

Victimization of Persons with Traumatic Brain Injury or Other Disabilities

What is victimization?

According to the U.S. Department of Justice (2004), victimization occurs when a person suffers direct or threatened physical, emotional, and/or financial harm. Victimization can include physical violence, sexual violence, psychological or emotional abuse, and neglect. The Centers for Disease Control and Prevention (CDC) acknowledges such victimization as a serious and preventable public health problem.

Physical violence is the intentional use of physical force with the potential for causing death, disability, injury, or harm (Rosenberg and Mercy 1991; CDC 2006). It includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, biting choking, shaking, slapping, punching, burning, use of a weapon, and use of restraints or one's body, size, or strength against another person (CDC 2006).

Sexual violence is the use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed; an attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act; and abusive sexual contact(CDC 2004).

Emotional abuse occurs when a person is threatened, terrorized, or severely rejected, ignored, or verbally attacked (Nosek et al. 2001). It includes, but is not limited to, episodes of yelling, threats, or acts meant to humiliate or hurt feelings (Curry et al. 2003).

What is the extent of the problem?

Current knowledge about victimization of persons with disabilities is based on a small number of studies, and little is know about victimization of important groups such as persons with traumatic brain injury (Marge 2003).

- Persons with disabilities are 4 to 10 times more likely to become a victim of violence, abuse, or neglect than persons without disabilities (Petersilia 2001).
- Children with disabilities are more than twice as likely to be physically or sexually abused as children without disabilities (Petersilia 2001; Sobsey and Mansell 1994).
- Similar proportions of women with and without disabilities report having experienced episodes of physical violence, sexual violence, or emotional abuse (Sobsey and Mansell 1994). Women with disabilities, however, report greater numbers of perpetrators and longer time periods of individual episodes than women without disabilities (Young et al. 1997).

Where does victimization occur?

- Victimization can occur anywhere; however, it usually happens in isolated locations where a person with disabilities has little or no control of the environment (Sobsey and Mansell 1994), and the setting is away from the view of law enforcement (Verdugo and Mermejo 1997).
- Institutional settings are risk locations for persons with disabilities because multiple episodes of physical and sexual violence, emotional abuse, or neglect, or violence may be committed against them by staff or other residents and yet go undetected or unreported (Sobsey and Mansell 1994; Brown and Turk 1994; Turk and Brown 1993).

Who commits acts of victimization?

- More men than women, either as intimate partners or as health care workers (Brown and Turk 1994; Marley and Buila 2001), are reported to commit acts of physical violence, sexual violence, emotional abuse, or neglect against persons with disabilities.
- Family members have been reported to commit crimes of victimization while caring for a relative with disabilities (Milberger et al. 2003; Stromsness 1993).
- Personal home care attendants (Oktay and Tompkins 2004; Saxton et al. 2001) or health care workers at institutions (Brown and Turk 1994; Sequeira and Halstead 2001) have been reported to perpetrate emotional abuse and sexual violence against persons with disabilities.
- In institutional settings, persons with disabilities may commit acts of physical violence or sexual violence against other persons with disabilities (Sobsey and

Doe 1991).

What factors make a person with disabilities susceptible to victimization?

Societal Factors:

- Misperceptions about disability include having a disability protects a person from victimization; the risks to a person with disabilities are thought to be less than the risks to a person who has none (Young et al. 1997).
- Unemployment or underemployment of persons with disabilities restricts their income and limits their choices for caregivers, leading to an increased risk of physical and sexual violence, emotional abuse, or neglect (Stromsness 1993).
- Lack of money often causes persons with disabilities to live in areas where crime rates are high and the potential for physical and sexual violence is greater than in wealthier neighborhoods (Curry et al. 2001).

Community Factors:

- Community resources for victims of physical and sexual violence, emotional abuse, or neglect are usually designed to assist people without disabilities (Swedlund and Nosek 2000; Chang et al. 2003; Cramer et al. 2003). Organizations that provide such resources do not routinely collaborate with organizations that assist persons with disabilities (Curry et al. 2001; Swedlund and Nosek 2000; Chang et al. 2003).
- Frequently, health care (Swedlund and Nosek 2000; Chang et al. 2003; Cramer et al. 2003) and law enforcement (DOJ 1998) professionals are uninformed about victimization of persons with disabilities. Thus, they may not have the specialized knowledge or skills to identify and assist these individuals when victimized.

What factors make a person with a traumatic brain injury, or TBI, susceptible to victimization?

Relationship Factors:

- Persons living with a TBI often have difficulty with anger management, which may prompt others to use undue physical force or inappropriate medication (Kim 2002).

- Misperceptions about TBI and its effects may lead to treatment that is demeaning or abusive (Sequeira and Halsted 2001).
- TBI outcomes affect others' perceptions of a person's ability to honestly and accurately report an incident of victimization (DOJ 1998).
- Persons with TBI or other disabilities may experience physical and sexual violence, emotional abuse, or neglect by a caregiver in return for access to medication, adaptive equipment, or assistance with activities of daily life (Oktay and Tompkins 2004).

Individual Factors:

- A TBI can cause cognitive problems that reduce one's ability to perceive, remember, or understand risky situations that could lead to an incident of physical or sexual violence (Kim 2002; Levin 1999).
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- Persons with a TBI may engage in at-risk drinking or drug use that place them in situations or relationships that lead to episodes of victimization (Kwasnica and Heinemann 1994; Li et al. 2000).
- In some persons, a TBI causes uninhibited behaviors that lead to risky sexual engagement, exposing them to HIV/AIDS or other sexually transmitted diseases (Jaffe et al. 2000; Kramer et al. 1993).

Information and Support

Brain Injury Association of America

At the national and state level, the Association serves as a clearinghouse for community service information for persons with TBI, their families, and sponsors of educational programs.

800-444-6443

www.biausa.org

Defense and Veterans Brain Injury Center

Serves active-duty military personnel and veterans who acquired TBI in the line of duty; provides medical care and educational programs for them and their dependents.

800-870-9244

662-6345 (DSN)

www.dvbic.org

National Disability Rights Network

Voluntary association of protection and advocacy systems and client assistance programs. Promotes rigorous enforcement of laws protecting the civil and human rights of persons with disabilities, including those with TBI.

202-408-9514

202-408-9521 (TTY)

www.ndrn.org

National Domestic Violence Hotline

Provides information and advice about domestic violence; makes referrals to local resources and shelters.

800-799-SAFE

800-787-3224 (TTY)

www.thehotline.org

Article Source

Centers for Disease Control (CDC)

Source URL

<https://www.cdc.gov>

Last Reviewed

Wednesday, October 21, 2020