetrator working in a target-rich environment (Hayes & Powers, 2021).

Various forms of negative preconceptions and invalidations that those with disabilities experience can destabilize their psycho-emotional well-being (Wiseman & Watson, 2021). These unfavorable outcomes are discriminatory as disabled, poor, and of color, experience heightened risk within social institutions (Sarrett, 2019). These variables have a cyclical relationship, but the outcomes are not mutually exclusive (Sarrett, 2019). The varying intersectional identities that those with disabilities experience have shown evidence of compounded health disparities (Havercamp et al., 2019; Hayes & Powers, 2021). Poverty, in which many people of color live, is associated with higher rates of disability (Sarrett, 2019).

Disability-related violence is produced through the convergence of power imbalances, oppressive establishments, and structural inequalities (Liasidou & Gregoriou, 2021). All people are inevitably vulnerable depending upon circumstances; however, structural and societal factors inexplicably affect the lives of disabled individuals and contribute to systemic vulnerabilities that affect the individual (Forster & Pearson, 2020). The prevailing social norms and attitudes toward those with IDD's prevent them from expressing themselves freely (Gil-Llario et al., 2019). Those with disabilities are often denied acknowledgment and respect and, therefore, are refused full citizenship within ableist cultures, as well as recognized rights and responsibilities (Walter et al., 2024). Vulnerability is often used to infantilize those who are disabled and risk victim blaming by focusing on the individual instead of societal structures such as approaches towards disability, social exclusion, and poverty (Forster & Pearson, 2020). Individuals with IDD's would benefit from training on recognizing, avoiding, and reporting abuse (Griffin et al., 2019). Self-advocacy skills, such as public speaking and resolving interpersonal conflicts, would greatly benefit those with IDD's and aid the potential victim in prevention and protection efforts (Griffin et al., 2019). Understanding the experiences of the individual, how to support them, and the broader issues that need to be handled are essential to stopping the occurrence of mate crimes (Forster & Pearson, 2020).

Sex- and Gender-Related Differences

Considering sex- and gender-related differences is critical for understanding and supporting people with DDs (Flannigan et al., 2023). What is meant by sex, gender, and their interaction is not often well understood. Sex refers to myriad biological factors and

processes that affect human health, such as anatomy, physiology, genes, neurobiology, and metabolism (Flannigan et al., 2023). Gender (which is distinct from but sometimes overlaps with sex) refers to social and cultural factors and processes such as gender roles, relations, identities, and institutional practices (Flannigan et al., 2023). The interplay of sex and gender is complex and often overlooked in research (Flannigan et al., 2023). For this reason, much of the literature is focused on gender instead of sex; thus, the remainder of this paper will follow in kind.

There is a gender gap in crime where men and women experience criminal victimization at different rates (Savard et al., 2020), as they are at differential risk for certain types of victimization (Källström et al., 2020; Stancliffe & Frantz, 2024). There is a general trend toward greater victimization of women (Campe, 2021; Codina et al., 2024; Cordina et al., 2022; Walter et al., 2024). Disabled women are considered one of the world's most vulnerable populations and are often victims of various forms of emotional, physical, sexual, psychological, and financial abuse (Åker & Johnson, 2020b; Muster, 2021). Because of this, intersectionality is critical to understanding the combination of the associated negative social attitudes and perceptions of having a disability with the harmful effects of sexism and misogyny that make women with IDD more vulnerable to violent victimization (Codina et al., 2022; Walter et al., 2024). Intersectionality is an essential perspective in violence work as it posits that people with varying identities experience inequalities and exposure to violence differently (Macdonald et al., 2021; Meyer et al., 2022; Walter et al., 2024).

Disability is a risk factor for violence exposure among women and influences the patterns of violence exposure (Meyer et al., 2022). A diagnosis of ND in women is associated with a higher risk of criminal victimization but not in men (Ghirardi et al., 2023). Traditional gender role socialization makes women more vulnerable by decreasing the capabilities and skills necessary to distinguish and respond appropriately to violence (Sasseville et al., 2022). The disablist trope of the “mad woman” also trivializes the violence disabled women experience, shows them less worthy of protection, and obscures the prejudice-based motivation of disablist violence (McGowan & Elliott, 2019). As noted by Meyer et al. (2022), “Gender, class, disability, ethnic status, and age can all intersect and influence women’s experiences of violence” (p. 24).

It is estimated that 90% of women and 86% of men with IDD experience some form of maltreatment within their lifetime (Hickson & Khemka, 2021). The World Health Organization (WHO) has shown that 27% of women aged 15–49 have experienced physical or sexual violence at least once (Gu et al., 2022). Even within gender groups, those with disabilities are more likely to be victimized. Disabled women are at a greater possibility of experiencing various types of abuse (physical, sexual, economic, and psychological) by numerous perpetrators (intimate partners, caregivers, family members, acquaintances; Budu-Ainooson et al., 2020). Disabled women face substantial violence risks from family members separate from intimate partners and caregivers (Codina et al., 2024; Meyer et al., 2022). This disproportionate risk of violence from family members could be because disabled women are often more dependent on chronic abusers (Campe, 2021).

Disabled women are 4 times more likely to have experienced a recent sexual assault than those without disabilities (Campbell et al., 2021). Women with disabilities are twice as likely to experience domestic violence by an intimate partner than women without disabilities (Saleme et al., 2023). Autistic women have a substantially higher risk of physical abuse with intimate partners than men (Gibbs et al., 2021). Due to a lack of understanding of their behavior or needs, autistic women who gain a later diagnosis in life may also increase their risk of violence (Gibbs et al., 2021). Factors explaining women's heightened vulnerability to violence include societal expectations, social exclusion, reliance on caregivers, and the intersection of disability and lack of economic independence, which compounds their reliance on abusers (Campe, 2021; Meyer et al., 2022).

The college environment may also pose a greater risk of victimization for disabled female students than pre-college environments, as women with disabilities report significantly more recent victimization, though they have similar childhood rates as males (Lund & Ross, 2021). Sexual assault is exceptionally varied, as females have a higher victimization rate than males (Cook & Hole, 2021; Källström et al., 2020; Rossa-Roccor et al., 2020; Savard et al., 2020; Stobbee et al., 2021). College women with ADHD were found to be at considerably higher risk for unwanted sexual touching and rape than those without ADHD (Campe, 2021). Interestingly, for males with ADHD, having an additional diagnosis of autism, ID, or both may reduce the risk of violent victimization (Ghirardi et al., 2023). Female children and adolescents have a significantly higher victimization prevalence than their male counterparts (de Vogel & Didden, 2022). For

example, the rate of sexual assault against people with IDs is 7 times higher than those without it; however, for women with IDs, the rate is 12 times higher (Hughes et al., 2020b). Trauma usually starts at a younger age for females and is more often committed by someone they know (de Vogel & Didden, 2022), occurring in the perpetrator's domestic environment (Ceccato & Nalla, 2020). Victimization by peers is reported more by males, and females report more victimization by parents, siblings, or partners (Källström et al., 2020).

Males are more likely to witness or perpetrate violence, while females are more likely to be victimized directly (de Vogel & Didden, 2022; Flannigan et al., 2023; Källström et al., 2020; Lurigio & Staton, 2020; Ceccato & Nalla, 2020). Women are also more likely to have a more complex and diverse history of enduring patterns of victimization (de Vogel & Didden, 2022). Homicide rates, however, have always been much higher for men than women (Lurigio & Staton, 2020). Interestingly, in some countries, about 95% of perpetrators who murder women go unpunished (Akhmedshina, 2022). Females with IDD are more likely to have a history of violent victimization than their male peers (Thomas et al., 2019). Women with disabilities also face more significant economic disadvantages, which increases their risk of entering and staying in abusive relationships (Budu-Ainooson et al., 2020).

Even though women with IDDs are more likely to experience physical and sexual assault than men with IDDs, it should not be overlooked that men with IDDs still experience violence at a higher rate than men in the general population, and the risk of sexual abuse is still relatively high (de Vogel & Didden, 2022; Gil-Llario et al., 2019;

Kahn & Kofke, 2022; Stobbe et al., 2021). Even though more females than males with IDD are victims of IPV, results from studies indicate that males are still particularly vulnerable to IPV victimization (Brownridge et al., 2020). Interestingly, nonphysical forms of victimization are relatively equal across genders (Källström et al., 2020). It is crucial to remember that abuse carries a significant stigma, one that is more egregious for men than for women, and gender may also influence willingness to disclose victimization (Abner et al., 2019).

Risk factors for victimization and daily living difficulties for adolescents transitioning into adulthood include gender, age, and DD (McLachlan et al., 2020). It has been found that there is a higher concentration of victimization rates in people ages 18 to 40 years, though there are still a considerable number of victims in the 41 to 80 year age range (Ceccato & Nalla, 2020). Women are more likely to consider a traumatic event distressing and report feelings of fear, horror, and helplessness when compared to males (de Vogel & Didden, 2022). Women also are more susceptible to developing PTSD and report higher symptoms than men (de Vogel & Didden, 2022). Additionally, women with DDs are at a greater risk for exposure to traumatic events, such as victimization, and thus present higher rates of PTSD than their male counterparts (de Vogel & Didden, 2022; Haruvi-Lamdan et al., 2020).

Abused women with varied disabilities may stay in abusive situations due to a lack of access to interventional services, which can adversely affect their physical and mental health (Budu-Ainooson et al., 2020). Even so, males are found to be diagnosed with mental illness at a higher rate than females (Thomas et al., 2019). As such, sex and

gender differences seem to affect the identification and diagnosis of mental health concerns for those with and without IDD (Flannigan et al., 2023). As Flannigan et al. noted, “Sex factors relevant to mental health interact with gender-related factors and other intersectional influences to affect who receives a diagnosis, what diagnosis is made, and what treatments are offered” (p. 620).

Gender-based violence approaches do little for women’s rights, even though women and girls make up more than half of all people with disabilities and one-fifth of all women worldwide (Akhmedshina, 2022). Gender-sensitive health care and public policy are essential, as gender stereotypes and inequalities can profoundly impact mental health outcomes (Flannigan et al., 2023). Sex-related factors interact with gender and other intersectional influences, affecting who receives a diagnosis, what diagnosis is made, and what treatments may be offered (Flannigan et al., 2023). Disabled women may find it challenging to recognize and report abuse, and even when they do, there is often a lack of appropriate, accessible services available (Campe, 2021). Gender differences in health disparities also exist among those who are disabled. Women with long-term neurological conditions reported more fatigue and pain than men and more depressive symptoms (Perrin, 2019). Since females experience higher overall rates of trauma and research indicates over half of males with IDDs have also experienced some form of trauma, it is imperative that trauma-informed and trauma-sensitive approaches be included in diagnosis, intervention, and policy-formation for those with IDDs (Flannigan et al., 2023).

Justice Involvement

A fundamental aspect of criminal justice is victimization (Stancliffe & Frantz, 2024). The criminal justice system has not made the same strides toward access and equity for people with disabilities as other social institutions (Powers & Hayes, 2024). Disabled individuals are over-represented within the criminal justice system but often under-represented in their access to justice (Thornycroft & Asquith, 2021). A lot of people with disabilities do not even understand that they are being victimized as they are precluded from educational material or seeking help (Walter et al., 2024). The justice system integrates mechanisms like victim support services and victim compensation, as well as the effects on survivors themselves (Stancliffe & Frantz, 2024). Individuals with a dual disability who encounter the justice system are a “triply stigmatized group” and experience inequities in service access (Thomas et al., 2019, p. 1089). Most victimization experiences are unreported, uninvestigated, or disregarded (Borghus et al., 2020; Collins & Murphy, 2021; Sarrett & Ucar, 2021; Thomas et al., 2019); about half of all offenses are never reported to the police (Powers & Hayes, 2024). Victims labeled as vulnerable by the police or society may be pushed toward social care or health services rather than submitting a crime report (McGowan & Elliott, 2019). If victims of abuse with IDD do tell anyone about the abuse, it is usually a family member or friend (Beckene et al., 2020). Some studies show that only 38% of violent victimization against those with disabilities is reported to the police compared to 45% without disabilities (Gillespie et al., 2022; Sarrett & Ucar, 2021).

There are many unique and qualitatively different barriers that those with IDD face compared to other vulnerable groups when it comes to reporting, such as communication challenges, presumptions around capacity and/or credibility, and disability identification and disclosure (Powers & Hayes, 2024). Studies suggest that 60% of the staff within residential care services would not report a noteworthy assault against someone with IDD, and 10% would not report a rape, especially if the perpetrator were a co-service user (Beckene et al., 2020). This lack of reporting is worrisome, given the high victimization numbers in residential settings. Of those reported incidents, only 47.1% were investigated, and only 9.8% ended in arrest (Sarrett & Ucar, 2021). Agencies often lack resources and training on disability issues, which causes abused women with disabilities not to receive the adequate support they need (Budu-Ainooson et al., 2020).

Those with IDD, especially those who are autistic, are more likely to interact with law enforcement in various contexts (Maras & Mills, 2021). People with IDD, such as autism, fetal alcohol syndrome, Down syndrome, and ADHD, are at an elevated risk for undesirable experiences with the U.S. criminal justice system (Sarrett & Ucar, 2021). These negative experiences include having their reports of violence minimized, being treated with indifference, and dealing with the victimization alone (McGowan & Elliott, 2019). The criminal justice system then enacts more symbolic violence upon those with disabilities by not taking them seriously or believing them, compounding the effects of the abuse (McGowan & Elliott, 2019). Unsupported by the justice system, individuals must take action to defend themselves, collect evidence, or protest, which is perceived by some to be exaggerated or extreme (McGowan & Elliott, 2019). Perpetrators, however,

can often appear coherent and rational compared to the victim, who is scared, frustrated, and at their “wit’s end” (McGowan & Elliott, 2019, p. 4). Police inaction and often lack of concern can even escalate the violence these victims are already experiencing (McGowan & Elliott, 2019). When the violence the victims experience is minimized, their vulnerability and helplessness are emphasized and, in turn, reduces the criminal justice response (McGowan & Elliott, 2019).

In males, adaptive and executive functioning issues may cause problems at school and eventual contact with the justice system (Flannigan et al., 2023). This evidence shows a need to aid parents, therapists, and service providers by offering resources to aid in adaptive and executive functioning to those with IDD to reduce disruptive behaviors. Providing these resources would reduce the incidence of justice involvement for those with IDDs and reduce the additional load on the justice system. Persons with disabilities also have accessibility issues and face persecution, prejudice, poverty, seclusion, dependence on caregivers, and lack of support services, all creating barriers to justice involvement for those victimized (Budu-Ainooson et al., 2020).

Since deinstitutionalization began, untreated psychiatric patients in the U.S. are often re-institutionalized in less-than-suitable establishments, such as prisons or nursing homes (Bredewold et al., 2020; Sarrett, 2019). Many with disabilities remain unhoused, unemployed, and at risk of victimization and incarceration (Sarrett, 2019). Those with IDDs and psychiatric disabilities who live in the community risk prison instead of treatment, which could help prevent their crimes (Bredewold et al., 2020). It is well known that there are higher rates of people with IDDs in prisons and jails than in the non-

incarcerated population (Sarrett & Ucar, 2021). Though exact rates are unknown, estimates range from 25%-80% of those incarcerated have an IDD (Sarrett & Ucar, 2021). The Bureau of Justice Statistics approximated that 20% of state and federal prisoners and 30% of jail inmates self-report having a cognitive disability (Walton, 2022). People of color and those with disabilities are likelier to have lower socioeconomic statuses, increasing the risk of criminal justice involvement (Sarrett & Ucar, 2021). Higher levels of poverty, unemployment, and poor education in the disabled community perpetuate the risk of victimization and incarceration for those with IDDs (Sarrett, 2019).

Literature reviews have shown that individuals with IDDs are at a unique risk of being exploited and victimized in correctional settings (Pinals et al., 2022). Research has shown that those with IDDs feel confused, unsure, misunderstood by professionals, and discriminated against when they encounter the justice system (Sarrett & Ucar, 2021). Less than 20% of caregivers or adults with IDDs report satisfaction with their experiences and interactions with the justice system and its workers (Railey et al., 2020). This lack of satisfaction with the justice system is unsurprising, given the historical and contemporary practices of dehumanizing people with IDDs (Sarrett & Ucar, 2021). Those with IDDs have a foundational human right to reasonable protection by and service from the criminal justice system, which those with disabilities have been denied for far too long (Railey et al., 2020). This population is at an extremely high risk of abuse, neglect, and violence while unable to gain justice for these crimes (Sarrett, 2019). Those with

IDDs first become victims at the hands of their abusers, then become victims again by our criminal justice system (Sarrett, 2019).

Outcomes of Victimization

It is estimated that over 70% of the world's population will experience a traumatic event in their lifetime (Lee et al., 2020). It is well-documented that maltreatment history can lead to detrimental mental health outcomes (Tiwari et al., 2021). Adverse life events are central to developing behavioral issues, mood disorders, and depressive symptoms (Stobbe et al., 2021). Research suggests that childhood maltreatment can lead to emotional and cognitive dysregulation, increasing vulnerability to mental health conditions (Tiwari et al., 2021). This vulnerability to mental health conditions, in turn, increases vulnerability to victimization through internalizing symptoms introduced by emotional dysregulation through maladaptive coping (Tiwari et al., 2021).

Victims of violent crime experience many detrimental outcomes, such as depression, PTSD, anxiety, suicidal ideation, self-harm, and long-term physical health consequences (Antunes et al., 2021; Cook & Hole, 2021; Gillespie et al., 2022; Lund & Ross, 2021; Marinos & Whittingham, 2019). Additionally, victimization can lead to physical injury, economic costs, and elevated levels of fear (Hayes & Powers, 2021). There are lower levels of overall perceived health and physical well-being reported by crime victims, suggesting long-term health consequences associated with victimization (Hayes & Powers, 2021). Victims of crime had 13%–22% more physician visits compared to nonvictims (Hayes & Powers, 2021). These deleterious sequelae are more severe for those with disabilities than those without, predominantly IDDs (Codina &

Pereda, 2021; de Vogel & Didden, 2022; Gillespie et al., 2022; Hayes & Powers, 2021; Rumball et al., 2021b).

Victimization can cause various psychological and mental health consequences, such as depression, anxiety, PTSD, substance use, or problems sleeping (Codina & Pereda, 2021; Hayes & Powers, 2021). Longitudinal research has shown that 20%-25% of those with IDs also have a co-occurring mental illness (Thomas et al., 2019). Individuals with IDD are at a greater risk of developing PTSD (Stobbe et al., 2021). However, PTSD is underdiagnosed and treated in people with IDDs (de Vogel & Didden, 2022; Didden & Mevissen, 2022). It is estimated that a noticeably higher number of adults with IDDs have PTSD (45%) than are officially diagnosed (12%; Didden & Mevissen, 2022). Autistic adults show PTSD rates of 32%–45%, extensively higher than among the typically developing population (4%–4.5%; Rumball et al., 2021b). These higher rates could be because those with IDDs often react differently to traumatic events than the general population, making PTSD-related behaviors and symptoms overlooked or unchecked (Borghus et al., 2020; Dodds, 2021). Chronic physical conditions are often associated with PTSD diagnosis, such as back and neck pain, arthritis, diabetes, headaches, asthma, heart disease, and strokes (Cook & Hole, 2021; Lee et al., 2020).

Crime victims account for 20%–25% of those seeking mental health resources (Hayes & Powers, 2021). PTSD is highly comorbid with other mental and behavioral problems (Didden & Mevissen, 2022). Those with IDDs have a higher mental illness rate than the general population (Pinals et al., 2022; Thomas et al., 2019). Reviews have stated a dual disability prevalence rate between 14% and 62%, showing that mental

illness is common in those with IDD (Thomas et al., 2019). There is evidence that those with IDD who develop PTSD are at greater risk of both co-occurring anxiety and depression (Rumball et al., 2021b). This is significant because “mental illness heightens one’s sense of vulnerability and threatens self-preservation by undermining a sense of security” (Campbell et al., 2021, p. 758). The impacts of victimization can be exacerbated by low socioeconomic status, lack of autonomy, and limited support networks (Antunes et al., 2021).

Those with DDs experience harassment and violence daily (Hall, 2019). Psychology and criminology have often overlooked this marginalized population as it remains unknown whether these individuals disclosed their victimization and, if so, what accommodations (if any) they received when interacting with the justice system (Hayes & Powers, 2021). Many people with disabilities are hesitant to report the harassment they experience as a hate crime, whether because they do not recognize it, do not believe they will be taken seriously, or because the perpetrator is someone they know (Hall, 2019). Women who experience violence at the hands of their caretakers do not report the crime for fear of retribution or loss of support (McCulloch et al., 2020). Co-occurring mental health conditions are the norm, with PTSD rarely occurring in isolation (Rumball et al., 2021b).

It should be noted that symptoms of mental health conditions such as PTSD, depression, and anxiety overlap considerably with many IDD symptoms (Rumball et al., 2021b). This can cause difficulties with differential diagnosis and could lead to what is called *diagnostic overshadowing* (Rumball et al., 2021a), particularly when the person

has a limited capacity to participate in their own detailed assessment (Thomas et al., 2019). Diagnostic overshadowing occurs when behaviors are attributed to a person's IDD or mental health disorder rather than considering other possible comorbid medical or environmental conditions (Morgart et al., 2021). Trauma may also exacerbate certain diagnostic traits, such as reduced social, communicative, and self-care abilities and increased inattention, hyperactivity, repetitive behaviors, aggression, agitation, and sleep disorders (Dodds, 2021). Autistic individuals interpret a wide array of life events as traumatic, beyond what would meet the criteria for PTSD (Dodds, 2021; Rumball et al., 2021a). Even still, it is possible for stressful, though nontraumatic, life events to result in PTSD symptoms without fulfilling the criteria for a *DSM* classification in those with IDDs (Didden & Mevisson, 2022).

Trauma

Over 70% of the world's population will experience a traumatic event in their lifetime (Lee et al., 2020). Most studies report that those with IDD are at a greater risk of having a traumatic history than people with other disabilities (Rich et al., 2021). As previously mentioned, females are at a higher risk for experiencing trauma and abuse (Flannigan et al., 2023). Interestingly, autistic people are exposed to higher rates of violence and are more impacted by traumatic events than their nonautistic peers (Gibbs et al., 2021). Exposure to traumatic events increases the risk of mood symptomatology, exacerbating general fear, stress-related behavioral difficulties, and suicidal ideation, and reducing communication, socialization, and adaptive behaviors (Rumball et al., 2021a). Although much of the literature on trauma in those with IDDs focuses on the heightened

risk of violent victimization, there is evidence that they are also at greater risk of experiencing other types of adverse and traumatic events (Rich et al., 2021).

Adults with disabilities who have high ACE scores report worse physical and psychological health, which could eventually lead to more traumatizing experiences related to treatment and the ensuing monetary stressors resulting from it (Rich et al., 2021). Physical symptoms (headaches, stomach aches, muscle pain), as well as sleep problems, fatigue, changes in food habits, and even severe mental distress, are some reported consequences of violence in those with disabilities (Codina & Pereda, 2021). Additionally, disruptions in caregiving and residential spaces can be potentially traumatic experiences for those with IDD (Rich et al., 2021). There is a high nationwide turnover rate for support professionals (45%), meaning that many of those with IDD face repeated interruptions in caregiver support and potentially traumatic situations (Rich et al., 2021). Those from high-conflict families of origin, with fewer socioeconomic resources, and family caregivers with health challenges are more likely to experience caregiver disruptions and residential transitions (Rich et al., 2021). Sometimes, the transition into or across residential spaces may transpire directly following a traumatic incident (Rich et al., 2021).

PTSD is often associated with trauma (Lee et al., 2020). Interestingly, exposure rates to traumatic events exceed 50%, whereas the lifetime prevalence of PTSD was estimated at 7.8% (Lee et al., 2020), indicating that most people exposed to traumatic experiences do not go on to develop PTSD. PTSD is related to chronic physical conditions, such as headaches, back and neck pain, asthma, arthritis, heart disease, and

strokes (Lee et al., 2020). Exposure to ACEs has resulted in complex PTSD symptoms in adults and numerous physical and mental health problems, maladjustment, and detrimental adulthood lifestyles (Lee et al., 2020). Autistic people have higher stress levels and poorer coping abilities in everyday life than their typically developing peers (Gibbs et al., 2021). They often have fewer social supports and are less likely to report victimization experiences, reducing the likelihood of receiving support and leading to more substantial and longer-term mental health disparities (Gibbs et al., 2021). A recent study on autistic adults found that bullying experiences were among the most common traumatic life events reported by those with PTSD (Pearson et al., 2022).

Despite substantial evidence that those with IDD experience traumatic events at disproportionate levels, there has not been widespread recognition that they are impacted by trauma (Rich et al., 2021). This lack of recognition could be because traumatic symptoms are misattributed as symptoms of IDD or co-occurring psychiatric disability (Rich et al., 2021). There is also a long-standing myth that those with IDD are unaffected by traumatic events; however, like any other human, they can experience the full impact of trauma (Rich et al., 2021). Research suggests that autistic adults are at an elevated risk of trauma exposure compared to typically developing peers (Rumball et al., 2021a). The elevated trauma risk is associated with higher stress levels, difficulties in social situations, increased stigma, social exclusion, and victimization in autistic populations (Rumball et al., 2021a). These risks create a need for prevention, intervention, and recovery programs for autistic adults and those with IDD.

Although individuals with IDD can learn to recognize, avoid, and report victimization, there is still a need to receive psychosocial intervention and self-advocacy skills to put an end to recurrent victimization (Yang et al., 2022). Those with high psychological and childhood trauma levels may benefit from resilience-strengthening therapeutic approaches to overcome adversity through aligning interventions for complex PTSD (Lee et al., 2020). Any policies, programs, or interventions created for individuals with IDD must consider the social determinants associated with victimization and elaborate specific programs and policies tailored to disabled persons to make informed interventions for this population (Lurigio & Staton, 2020). This approach will address developing and enhancing self-soothing skills, healthy adult self-care functioning, and internal and external resources (Lee et al., 2020).

Summary

Those with DDs experience harassment and violence daily (Hall, 2019). Of the various types of victimization those with IDD experience, abuse is the over-arching type of trauma studied (Borghus et al., 2020). However, various types of abuse must be acknowledged (i.e., sexual, physical, emotional, and financial). Although much of the literature on trauma in those with IDD focuses on the heightened risk of violent victimization, there is evidence that they are also at higher risk of experiencing other forms of traumatic and adverse life events (Rich et al., 2021). Research into sexual abuse perpetrated against those with IDD is extensive; however, research into other forms of victimization (neglect, physical, psychological, and financial abuse) committed against people with IDD is more restricted (Collins & Murphy, 2021; Gibbs et al., 2021; Olley

& Cox, 2021). It has been shown that people with IDD are more likely to have instances of hate crimes, harassment, or bullying than other disabled people (Wiseman & Watson, 2021).

There is accumulating acknowledgment that those with IDD are at a greater risk for victimization (Bowen & Swift, 2019; Collins & Murphy, 2021; Chadwick, 2022; Draper, 2021; Gibbs et al., 2021; Saleme et al., 2023; Sarrett & Ucar, 2021; Tabin et al., 2021b; Thomas et al., 2019). This increased risk could be due to a desire to please, naivete, suggestibility, or gullibility (Olley & Cox, 2021). However, most studies focus mainly on children and women as the victims, with sexual and physical abuse being the most reported (Saleme et al., 2023). There is also a high variance in prevalence rates due to using different data sources, crime types or events, methodological differences, or not including the various types of disabilities separately (Ghirardi et al., 2023). This study added to the literature by including various crime types and perpetrator types for a specific disability type: those with IDD. Secondary government data from the NCVS was utilized to avoid bias and increase transparency and credibility. Understanding the degree and extent of the violence laid against any affected group is the first step toward violence prevention (Wiseman & Watson, 2021).

Disabled individuals are considerably more likely to encounter violence than those without disabilities (Bowen & Swift, 2019). The social formation of disablist norms propagates the lie that certain types of bodies and lives are considered less valuable and thus worthwhile, which in turn feeds prejudice and violence against those with disabilities (McGowan & Elliott, 2019). Impaired cognition and disability can isolate the

victim and heighten their risk for abuse (Abner et al., 2019). Disability-related abuse is hardly documented independent of rehabilitation- and disability-related research and is not sufficiently screened for or acknowledged as part of standard abuse and trauma screenings (Lund, 2021). Although disability-related abuse is recognized in the literature, it is not frequently measured or reported in studies of abuse against those with disabilities compared to more common forms of abuse, such as physical or sexual (Hughes et al., 2019).

Violent victimization has been correlated with various physical and mental health sequelae in those with preexisting disabilities (Liasidou & Gregoriou, 2021; Lund, 2021). These include depression, posttraumatic symptoms, pain, gastrointestinal symptoms, cardiovascular issues, fatigue, and new health issues or exacerbations of preexisting symptoms (Lund, 2021). Physical force is associated with a 3-fold higher risk of psychiatric symptoms (Yang et al., 2022). For these reasons, violence prevention and intervention are essential concerns for public health policy (Liasidou & Gregoriou, 2021). Individuals with IDD can be vulnerable in varying and potentially unrelated ways, so researchers and clinicians must capture these diverse arrays of vulnerability (Fisher et al., 2020; Ridley et al., 2020). This study aided in this effort by identifying the various perpetrators and crime types committed against those with IDDs.

Chapter 3: Research Method

This study explored the intersecting victimization risks against adults with IDD by observing how age and gender differences affect victimization. Another concept of interest was to detect which crime was most often committed against IDD adults, as well as the perpetrators that most often commit the crimes against them. Archival data from the US government's NCVS was utilized and downloaded from the Inter-University Consortium for Political and Social Research (ICPSR; US Bureau of Justice Statistics, 2021). The NCVS is an ongoing criminal victimization survey conducted on a nationally representative sample of persons and households (Bureau of Justice Statistics, 2020). This chapter provides a background of the NCVS and an overview of the research design and rationale, methodology, research questions, and data analysis plan.

National Crime Victimization Survey

Formerly called the National Crime Survey, the NCVS started accumulating data on a nationally demonstrative sample of personal and household victimization in 1973 (US Bureau of Justice Statistics, 2021). There are 4 primary objectives of the NCVS, according to the U.S. Bureau of Justice Statistics (2021): “(a) to develop detailed information about the victims and consequences of crime, (b) to estimate the number and types of crimes not reported to the police, (c) to provide uniform measures of selected types of crimes, and (d) to permit comparisons over time and types of areas” (p. 4). The target population for the NCVS is individuals 12 years of age or older living in homes or group quarters within the general population of the United States and the District of Columbia (US Bureau of Justice Statistics, 2021). As such, people in prisons, nursing

homes, military barracks, homeless, or vessel crews are excluded (Bureau of Justice Statistics, 2021).

Using a rotating panel design, the US Census Bureau selects residents monthly for sampling (US Bureau of Justice Statistics, 2021). The sampling frame is based on the Master Address File (MAF), a national inventory of addresses that is continually updated by the Census Bureau and external sources and includes mailing addresses, location descriptions, latitude/longitude coordinates, and census tract (Bureau of Justice Statistics, 2017). A random sample of households is then chosen, all age-eligible individuals join the panel, and respondents are interviewed every 6 months for seven interviews over a 3.5-year period (US Bureau of Justice Statistics, 2021). The initial interview is face-to-face, and the residual is conducted by phone (US Bureau of Justice Statistics, 2021). Once chosen, each respondent is asked a sequence of assessment questions to establish if they were victimized during the 6 months prior to the interview (Bureau of Justice Statistics, 2023a).

The following types of crimes (and attempts) are included in the screening questions: rape, sexual assault, simple and aggravated assault, robbery, verbal threats, burglary, larceny, purse snatching, theft, pocket-picking, and motor vehicle theft (Bureau of Justice Statistics, 2023b). Victimization details gathered allow crimes to be categorized with considerable detail and are separated between personal crimes and property crimes (Bureau of Justice Statistics, 2017). It should be noted that NCVS does not measure some forms of crimes, such as homicide, kidnapping, verbal threats made over the phone, arson, vandalism, drunk driving, or crimes involving social media

(Bureau of Justice Statistics, 2017). Other crimes, like public drunkenness, illegal sale or possession of drugs, con games, gambling, blackmail, sex trafficking, or prostitution, are also not included (Bureau of Justice Statistics, 2017).

Along with crime types, other data points include the severity of the crime; medical expenses incurred; time and place of occurrence; injuries or losses; number, age, race, and sex of offender(s); and relationship of offender(s) to the victim (i.e., stranger, acquaintance, relative, spouse, or employee; Bureau of Justice Statistics, 2023a).

Demographic information is also collected on household members, such as age, sex, race, median family income, education, marital status, employment, and military history (Bureau of Justice Statistics, 2023a). After completing the seventh dialogue, that household leaves the interview panel, and a new household is chosen to replace it (US Bureau of Justice Statistics, 2021). Data for the NCVS are organized by the quarter in which collection occurs, and an annual file comprises 6 quarters (Bureau of Justice Statistics, 2023b).

The Bureau of Justice Statistics collects all NCVS data under the authority of Title 34 US Code § 10132, and the Bureau keeps all individually identifying data about specific respondents rigorously confidential under the authority of Title 34 USC §§ 10134 and 10231 (Bureau of Justice Statistics, 2017). Additionally, all collected information is held in closest confidence under Title 13, USC (Bureau of Justice Statistics, 2017) and is available for public use (Bureau of Justice Statistics, 2023b). However, to use any ICPSR datasets, it is requested that the completed manuscript or thesis abstract be sent to ICPSR to provide funding agencies with essential information

about using archival resources (Bureau of Justice Statistics, 2021). Because the data have already been collected, there were not any IRB issues with strict adherence to ethical data maintenance and confidence. An external hard drive with a passcode will house all the necessary data until the completion of this dissertation, upon which all data will be scrubbed.

Survey Instruments

The process for data collection for the NCVS has a three-stage process (Bureau of Justice Statistics, 2021).

1. General roster and household respondents. The NCVS-500 Control Card is used to locate and confirm that the NCVS interviewers have communicated with the correct sample household (Bureau of Justice Statistics, 2017). This card contains information for the sample domiciliary, comprising the name, age, race, ethnicity, education level, and marital status of each person living in the household (Bureau of Justice Statistics, 2017).
2. Screening for potential victimizations. The interviewer then goes through the NCVS-1 Basic Screen Questionnaire, which comprises inquiries to establish any crimes that may have been committed against the household as a whole or against an individual within the household during the 6-month reference period (Bureau of Justice Statistics, 2017). Interviews are conducted for each person aged 12 or older within the household and contain a short cue format to prompt the respondent's memory (Bureau of Justice Statistics, 2017).

3. Classification of victimizations. If a respondent indicates a crime was committed, the NCVS-2 Crime Incident Report collects comprehensive data about each reported crime incident (Bureau of Justice Statistics, 2017).

It should be noted that individuals aged 12 to 14 who have been victimized are excluded from the disabled or independent living disabled population estimates to be compatible with the Census Bureau's American Community Survey (Bureau of Justice Statistics, 2021).

After the interviews, the NCVS data endure numerous dispensation and editing steps. First, excision and coding are done monthly. When 3 months of data are amassed, those are combined and processed through a quarterly cycle that includes an assortment of checking, weighting, proofreading, and recounting (Bureau of Justice Statistics, 2017). All NCVS data (person, household, and victimization) are then fine-tuned to give yearly crime estimates experienced by the US population (Bureau of Justice Statistics, 2017). Subsampling can ensue within sizeable data sets, so household and person weights are then adjusted to account for this (Bureau of Justice Statistics, 2017). According to the Bureau of Justice Statistics (2017),

“The ratio adjustment reduces the variance of the estimate by correcting for differences between the sample distribution by age, sex, and race and the population distribution by these characteristics. This also reduces bias due to under coverage of various portions of the population.” (p. 35)

Table 1 summarizes the various NCVS weights.

Table 1*National Crime Victimization Survey Weights for Data Sampling*

Components of the NCVS weights	Household-level estimates			Person-level estimates		
	Household	Victimization	Incident	Person	Victimization	Incident
Base weight	x	x	x	x	x	x
GQ subsampling adjustment	x	x	x	x	x	x
Household nonresponse	x	x	x	x	x	x
Within-household nonresponse				x	x	x
Ratio adjustment	x	x	x	x	x	x
Bounding adjustment		x	x		x	x
TIS adjustment		x	x		x	x
Series crime adjustment		x	x		x	x
Multiple victim adjustment						x

Source: Bureau of Justice Statistics, National Crime Victimization Survey, 2016.

Research Design and Rationale

A nonexperimental, cross-sequential quantitative design was utilized to focus on the extent of victimization and possible correspondence with the other variables to determine whether there was a relationship between them. This design type helped indicate the relationship between the crime perpetrators and their IDD adult crime victims, establish the crime types most often committed against IDD adults, and find possible gender differences within victimization. The dependent variable was criminal victimization, determined by the individual self-reporting a crime was committed against them in the NCVS. The independent variables were the perpetrator's relationship to the victim, crime type, and victim gender, all of which are also provided in the NCVS. A nonexperimental, cross-sequential quantitative design best suited the study as such a

design allows researchers to predict a dependent variable more accurately by using the information provided by the independent variables (Weisburd et al., 2022).

To address the research questions in this quantitative study, this cross-sequential correlational research design utilized the NCVS. Cross-sequential designs allow for cross-sectional (between-group) and longitudinal (within-subject) analysis; however, each is subject to possible confounding by cohort or time of measurement effects (Beck & Wilson, 2000). Correlational research designs examine whether changes in one or more variables affect additional variables and are typically cross-sectional in design (Dar & Iqbal, 2020). Cross-sectional designs simultaneously observe what naturally occurs by measuring multiple variables (Dar & Iqbal, 2020). This cross-sequential correlational study helped determine specific risk factors for victimization in adults with DDs. Cross-sequential approaches are mainly utilized within psychological disciplines to reduce the limitations of longitudinal studies by circumventing the validity threats (Kujala et al., 2019).

Methodology

The NCVS changed how disability status was collected in July 2016 by moving questions on disability status to the Basic Screening Questionnaire (Bureau of Justice Statistics, 2021). This change allowed the NCVS to ask all respondents about their disability status, which in turn permits disability rates and population estimates to be generated (Bureau of Justice Statistics, 2021). The questions on disability status were adopted from the US Census Bureau's American Community Survey to classify disabled respondents (Bureau of Justice Statistics, 2021). The NCVS defines *disabilities* as

the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. A disability exists where this interaction results in limitations of activities and restrictions to full participation at school, work, or home or in the community." (Bureau of Justice Statistics, 2021, p. 3)

The NCVS then classifies the six disability limitations previously defined: vision, cognitive, hearing, ambulatory, independent living, and self-care (Bureau of Justice Statistics, 2021). For this study, I used the NCVS classification "cognitive disability" for the target population, as those with IDD's would fall into this category.

Population

The study population includes a representative sample from the US population focusing on adults with cognitive disabilities who have been victimized. As of 2023, about 27% of the US population age 12 or older living outside of institutions had a disability (CDC, 2023). Of that 27% of the population with any disability, 12.8% had a cognitive disability marked by severe difficulty concentrating, remembering, or making decisions (CDC, 2023). The rate of violent victimization against those with disabilities is nearly 4 times that of those without disabilities, and the highest rate is against those with cognitive disabilities (Bureau of Justice Statistics, 2021). Since the NCVS does not explicitly distinguish DDs from other disabilities, this study will use the NCVS's definition for cognitive disabilities as it overlaps with the definition of DDs (i.e., serious difficulty in concentrating, remembering, or making decisions; Bureau of Justice Statistics, 2021).

Measures

Independent Variables

The independent variables in this study are perpetrator relationship, crime type, and victim gender.

Perpetrator Relationship. Relational distance can be assessed by two classifications: strangers and known perpetrators. The known perpetrators were separated as follows: spouse, ex-spouse, parent or stepparent, child or step-child, sibling, other relative (generally meaning extended family outside the home), intimate partner, friend (or ex-friend), roommate, schoolmate, and neighbor. The known relationship perpetrator data has some shared associations, so the last two known relationship types were combined. Customer relationship data was combined with clients' and patients' and coworkers' relationship data was combined with school staff members' data.

Crime Type. The violent crime types included in the study were rape, sexual assault, and physical assault. Other crimes include verbal threats, burglary, and theft. Robbery, attempted robbery, unwanted sex without force, assault without weapon or force, purse snatching or pocket-picking, and motor vehicle theft were all included as crime variables as well.

Victim Gender. As previously mentioned, the NCVS was started in the 1970s, prior to the current gender variations we see in society today. Therefore, data were limited by what the NCVS has already collected: male and female.

Dependent Variable: Victimization Status

The dependent variable was the developmentally disabled (DD) adult victim self-reporting their victimization status via the NCVS.

Control Variables

The control variables were the victim demographics and offender characteristics.

Victim Demographics. Relevant variables that reflect victim characteristics were included, such as sex, age, race, ethnicity, marital status, and education.

Offender Characteristics. Relevant variables that reflect offender characteristics were included, such as sex, race, and age.

Research Questions and Hypothesis

RQ1: What is the correlation between perpetrator relationship and crime type amongst developmentally disabled adult crime victims?

H_01 : There are no statistically significant differences between perpetrator relationship and crime type amongst developmentally disabled adult crime victims.

H_{a1} : There are statistically significant differences between perpetrator relationship and crime type amongst developmentally disabled adult crime victims.

RQ2: What is the relationship between victim gender and perpetrator relationship amongst developmentally disabled adult crime victims?

H_02 : There are no statistically significant differences between developmentally disabled male and female adult crime victims when accounting for the relationship with their perpetrators.

H_{a2}: There are statistically significant differences between developmentally disabled male and female adult crime victims when accounting for the relationship with their perpetrators.

RQ3: What is the correlation between perpetrator relationship and crime type among developmentally disabled adult crime victims when moderating for victim gender?

H₀₃: There are no statistically significant differences in crime types between developmentally disabled adult crime victims and their perpetrators when accounting for victim gender.

H_{a3}: There are statistically significant differences in crime types between developmentally disabled adult crime victims and their perpetrators when accounting for victim gender.

Data Analysis Plan

To address the research questions in this quantitative design, the specific systematic approach was to involve the analysis of archival secondary data from the NCVS. Surveys and observations are the two main methods of conducting correlational research (Dar & Iqbal, 2020). Surveys and interviews have already taken place by the US government, and the data has already been codified. The NCVS Concatenated File codebook was utilized to understand data coding. I employed SPSS for the planned research design to collect, organize, and store the data. Statistical analysis was provided through SPSS, a software bundle that delivers statistical analysis, modeling, and

predictive survey research tools (Walden University Office of Research and Doctoral Services, 2021a).

Crosstabulation analysis is often used to study the relationship between two or more categorical variables and is considered one of the most common ways to analyze data (McCormick & Salcedo, 2020). Given this, I used crosstab analysis, Pearson correlation, and chi-square test of independence. The traditional Pearson correlation is a valuable tool for quantifying any association between variables in various branches of statistics (Shen et al., 2022). Chi-square tests are used in discrete data to evaluate the probability of nonrandom factors to account for the observed correlation (Turhan, 2020). Statistical significance will be tested with an alpha value of .05, and the null hypothesis will be rejected if the p-value is at or below the alpha value. The results from the analysis will guard against inaccurate conclusions based on only partial correlations (Weisburd et al., 2022).

The NCVS Concatenated File codebook has been searched, and the appropriate pages have been marked and highlighted to quickly identify the codes needed for the variables in this study. The NCVS data has already been codified and input into SPSS and is available for download to researchers in the United States. The control variables include offender characteristics, victim demographics, and situational variables that might be relevant. For victim demographics, gender was included, as was age, race, ethnicity, marital status, education, and employment. Offender demographics include gender, race, and age. Situational variables include the time of day, the perpetrator's relationship to the victim, and whether the incident occurred in a public or private

location (private referring to in or near the respondent's home or the home of a relative, friend, or neighbor; Bureau of Justice Statistics, 2021). The following types of crimes were included for analysis: rape, sexual assault, robbery, simple and aggravated assault, verbal threats, burglary, larceny, purse snatching, pocket-picking, and theft. Motor vehicle theft was excluded as the NCVS considers that a household crime, not a personal crime (Bureau of Justice Statistics, 2021).

Summary

This study aimed to explore the intersecting victimization risks against adults with IDD's by including types of crimes and perpetrators and observing how age and gender differences affect victimization. Archival data from the US government's NCVS was utilized. This study also examined whether the perpetrator's relationship with the victim influenced the crime type against those with IDD's. This chapter provided a background of the NCVS and an overview of the research design and rationale, methodology, research questions, and the data analysis plan.

Chapter 4: Results

The purpose of this study was to explore the intersecting victimization risks for adults with IDD. The central concept of interest was to identify the correlation in the various relationships between perpetrators and their DD crime victims to determine whom they victimize the most. Another concept of interest was to detect which crime is committed most against adults with DDs. Correlations in age and gender were also tested as these could influence victimization.

What follows is a discussion of the study's population and sample, the demographic description of the sample, what limited descriptive data we have on their offenders, and the statistical analysis and results of hypothesis testing. The following research questions and hypotheses were addressed:

RQ1: What is the correlation between perpetrator relationship and crime type amongst developmentally disabled adult crime victims?

H_01 : There are no statistically significant differences between perpetrator relationship and crime type amongst developmentally disabled adult crime victims.

H_{a1} : There are statistically significant differences between perpetrator relationship and crime type amongst developmentally disabled adult crime victims.

RQ2: What is the relationship between victim gender and perpetrator relationship amongst developmentally disabled adult crime victims?

H_02 : There are no statistically significant differences between developmentally disabled male and female adult crime victims when accounting for the relationship with their perpetrators.

H_{a2}: There are statistically significant differences between developmentally disabled male and female adult crime victims when accounting for the relationship with their perpetrators.

RQ3: What is the correlation between perpetrator relationship and crime type among developmentally disabled adult crime victims when moderating for victim gender?

H₀₃: There are no statistically significant differences in crime types between developmentally disabled adult crime victims and their perpetrators when accounting for victim gender.

H_{a3}: There are statistically significant differences in crime types between developmentally disabled adult crime victims and their perpetrators when accounting for victim gender.

In this chapter, I give a breakdown of the data found within the NCVS and explain how the data were sorted to a usable degree. Descriptive statistics are then given along with the results of the analysis. Chi-square and Pearson's analyses were used to test the strength of the relationships of variables. Tables and Figures displaying statistics can be found in this chapter as well as in Appendices A and B.

Data Overview

As previously stated, the data gathered from the NCVS are split into three main categories: household crimes, individual crimes, and information about the incidents. Such a plethora of data creates a virtual minefield of information to sift through. Thankfully, the creators of the NCVS have split these categories into three individual

data sets when creating the files via download in SPSS: a household data set, a person data set, and an incident-level data set (Bureau of Justice Statistics, 2023b). The ICPSR has grouped the data in the concatenated file so that each code, value, and label can be viewed concurrently. However, they have left it up to the researcher to find where one data set ends and the next begins within the codebook.

The data coding for the NCVS is inconsistent since the survey has been running since the 1970s and has undergone at least one massive redesign with questionnaire and sample strategy changes (Kruttschnitt et al., 2014). The NCVS has nonresponse codes that result in missing data: “residue,” “invalid until,” “invalid after,” and “out of universe.” “Invalid until” and “invalid after” are followed by the year that questions were either added or when variables were dropped from the survey (Bureau of Justice Statistics, n.d.). An excellent example of this is the respondent’s disability status; since the question of cognitive disability was not asked until 2016, all data prior to that year was not included in the analysis for this study. “Residue” can indicate an error in data entry, an unusable answer by the interviewee, or a nonanswer for a question that should have been asked (Bureau of Justice Statistics, n.d.). “Out of universe” means that the question does not apply to the respondent, so it is outside of the applicable range of questions to be asked, and the interviewer moves on to the next question (Bureau of Justice Statistics, n.d.).

In thoroughly reviewing the codebook, the question makers considered the changing social landscape by adding a question aimed at gender politics. As well as asking about sex assigned at birth, they do ask about current gender identity starting in

2017 (Bureau of Justice Statistics, 2023b). Even though the NCVS includes offenses with multiple offenders, only incidents with a single offender were included in the study because involving multiple offenders would incorporate too many variables. It was also decided to leave out the control variables of whether a weapon was used or if the victim took any self-protective action during an attack, as those are more likely relevant in studies regarding the victim's state of mind or any possible health outcomes that could result post-attack.

The initial dataset contained 171 variables and 5,752,401 cases. Superfluous variables were removed to help ease data analysis, and all cases before 2016 Quarter 3 were removed, as they were not asked the question of cognitive disability. When all this was removed, 43 variables were left, as were 55,374 cases. The “out of universe” and “residue” codes were left in the analysis for curiosity's sake and to avoid removing any pertinent case data. The excess victims added to the population parameters can be excused by adjusting for the vagueness of the question of DD, as most people would not consider themselves as having a cognitive or DD simply by having trouble concentrating or remembering. The survey's weakness is that the only question on DD is about having difficulty thinking, concentrating, or remembering when the operational definition is much more detailed (Schalock et al., 2019). Missing these populations could cause many people to be absent from the survey. The NCVS also does not ask questions of those who are homeless or live in institutional settings, such as nursing homes or places where someone may find people with IDD, which severely limits the population pool.

Data Analysis Results

Descriptive Statistics

Of the 2,218,558 total usable cases within the NCVS, 3.6% (80,299 adults) answered “yes” to the question of DD, 81.4% (1,806,959 adults) answered “no,” and about 15% were marked “residue” or “out of universe” (see Table 2). Most victims were female (53.8%), and adults with DDs were victimized most often between 27 and 37 years old, with peak victimization at age 30. It should be remembered that survey creators did not keep gender norms in mind when creating survey questions, so gendered questions are framed in the binary instead of around inclusivity. About 38% of victims were married, 17% were divorced, 36% were never married, 6% were widowed, and almost 4% were separated. About 29% of victims were high school grads, about 22% had some college, 10% had an associate’s degree, 19% had a bachelor’s degree, 8% had a master’s degree, 3% had a professional or doctoral degree, and about 3% never graduated from high school. A vast majority of victims were White (78.9%), with the rest either being Black (12.4%), Asian (3.5%), Native American (1.4%), or identified as two or more races (3.5%). All descriptive statistic figures can be seen in Appendix A. Not much is known about the offenders other than the fact that a majority are male (73.3%) and over the age of 30 (49.6%), with the following closest age range being 21–29 years old (22.5%). Tables 3 and 4 provide information on offender sex and age, respectively.

Table 2

National Crime Victimization Survey Descriptive Statistics: Answer to Developmental Disability Question

Answer	Frequency	Percent	Valid percent	Cumulative percent
Yes	80299	3.6	3.6	3.6
No	1806959	81.4	81.4	85.1
Residue	8594	.4	.4	85.5
Out of universe	322706	14.5	14.5	100.0
Total	2218558	100.0	100.0	

Table 3

Offender Sex

Valid	Sex	Frequency	Percent	Valid percent
	Male	9926	17.9	73.3
	Female	2920	5.3	21.6
	Don't know	375	.7	2.8
	Residue	316	.6	2.3
	Total	13537	24.4	100.0
Missing	Out of universe	41837	75.6	
Total		55374	100.0	

Table 4

Offender Age

Valid	Age	Frequency	Percent	Valid percent
	Under 12	216	.4	1.6
	12-14	571	1.0	4.2
	15-17	620	1.1	4.6
	18-20	740	1.3	5.5
	21-29	3041	5.5	22.5
	30+	6721	12.1	49.6
	Don't know	806	1.5	6.0
	Residue	822	1.5	6.1
	Total	13537	24.4	100.0
Missing	Out of universe	41837	75.6	
Total		55374	100.0	

Analysis

There are some known missing values for the type of crime, how the respondent knows the offender, and the offender's stranger data sets. As previously stated, this is because of the "out of universe" and "residue" codes. Of the data provided, 57.6% of victims knew their attackers, with most being friends, intimate partners, and neighbors rather than strangers. About 50% of perpetrators were male in or above their 30s, based on the data accumulated from the NCVS. These statistics can be seen in the offender information in Tables 3 and 4. About half (49.2%) of the crimes committed against adults with DD were comprised of theft, with the rest being burglary (17%), assault (10%), verbal threats (7.7%), assault without a weapon or force (6.7%), robbery (2.5%), rape (2.2%), unwanted sex without force (1%), and attempted robbery (1%). The complete crosstab table for types of crime against victims with DDs can be found in Appendix B. Crosstabulation analysis is often used to study the relationship between two or more categorical variables and is considered one of the most common ways to analyze data (McCormick & Salcedo, 2020). The crosstabulation in Table 5 shows the relationship between the type of crime and perpetrator relationship variables, answering RQ1.

Table 5*Crosstab Table: Type of Crime and Perpetrator Relationship Variables*

Crime	#	Spouse	Ex-spouse	(Step) Parent	(Step) Child	Sibling	Other relative	Intimate partner	Friend (or ex)	Room mate	School mate	Neighbor	Customer/client/patient	Coworker/school staff
Rape	Count	47	10	3	0	2	8	92	89	4	14	8	4	33
	%	11.4%	4.6%	2%	0%	0.8%	1.5%	10.1%	7.9%	2.1%	3.8%	1%	0.8%	2.7%
Sa	Count	2	2	1	0	0	1	13	17	0	2	2	3	16
	%	0.5%	0.9%	0.7%	0%	0%	0.2%	1.4%	1.5%	0%	0.5%	0.2%	0.6%	1.3%
Robbery	Count	7	9	9	17	18	22	75	49	9	11	13	4	24
	%	1.7%	4.2%	6.1%	3.9%	7.6%	4.2%	8.3%	4.4%	4.8%	2.9%	1.6%	0.8%	2%
Armed robbery	Count	9	2	3	8	8	9	14	7	2	5	10	8	8
	%	2.2%	0.9%	2.0%	1.8%	3.4%	1.7%	1.5%	0.6%	1.1%	1.3%	1.2%	1.6%	0.7%
Assault	Count	170	52	50	119	63	88	344	184	34	78	162	113	208
	%	41.3%	24.1%	33.8%	27.4%	26.6%	16.8%	37.9%	16.4%	18.2%	20.9%	20%	22.9%	17.2%
Unwanted sex	Count	1	8	3	0	0	13	22	49	3	12	6	4	32
	%	0.2%	3.7%	2%	0%	0%	2.5%	2.4%	4.4%	1.6%	3.2%	0.7%	0.8%	2.7%
Assault w/o weapon	Count	108	33	30	73	49	62	133	124	37	103	107	103	190
	%	26.2%	15.3%	20.3%	16.8%	20.7%	11.9%	14.7%	11%	19.8%	27.6%	13.2%	20.9%	15.7%
Verbal threats	Count	55	44	25	73	31	89	107	118	33	104	321	172	323
	%	13.3%	20.4%	16.9%	16.8%	13.1%	17%	11.8%	10.5%	17.6%	27.6%	39.7%	34.8%	26.8%
Purse snatching	Count	0	0	0	2	0	3	3	4	0	1	1	0	1
	%	0%	0%	0%	0.5%	0%	.6%	0.3%	0.4%	0%	0.3%	0.1%	0%	0.1%
Burglary	Count	4	21	6	22	9	9	46	43	3	3	61	19	55
	%	1%	9.7%	4.1%	5.1%	3.8%	3.8%	5.1%	3.8%	1.6%	0.8%	7.5%	3.8%	4.6%
Motor vehicle theft	Count	0	7	0	9	2	7	3	17	3	0	1	3	6
	%	0%	3.2%	0%	2.1%	0.8%	1.3%	0.3%	1.5%	1.6%	0%	0.1%	0.6%	0.5%
Theft	Count	9	28	18	112	55	191	55	422	59	40	116	61	311
	%	2.2%	13%	12.2%	25.7%	23.2%	36.5%	6.1%	37.6%	31.6%	10.7%	14.4%	12.3%	25.8%

Table 5 shows that there seems to be a correlation between the strength of the relationship between the perpetrator and the victim when it comes to assault; the more substantial the relationship, the more likely it seems that assault will occur with spouses, intimate partners, and parents the most likely culprits. Theft seems to be correlated with the relationship the perpetrator has with the victim as well. Friends, roommates, other relatives, and coworkers or school staff members seem to be the highest level offenders. Verbal threats are the last type of crime to have a significant relationship with the perpetrator. Neighbors seem to be the main offenders for verbal threats, with customers, schoolmates, coworkers, and ex-spouses following up on these correlations. It seems that close relatives are the main perpetrators of assault, and those who are further removed (e.g., friends, coworkers, roommates, or extended family) are the main perpetrators of theft.

The significance value shows the probability of the null hypothesis being true. The lower the number, the more likely the variables are related with a cutoff value of .05 to determine if the results are statistically significant (McCormick & Salcedo, 2020). Table 6 shows that the results are statistically significant, so the null hypothesis is rejected. However, more than 20% of the cells have expected counts less than five, which means there either are not enough data to trust the results of the analysis, the sample size needs to be increased, or the number of cells in the crosstabulation table needs to be decreased (McCormick & Salcedo, 2020).

Table 6*Chi-Square Test: Type of Crime and Perpetrator Relationship*

	Value	df	Asymptotic significance (2-sided)
Pearson chi-square	20293.236 ^a	154	<.001
Likelihood ratio	14171.058	154	<.001
Linear-by-linear association	12141.599	1	<.001
N of valid cases	55374		

^a 64 cells (35.6%) have expected count less than 5. The minimum expected count is .24.

A Pearson correlation analysis was also conducted to test the association between the perpetrator's relationship with the victim and the type of crime committed against them. Pearson correlation analysis revealed that the perpetrator's relationship to the victim and the type of crime committed against them have a moderately high, statistically significant positive correlation ($r = .468, p = <.001$). The only other combination of variables that has any correlation is between type of crime and age. Though these variables have a relatively low correlation, they are considered significant ($r = .106, p = <.001$). There is a significant correlation between the type of crime and the offender stranger variable ($r = .634, p = <.001$). However, it should be remembered that this variable is split between known and unknown perpetrators, so this correlation should be taken with a grain of salt, as not all the data is about offenders who are strangers. All Pearson correlations can be seen in Table 7.

The relationship between victim gender and perpetrator relationship can be seen in the crosstab and chi-square tables (see Tables 8–9 and 10–11, respectively), answering RQ2. Female victims tend to know their offenders significantly more often than male victims. The top perpetrators for female victims are intimate partners (85.2 %), spouses

(83%), and ex-spouses (82.9%). It should be noted that, for females, most all relationship types have a victimization percentage of over 50%, except for schoolmates, which is the only relationship type over 50% for males.

Table 7

Pearson Correlation Table

Variable		Type of crime	Relationship	Victim race	Offender stranger	Victim sex	Victim age
Type of crime	Pearson correlation	1					
	Sig (2-tailed)						
Relationship	Pearson correlation	.468**	1				
	Sig (2-tailed)	<.001					
Victim race	Pearson correlation	-.016**	-.005**	1			
	Sig (2-tailed)	<.001	.274				
Offender stranger	Pearson correlation	.634**	.726**	-.008	1		
	Sig (2-tailed)	<.001	<.001	.056			
Victim sex	Pearson correlation	-.01*	-.097**	.01*	-.038**	1	
	Sig (2-tailed)	.023	<.001	.016	<.001		
Victim age	Pearson correlation	.106**	.063**	-.083**	.088**	.018**	1
	Sig (2-tailed)	<.001	<.001	<.001	<.001	<.001	<.001

*Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed).

Table 8*Crosstab Table: Sex and Perpetrator Relationship*

Sex	Spouse	Ex-spouse	(Step) Parent	(Step) Child	Sibling	Other relative	Intimate partner	Friend (or ex)	Room mate	School mate	Neighbor	Customer /client /patient	Coworker /school staff
Male													
Count	70	37	55	102	67	177	134	446	91	223	355	176	457
% in relationship	17%	17.1%	37.2	23.4%	28.3%	33.8%	14.8%	39.7%	48.7%	59.8%	43.9	35.6%	37.9%
Female													
Count	3452	179	93	333	170	346	773	677	96	150	453	318	750
% in relationship	83%	82.9%	62.8%	76.6%	71.7%	66.2%	85.2%	60.3%	51.3	40.2%	56.1%	64.4%	62.1%

Table 9*Crosstab Table: Victim Sex and Offender Stranger*

Sex	Known	Stranger	Residue	Out of universe	Total
Male					
Count	3019	2680	203	19690	25592
% Stranger	36.2%	55.7%	51.8%	47.1%	46.2%
Female					
Count	5317	2129	189	22147	29782
% Stranger	63.8%	44.3%	48.2%	52.9%	53.8%
Total					
Count	8336	4809	392	41837	55374
% Stranger	100.0%	100.0%	100.0%	100.0%	100.0%

Table 10*Chi-Square Test: Sex and Perpetrator Relationship*

Statistic	Value	df	Asymptotic significance (2-sided)
Pearson chi-square	905.345 ^a	14	<.001
Likelihood Ratio	982.656	14	<.001
Linear-by-linear association	524.347	1	<.001
N of valid cases	55374		

^a 0 cells (.0%) have expected count less than 5. The minimum expected count is 68.40.

Table 11*Chi-Square Test: Sex and Offender Stranger*

Statistic	Value	df	Asymptotic significance (2-sided)
Pearson chi-square	527.394 ^a	3	<.001
Likelihood ratio	532.571	3	<.001
Linear-by-linear association	81.441	1	<.001
N of valid cases	55374		

^a 0 cells (.0%) have expected count less than 5. The minimum expected count is 181.17.

Interestingly, males typically did not know their attackers 55.7% of the time, whereas females knew their attackers 63.8% of the time. The null hypothesis of RQ2 should be rejected based on the significance value below .05.

The correlation between perpetrator relationship and crime type when moderating for victim gender was examined. The chi-square test of independence showed that rape, robbery, assault, assault without weapon or force, verbal threats, burglary, and theft were all statistically significant when moderating for victim gender. The chi-square test of independence results can be shown in Table 12. A friend, coworker, or school staff member is the top perpetrator for males. The perpetrator pool for females is much larger. The top perpetrators for females are spouses, intimate partners, children, friends, neighbors, coworkers, or school staff.

Table 12*Pearson Chi-Square Test: Perp Relationship and Crime Type Mod. for Victim Gender*

Type of crime	Value	df	Asymptotic significance (2-sided)
Rape	33.021 ^b	13	.002
Sexual assault	10.433 ^c	11	.492
Robbery	113.861 ^d	14	<.001
Attempted robbery	57.604 ^e	14	<.001
Assault	465.926 ^f	14	<.001
Unwanted sex without force	16.346 ^g	12	.176
Assault without weapon or force	153.042 ^h	14	<.001
Verbal threats	284.419 ⁱ	14	<.001
Purse snatching/Pocket picking	8.886 ^j	8	.352
Burglary	71.291 ^k	14	<.001
Motor vehicle theft	19.119 ^l	11	.059
Theft	134.261 ^m	14	<.001

^a 0 cells (.0%) have expected count less than 5. The minimum expected count is 68.40.

^b 14 cells (50.0%) have expected count less than 5. The minimum expected count is .22.

^c 20 cells (83.3%) have expected count less than 5. The minimum expected count is .07.

^d 10 cells (33.3%) have expected count less than 5. The minimum expected count is 1.99.

^e 23 cells (76.7%) have expected count less than 5. The minimum expected count is .82.

^f 0 cells (0%) have expected count less than 5. The minimum expected count is 16.63.

^g 15 cells (57.7%) have expected count less than 5. The minimum expected count is .11.

^h 0 cells (0%) have expected count less than 5. The minimum expected count is 14.43.

ⁱ 0 cells (0%) have expected count less than 5. The minimum expected count is 12.26.

^j 16 cells (88.9%) have expected count less than 5. The minimum expected count is .49.

^k 9 cells (30.0%) have expected count less than 5. The minimum expected count is 1.33.

^l 20 cells (83.3%) have expected count less than 5. The minimum expected count is .49.

^m 2 cells (6.7%) have expected count less than 5. The minimum expected count is 4.15.

There is a significant relationship between perpetrator relationship, crime type, and victim gender according to the chi-square test in Table 13. The strongest correlations for the victims are between their spouses, other relatives, intimate partners, friends, schoolmates, neighbors, and coworkers. There is a slight correlation between the victims and their parents as well as children, but it is not as strong a relationship as those previously mentioned. The main types of crime cited in the crosstabulations were assault, theft, and verbal threats in almost equal measure across sexes, though special attention should be paid to female victims when it comes to sexual or violent crimes. The full crosstabulation table can be seen in Appendix B.

Table 13*Pearson Chi-Square Test: Perpetrator Relationship, Crime Type, and Victim Gender*

How did offender know respondent	Value	df	Asymptotic significance (2-sided)
Spouse	32.616 ^b	9	<.001
Ex-Spouse	4.568 ^c	10	.918
(Step) Parent	19.188 ^d	9	.024
(Step) Child	16.274 ^e	8	.039
Sibling	8.030 ^f	8	.431
Other relative	38.496 ^g	11	<.001
Intimate Partner	64.148 ^h	11	<.001
Friend (or ex)	86.456 ⁱ	11	<.001
Roommate	14.016 ^j	9	.122
Schoolmate	53.519 ^k	10	<.001
Neighbor	30.390 ^l	11	.001
Customer/Client/Patient	9.493 ^m	10	.486
Coworker/School staff	95.379 ⁿ	11	<.001

^a 0 cells (.0%) have expected count less than 5. The minimum expected count is 42.06.

^b 9 cells (45.0%) have expected count less than 5. The minimum expected count is .17.

^c 10 cells (45.5%) have expected count less than 5. The minimum expected count is .34.

^d 11 cells (55.0%) have expected count less than 5. The minimum expected count is .37.

^e 5 cells (27.8%) have expected count less than 5. The minimum expected count is .47.

^f 6 cells (33.3%) have expected count less than 5. The minimum expected count is .57.

^g 9 cells (37.5%) have expected count less than 5. The minimum expected count is .34.

^h 7 cells (29.2%) have expected count less than 5. The minimum expected count is .44.

ⁱ 4 cells (16.7%) have expected count less than 5. The minimum expected count is 1.59.

^j 12 cells (60.0%) have expected count less than 5. The minimum expected count is .97.

^k 10 cells (45.5%) have expected count less than 5. The minimum expected count is .40.

^l 11 cells (45.8%) have expected count less than 5. The minimum expected count is .44.

^m 11 cells (50.0%) have expected count less than 5. The minimum expected count is 1.07.

ⁿ 6 cells (25.0%) have expected count less than 5. The minimum expected count is .38.

Conclusion

The purpose of this study was to explore the intersecting victimization risks for adults with IDD to identify the correlation in the relationships between perpetrators and their DD crime victims. Determining who often victimizes DD adults and which crime is most often committed against them was the primary goal. Victim age and gender were observed as to how they would affect the relationship between the variables of interest. The relationship between several categorical variables was examined to test for associations via the chi-square test of independence, Pearson correlation tests, and crosstab analysis.

Most victims with DDs are White (78.9%), female (53.8%), and victimized most often between 27 and 37 years old, with peak victimization at age 30. Pearson correlation analysis between type of crime and age showed a relatively low correlation, but they are statistically significant ($r = .106, p < .001$). Over half (57.6%) of victims knew their attackers, with most crimes committed against adults with DDs comprising theft (49.2%), burglary (17%), assault (10%), verbal threats (7.7%), and assault without a weapon or force (6.7%).

There is a correlation between the perpetrator and DD victim relationship regarding crime type, supporting research hypothesis one. The stronger the relationship, the more likely it seems that assault will occur, with spouses, intimate partners, and parents the most likely culprits. Theft seems to be correlated with the relationship the perpetrator has with the victim as well. Friends, roommates, other relatives, and coworkers or school staff members seem to be the highest-level offenders. Verbal threats

are the last type of crime to have a significant relationship with the perpetrator.

Neighbors seem to be the main offenders for verbal threats, with customers, schoolmates, coworkers, and ex-spouses following up on these correlations. Pearson correlation analysis revealed that the perpetrator's relationship to the victim and the type of crime committed against them have a moderately high, statistically significant positive correlation ($r = .468, p < .001$). Close relatives are the main perpetrators of assault, and those who are further removed (i.e. friends, coworkers, roommates, or extended family) are the main perpetrators of theft.

Female victims tend to know their offenders significantly more often than male victims, answering RQ2. The top perpetrators for female victims are intimate partners (85.2 %), spouses (83%), and ex-spouses (82.9%). It should be noted that males typically did not know their attackers 55.7% of the time, whereas females knew their attackers 63.8% of the time. Most relationship types for females have a victimization percentage of over 50%, except for schoolmates, which is the only relationship type over 50% for males, providing implications for bullying in the school setting. The null hypothesis of RQ2 should be rejected based on the significance value below .05.

Lastly, the correlation between perpetrator relationship and crime type when moderating for victim gender was examined. The chi-square test of independence showed that rape, robbery, assault, assault without weapon or force, verbal threats, burglary, and theft were all statistically significant when moderating for victim gender, supporting research hypothesis three. A friend, coworker, or school staff member is the top perpetrator for males. The top perpetrators for females are spouses, intimate partners,

children, friends, neighbors, coworkers, or school staff. As we can see from this question and the previous one, the perpetrator pool for females is much larger, having implications for prevention and aid work.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to explore the intersecting victimization risks for adults with IDD to identify the correlation in the relationships between perpetrators and their developmentally disabled crime victims. Determining who often victimizes DD adults and which crime is most often committed against them was the primary goal. Victim age and gender were observed as to how they would affect the relationship between the variables of interest. The relationship between several categorical variables was examined to test for associations via the chi-squared test of independence, crosstab analysis, and Pearson correlation tests.

Analysis revealed an association between the perpetrator and DD victim relationship regarding crime type, supporting research hypothesis one. It was found that there are statistically significant differences between perpetrator relationship and crime type among developmentally disabled adults. RQ2 was about the correlation between the victim's gender and the perpetrator's relationship with the victim. The study's findings were affirmative and statistically significant, supporting research hypothesis two. Lastly, the connection between perpetrator relationship and crime type when moderating for victim gender was examined. Analysis showed that rape, robbery, assault, assault without weapon or force, verbal threats, burglary, and theft were all relevant and statistically significant when moderating for victim gender, supporting research hypothesis three. A discussion of the results, the limitations, recommendations, implications, and conclusions follow.

Discussion

As stated previously, more than 28% of adults in the United States, or 1 in 4 people in the United States, have a disability that may result in ongoing stigma, discrimination, and victimization (CDC, 2024). Significant vulnerability is associated with disability, especially when a high degree of support is needed to ensure that disabled individuals can navigate daily life well (McLachlan et al., 2020). Families or other caregivers can undertake this support, as well as other formal institutions and care systems (McLachlan et al., 2020). Within these relational support systems is an inadvertent power dynamic whereby caretakers are in a dominant position. This power imbalance can create conditions for disability-specific abuse (McCulloch et al., 2020).

Within the disabled subset of the population, those with IDD are at a higher risk of being victimized than the general population (Bowen & Swift, 2019; Chadwick, 2022; Collins & Murphy, 2021; Draper, 2021; Gibbs et al., 2021; Hickson & Khemka, 2021; Sarrett & Ucar, 2021; Tabin et al., 2021b; Thomas et al., 2019). This increased risk could be due to a desire to please, naivete, suggestibility, or gullibility (Olley & Cox, 2021). People with IDDs have also been socialized to comply with authority figures without question, complaint, or argument (Sarrett, 2019). The motivational style of those with IDDs could also make them excessively compliant, or they may lack the skills necessary to assert boundaries in a potential victimization scenario (Fisher et al., 2020). Adults with IDDs are considered more suggestible and susceptible to acquiescence, and autistic adults especially are more vulnerable to compliance (Åker & Johnson, 2020a; Beckene et al., 2020; Moon et al., 2020; Takeda et al., 2021).

Based on data gathered from the NCVS, this study found that most DD victims are White (78.9%), female (53.8%), and victimized most often between 27 and 37 years old, with peak victimization at age 30. Pearson correlation analysis between type of crime and age showed a relatively low correlation, but they are statistically significant ($r = .106$, $p < .001$). Female victims tend to know their offenders significantly more often than male victims. The top perpetrators for female victims are intimate partners (85.2%), spouses (83%), and ex-spouses (82.9%). Interestingly, males did not know their attackers 55.7% of the time, whereas females knew their attackers 63.8% of the time. Of the attackers that male victims do know, a friend, coworker, or school staff member are typically the top perpetrators. Most relationship types for females have a victimization percentage of over 50%, except for schoolmates, which is the only relationship type over 50% for males, providing implications for bullying in the school setting. Rape, robbery, assault, assault without weapon or force, verbal threats, burglary, and theft were all statistically significant after moderating for victim gender when examining the correlation between perpetrator relationship and crime type.

Little research has been conducted into the primary perpetrators of this population and what crime types are most often committed against them (Garcia-Cuellar et al., 2023). The NCVS did not collect much data on the offenders. Of the data that were provided on the perpetrators, this study found that a majority are male (73.3%) and over age 30 (49.6%), with the following closest age range being 21–29 (22.5%). Research into sexual abuse perpetrated against those with IDD is extensive; however, research into other forms of victimization (e.g., neglect, physical, psychological, and financial abuse)

committed against people with IDD is more restricted (Collins & Murphy, 2021; Gibbs et al., 2021; Olley & Cox, 2021). This study showed a correlation between the perpetrator and DD victim relationship regarding crime type. The stronger the relationship, the more likely it seems that assault will occur, with spouses, intimate partners, and parents the most likely culprits. Theft is correlated with relationships between the victim and friends, roommates, other relatives, and coworkers or school staff members as the highest-level offenders. Verbal threats are the last type of crime to have a significant relationship with neighbors, customers, schoolmates, coworkers, and ex-spouses following up these correlations.

Limitations

Data were limited by surveys and data already collected via the NCVS from the federal government. For this reason, gender identity is restricted to the binary male and female, crime types are restricted (e.g., verbal assaults are not included), and interpretations are limited by the data previously collected. Personal perceptions or interpretations from the initial interviewer could have previously influenced the data. It is critical to keep in mind that stereotypes and misconceptions about those with disabilities influence the types of research projects that are planned, funded, and implemented (Meyer et al., 2022).

The NCVS does not ask questions of those who are homeless or live in institutional settings, such as nursing homes or places where someone may find people with IDDs, which severely limits the population pool. Missing these populations could cause many people to be absent from the survey. Surveys often miss these populations in

their data gathering (Meyer et al., 2022). The NCVS's weakness is that the only question on DDs is about having difficulty thinking, concentrating, or remembering when the operational definition is much more detailed (Schalock et al., 2019). The question about DDs is extremely vague and open-ended, and many people could be missed as most would not consider themselves to have a cognitive or DD simply by having trouble concentrating or remembering.

Another limitation is that the current study only looks at victims with DDs and does not include those with other disabilities, so it is not as generalizable as it could be. A final limitation is that interviewers were limited in data collection by avoiding dangerous neighborhoods, nonanswers, and proxy interviewing (Bureau of Justice Statistics, 2020). Any telephone surveys could also exclude those with hearing disabilities, or those with cognitive disabilities may be unable to give informed consent or understand what is being asked (Meyer et al., 2022).

Recommendations and Implications

Future researchers may want to consider using their own survey and gathering their own data from a verified DD population. This will eliminate any vagueness about the NCVS question of DD, missing populations from homeless or institutional settings, or personal biases that may have influenced the data previously. A longitudinal, mixed-methods approach would provide a richer base of findings as it would not only provide the quantitative data but also the victim's personal victimization experiences.

Societal views of those with disabilities and their social and economic exclusion can compound the severity and duration of violence (Meyer et al., 2022). People with

disabilities also face risks due to a lack of access to information, education, and support programs with violence prevention, safety planning, sexuality, and sex education, and they even have less opportunity to partake in healthy relationships (Hughes et al., 2020b). Adults with IDD have fewer opportunities for making independent choices and, therefore, are offered less independence (Tabin et al., 2021a). Prevention and intervention programs that provide access to information and education, social activities, and growth of self-confidence may be particularly important. Since almost half of the crimes committed against adults with DDs comprise theft (49.2%) and burglary (17%), education efforts should aid in understanding that this type of crime is correlated with relationships between friends, roommates, other relatives, coworkers, or school staff members as the highest level offenders.

It has been shown that individuals with IDDs who have greater functional independence show less social vulnerability (Tabin et al., 2021a). Parents of and those who work with adults with IDDs should be offered education programs that show them how to increase independence, executive functioning, and social opportunities for those in their charge. Social function is improved in those with IDDs with stronger executive functioning skills, impacting social competence, adaptive behavior, and abstract reasoning (Bednarz et al., 2020). Violence prevention should also be an aim during education efforts. Violence prevention and aid efforts should be aimed toward domestic or intimate partners as well as parents, as these relationships were the strongest predictors of assault (10%). The only relationship that has a victimization percentage over 50% for

males with DDs are those with schoolmates, providing implications for bullying in the school setting.

Adults with IDD report having suffered six different victimization types throughout their lives, demonstrating the vulnerability and risk associated with this population (Codina et al., 2022). The findings from this study support this as seven types of crime (rape, robbery, assault, assault without weapon or force, verbal threats, burglary, and theft) were all correlated with the victim's relationship to the perpetrator and considered statistically significant. Those with IDDs may be more likely to accept and tolerate exploitative, abusive, or aggressive behavior due to a lifetime of negative social experiences and interventions aimed at addressing perceived social deficits (Gibbs et al., 2021). Interventions should be aimed at educating those with IDDs about healthy boundaries, safety planning, victim support services, and healthcare services. The perpetrator pool for females is much larger, having implications for prevention and aid work. Other implications include prevention efforts through applications in policy, policing, advocacy, and healthcare.

Conclusion

Although people with IDDs are estimated to account for less than 2% of the US population, they are a policy-relevant population as they receive substantial public and private disbursements (Havercamp et al., 2019). People with IDDs represent an unprecedented, rapidly growing portion of the American population, with estimates indicating a dramatic rise through quickly increasing diagnoses and the aging population (Hickson & Khemka, 2021). There is likely a substantial level of unmet need, given the

lack of cross-agency and individual service-level responses and low-level awareness of victimization that those with IDD encounter (Thomas et al., 2019). Those with IDD have the right to everyday life (Bowen and Swift, 2019) but are often obstructed by fear of victimization. If justice professionals developed a more holistic perspective of disability, the focus would shift from “fixing” individual deficits to addressing the issues in the broader environment that could reduce victimization for this population (Marinos & Whittingham, 2019).

The United Nations Convention on the Rights of Persons with Disabilities (UN-CRDP) declared that those in positions of power need to take appropriate actions to prevent exploitation and ensure that suitable forms of education are available on how to avoid, recognize, and report instances of violence and abuse (Tomsa et al., 2021). Despite this call to action, people with IDD are still victimized at disturbingly high rates, underscoring the importance of attention in this area (Jojo et al., 2023). The victimization rates of those with IDD suggest a closer examination of the extent and impact of crime victimization experienced by those with disabilities (Thomas et al., 2019). Understanding the scale of violence against affected groups is the first step to violence prevention (Wiseman & Watson, 2021).

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[Giercuskiewicz/publication/326353943_Critical_Disability_Theory_as_a_theoretical_framework_for_disability_studies/links/5fd0e35d45851568d14e1e67/Critical-Disability-Theory-as-a-theoretical-framework-for-disability-studies.pdf](https://www.researchgate.net/profile/Joanna-Sztobryn-Giercuskiewicz/publication/326353943_Critical_Disability_Theory_as_a_theoretical_framework_for_disability_studies/links/5fd0e35d45851568d14e1e67/Critical-Disability-Theory-as-a-theoretical-framework-for-disability-studies.pdf)

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Appendix A: Descriptive Statistics

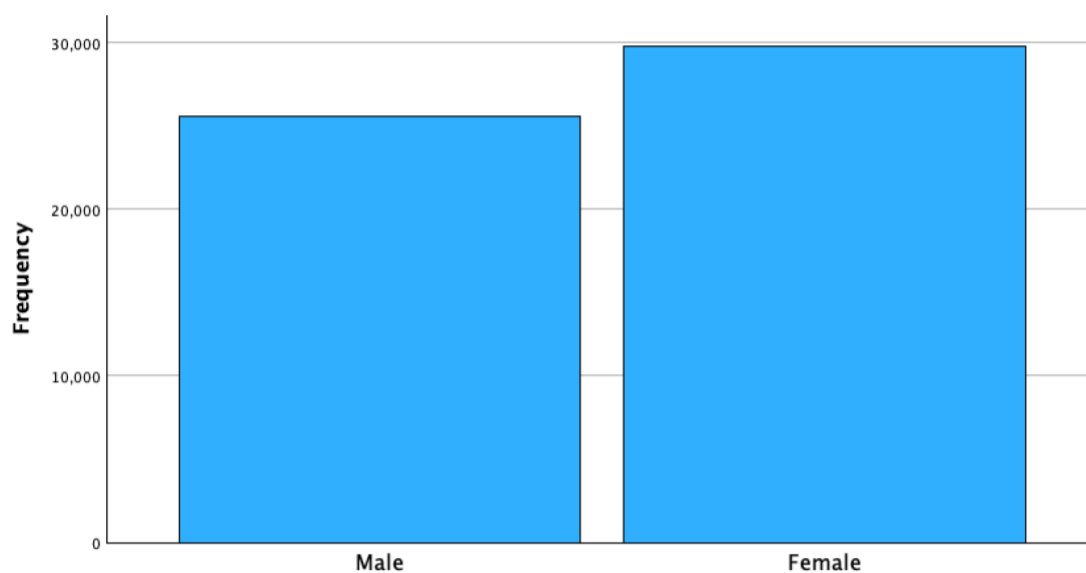
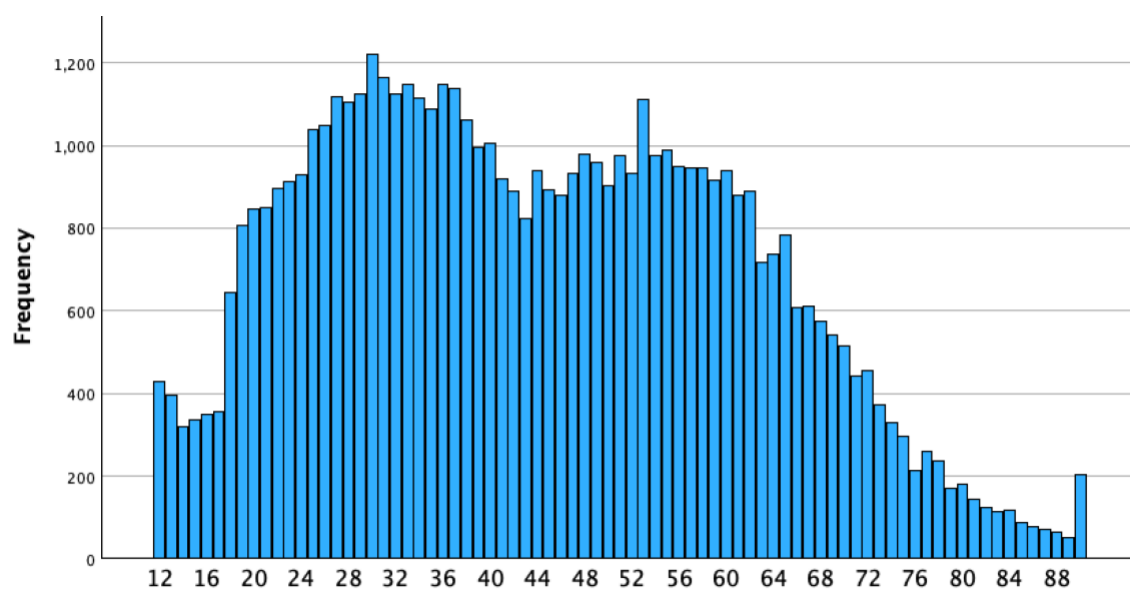
Figure A1*Victim Sex***Figure A2***Victim Age*

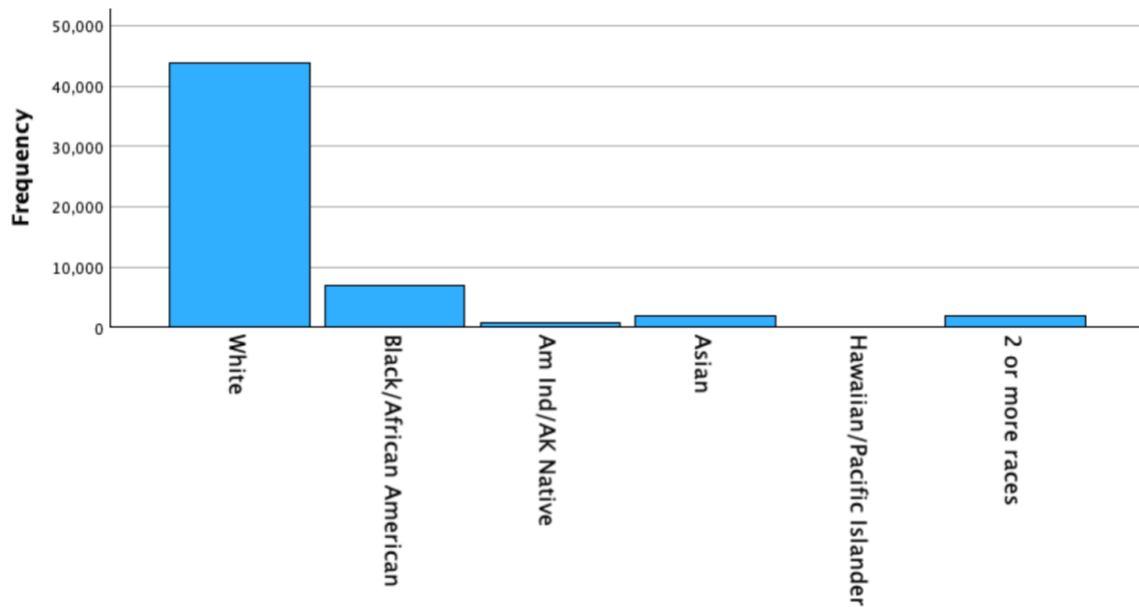
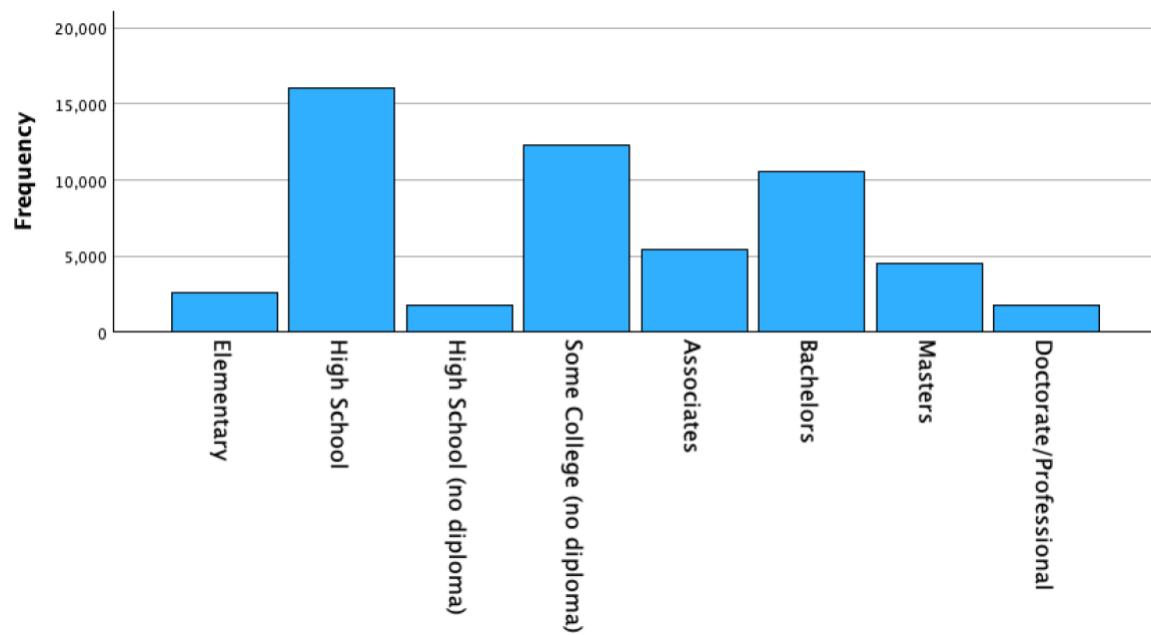
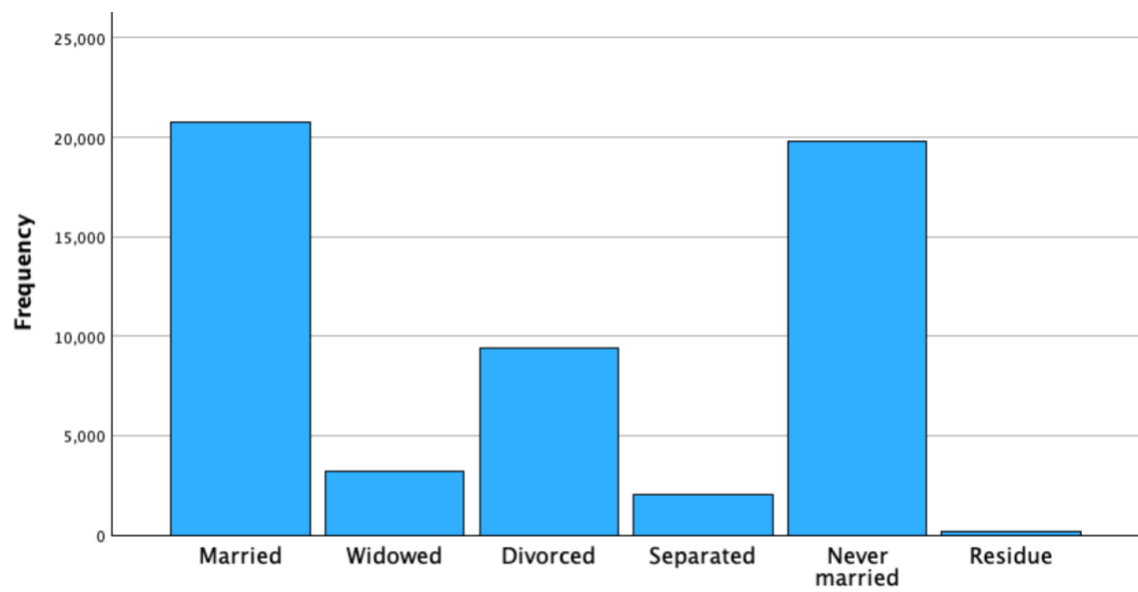
Figure A3*Victim Race***Figure A4***Victim Education*

Figure A5*Victim Marital Status*

Appendix B: Tables and Statistics

Table B1*Crosstab Table: Perpetrator Relationship, Sex, and Crime Type*

Relationship	Male	Female
Rape		
Spouse	4	43
Ex-Spouse		10
(Step) Parent		3
Sibling		2
Other Relative		8
Intimate Partner	2	90
Friend (or ex)	7	82
Roommate		4
Schoolmate	1	13
Neighbor	1	7
Customer/Client	1	3
Coworker/School staff	4	29
Residue		7
Out of Universe	27	87
Total	47	388
Sexual assault		
Spouse		2
Ex-Spouse		2
(Step) Parent		1
Other Relative		1
Intimate Partner		13
Friend (or ex)	4	13
Schoolmate		2
Neighbor		2
Customer/Client		3
Coworker/School staff	1	15
Residue		3
Out of Universe	1	28
Total	6	85
Robbery		
Spouse	2	5
Ex-Spouse	2	7
(Step) Parent	2	7
(Step) Child	6	11

Relationship	Male	Female
Sibling	3	15
Other Relative	4	18
Intimate Partner	6	69
Friend (or ex)	21	28
Roommate	3	6
Schoolmate	7	4
Neighbor	5	8
Customer/Client	2	2
Coworker/School staff	14	10
Residue	8	9
Out of Universe	280	162
Total	365	361
Attempted robbery		
Spouse	2	7
Ex-Spouse		2
(Step) Parent	1	2
(Step) Child	1	7
Sibling	2	6
Other Relative	5	4
Intimate Partner	1	13
Friend (or ex)	6	1
Roommate	1	1
Schoolmate	3	2
Neighbor	5	5
Customer/Client	2	6
Coworker/School staff	1	7
Residue	4	3
Out of Universe	191	91
Total	225	157
Assault		
Spouse	24	146
Ex-Spouse	9	43
(Step) Parent	28	22
(Step) Child	32	87
Sibling	20	43
Other Relative	35	53
Intimate Partner	53	291
Friend (or ex)	105	79
Roommate	17	17
Schoolmate	55	23
Neighbor	80	82

Relationship	Male	Female
Customer/Client	40	73
Coworker/School staff	82	126
Residue	49	19
Out of Universe	975	571
Total	1604	1675
Unwanted sex without force		
Spouse		1
Ex-Spouse	1	7
(Step) Parent		3
Other Relative		13
Intimate Partner		22
Friend (or ex)	8	41
Roommate		3
Schoolmate	1	11
Neighbor		6
Customer/Client		4
Coworker/School staff		32
Residue	4	13
Out of Universe	18	106
Total	32	262
Assault without weapon		
Spouse	31	77
Ex-Spouse	6	27
(Step) Parent	13	17
(Step) Child	17	56
Sibling	15	34
Other Relative	26	36
Intimate Partner	26	107
Friend (or ex)	60	64
Roommate	16	21
Schoolmate	76	27
Neighbor	49	58
Customer/Client	44	59
Coworker/School staff	86	104
Residue	51	57
Out of Universe	680	546
Total	1196	1290
Verbal threats		
Spouse	2	53
Ex-Spouse	7	37
(Step) Parent	6	19

Relationship	Male	Female
(Step) Child	10	63
Sibling	8	23
Other Relative	40	49
Intimate Partner	12	95
Friend (or ex)	45	73
Roommate	19	14
Schoolmate	62	42
Neighbor	153	168
Customer/Client	58	114
Coworker/School staff	166	157
Residue	86	54
Out of Universe	1206	848
Total	1880	1809
Purse snatching/ pocket picking		
(Step) Child	2	
Other Relative	2	1
Intimate Partner	3	
Friend (or ex)	2	2
Schoolmate	1	
Neighbor	1	
Coworker/School staff	1	
Residue	2	2
Out of Universe	117	129
Total	131	134
Burglary		
Spouse		4
Ex-Spouse	4	17
(Step) Parent		6
(Step) Child	2	20
Sibling		9
Other Relative	3	27
Intimate Partner	14	32
Friend (or ex)	16	27
Roommate		3
Schoolmate	2	1
Neighbor	30	31
Customer/Client	4	15
Coworker/School staff	12	43
Residue	14	22
Out of Universe	3296	4027
Total	3397	4284

Relationship	Male	Female
Motor vehicle theft		
Ex-Spouse	1	6
(Step) Child	2	7
Sibling		2
Other Relative	5	2
Intimate Partner	2	1
Friend (or ex)	4	13
Roommate	1	2
Neighbor		1
Customer/Client	1	2
Coworker/School staff	4	2
Residue	3	1
Out of Universe	880	819
Total	903	858
Theft		
Spouse	5	4
Ex-Spouse	7	21
(Step) Parent	5	13
(Step) Child	30	82
Sibling	19	36
Other Relative	57	134
Intimate Partner	15	40
Friend (or ex)	168	254
Roommate	34	25
Schoolmate	15	25
Neighbor	31	85
Customer/Client	24	37
Total	410	756

Table B2*Crosstab Table: Types of Crime Against Those With and Without DDs*

Type of Crime	#	Yes (DD)	No (DD)
Rape	Count	115	317
	%	2.2%	.6%
SA	Count	16	74
	%	.3%	.1%
Robbery	Count	134	585
	%	2.5%	1.2%
Attempted Robbery	Count	55	325
	%	1%	.7%
Assault	Count	525	2736
	%	10%	5.5%
Unwanted sex without force	Count	52	239
	%	1%	.5%
Assault without weapon	Count	350	2118
	%	6.7%	4.2%
Verbal threats	Count	404	3269
	%	7.7%	6.6%
Purse snatching/pocket picking	Count	24	241
	%	.5%	.5%
Burglary	Count	892	6761
	%	17%	13.6%
Motor vehicle theft	Count	105	1646
	%	2%	3.3%
Theft	Count	2583	31550
	%	49.2%	63.3%
Total	Count	5255	49861
	%	100%	100%

Note. DD = developmental disability.

Table B3*Chi-Square Test: Types of Crime Against Those With and Without DDs*

	Value	df	Asymptotic significance (2-sided)
Pearson chi-square	722.807 ^a	22	<.001
Likelihood ratio	638.696	22	<.001
Linear-by-linear association	161.360	1	<.001
<i>N</i> of valid cases	55374		

Note. DD = developmental disability.

^a 6 cells (16.7%) have expected count less than 5. The minimum expected count is .42.