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SOCIAL SERVICE PROFESSIONALS PERSPECTIVES ON ASSESSING ABUSE AMONG THE DEVELOPMENTALLY DISABLED

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ABUSE AMONG THE DEVELOPMENTALLY DISABLED

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Shelita Darlene Majied

June 2015

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ABSTRACT

There are substantial amounts of research on risk factors that contribute to abuse among adults with developmental disabilities. There are also studies that explore preventative measures and safety factors to help reduce abuse among the population. These relevant studies and research has examined the relationship between developmental disabilities, types of abuse, risk factors, effectiveness of risk assessments, and prevention. The main purpose of this study is to explore the problem of high abuse rates amongst this population and discuss social service professional's perspective on the current preventative measures used to protect adults with developmental disabilities from abuse. For this quantitative study, the researcher distributed questionnaires to social service professionals to gauge their experiences with working with the developmentally disabled population, and assessing abuse. The data obtained from the questionnaires were analyzed for the purpose of giving a descriptive and exploratory view of the study. The key findings of the study showed the demographics of the participants and clients, abuse types and assessment techniques, and outcomes of abuse cases. There were no significant findings between variables, but the data showed that there is a break down in effective assessment techniques and procedures when assessing abuse among the developmentally disabled. Limitations and recommendations for social work practice were also discussed.

ACKNOWLEDGMENTS

DEDICATION

To my adorn husband and amazing children, I dedicate this to you. Your strength, encouragement, love, and patients are what keep me going. Hakeem Sr., you have always been my rock, but not only have been my rock this time but my guardian angel. Hakeem Jr, Aaliyah, and Ayanna, when I look at you I see the best qualities of your father and myself. The sky is the limit and always follow your dreams. I would also like to dedicate this thesis to my parents, Jerry Sr. and Debra who taught me that anything is possible with hard work and dedication. You have all been such a tremendous support system for me throughout this process, and cannot tell you all how much I appreciate all that you have done.

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CHAPTER ONE

INTRODUCTION

The purpose of this chapter is to provide a synopsis of the problem, which will contain the history and background of assessing abuse among people with developmental disabilities. This will permit the framework needed to explain the perspectives social service professionals have on whether the current assessment tools available are effective and accurately identify abuse among adults with developmental disabilities. In conclusion, the purpose of this study is to explore if there is a common school of thought between social services professionals experiences with assessing abuse with this population, and what techniques are most similar and dissimilar.

Problem Statement

Adults with developmental disabilities are more vulnerable to possibly experience some form of abuse due to limited cognitive, mobility, or communication abilities that leave them more susceptible to manipulation or maltreatment from others.

Still while placing these residents within the community, there has been some relief to the amount of abuse that many sustained, but there are still higher rates of abuse that occur with this population. It has been found that abuse rates among this population are higher than in the overall population and have remained at a steady rate (Nettelbeck & Wilson, 2002, p. 292).

Atkinson et al. (2012) stated, "Individuals with intellectual and developmental disabilities experience rates of interpersonal violence much higher than those in the general population" (p. 301).

Findings also indicate that the rates of interpersonal violence against adults with intellectual disabilities differ, ranging from single digit numbers to almost double depending on the sample used (Atkinson et al., 2012). Violence against this population is a global-wide social issue that has been a very difficult topic to research, because results vary in findings and different statistics are being reported.

The U.S. Department of Justice reported that individuals with intellectual disabilities had the "highest average annual unadjusted rate of violent victimization from 2009 to 2011" (2012, p. 7). Common types of abuse are physical, verbal, sexual, neglect, and financial. Baladerian (1991) defines abuse as, "The non-accidental injury or committing of acts that could result in injury, through acts of omission or commission" (Baladerian, p. 324).

Often it is found that many of those who have been victimized have not reported the incident or were unaware that they had been violated. The significance of what occurred and the type of injury, requires an accurate account of the incident from the reporting person, so that an assessment of the actual injury can be established and verified. Nettelbeck and Wilson stated, "Self report of victimization can be difficult to verify by external criteria, and the validity of this measurement is vulnerable to both the intentional

errors, such as lying, as well as unintentional sources, such as forgetfulness or confusion about what happened or ignorance of what constitutes a crime" (2002, p. 291)

Mahoney and Poling stated that, "Findings suggest that prevalence of sexual abuse is higher for people with developmental disabilities, and is highest in people with severe disabilities" (2011, p. 369). Offenders often seek out those who are perceived as fragile or defenseless. As reported by Mahoney and Poling, "There was usually a relationship between the victim and the perpetrator before abuse occurred, with perpetrator described as a family member, acquaintances, service provider, personal care staff, psychiatrist, or residential staff" (2011, p. 369). It appears that accessibility is a key factor to make victimizing the disabled easy. When an assault has been committed by someone familiar or close to the person, it makes it difficult for them to disclose or pursue allegations, due to fear of retaliation (Joyce, 2003)

Purpose of the Study

The purpose of this study is to examine social services professional's perspectives on assessment protocol or techniques used to identify or investigate abuse cases among the developmentally disabled population. The research question that is explored is, is there a common school of thought between the perceptions of the techniques or tools used to assess abuse with the developmentally disabled population. What will also be explored is what tools or techniques are most similar and dissimilar. This will grant a better

understanding of whether the current procedures or techniques are efficient to use when identifying abuse, and whether these procedures or techniques need further development. The sample population of social service professional's will be requested to input their views regarding how effective are the assessments and techniques used to determine if abuse has occurred and how they affect outcomes of suspected abuse. Due to the lack of research studies on this specific topic and continual growth rates of abuse among this population, it is imperative to study the variant assessment tools available to social service professional's, when working with these particular circumstances.

Many social service professionals require continuous education unit's to keep them informed of current and relevant information that will help them effectively work with their clients and maximize the client's rate of success. There are trainings that are formulated to present new discoveries and research updates that offer social service professionals a way to gather relevant materials that will work best with their clients. There are changes and new theories that become relevant and at times may be beneficial to use depending on the population the social service professional is assessing.

According to the National Association of Social Workers, continuing education is training taken by social workers that have already completed the formal education required to enter their field (2014). Many professional associations, including NASW, encourage their members to keep up with the

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current knowledge base by participating in specified additional training within certain time limits. Having the access to gain new perspectives on how to work with clients is relevant to this study, and will also be examined in this study. It is relevant because it provides a way to measure and compare how training and having the access to new information can affect how abuse is assessed.

Different agencies, counties, and states, use various assessment tools and techniques when training their staff, and these variants have distinct differences among agencies. Social workers can adjust and are taught to be multi-dimensional, so that they have a general sense of an individual, family, and community. Other professions may only focus on one specific area within the clients' life. The main issue that often breaks down the effectiveness of assessing and treating a client is the agency's procedures, and polices to help the client. Reviewing how different agencies assess abuse, is significant to this study as well, because it provides an opportunity to see similarities and differences in assessing developmentally disabled adults who have potentially been abused. This also helps to look at policies that may interfere with multiagency collaborations and how they work together to prosecute offenders if abuse has been found.

According to Mansel et al. (1994), "for people with developmental disabilities who have been sexually abused, there has been prolonged denial of their sexual abuse, inadequate access to treatment services, and a paucity of appropriately trained professionals" (p. 406). When reviewing the statistical

data on people who have been sexually abused/or assaulted and have developmental disabilities there tends to be a disproportionately large number of victims (Allen, & Borgen, 1994). Development of appropriate universal assessment strategies and treatment methods for people with developmental disabilities has been a low priority in both research and program supports (Mansell et al., 1994). Mansell et al. (1994) later go on to say "The inadequacy of treatment services may suggest the desensitizing impact of myths and devaluing attitudes toward people with developmental disabilities" (p. 406).

After analyzing all the parties that will be affected by change in the preventative measures for protecting this population, it has been witnessed that there are many steps to foster this change. The reason preventative measures have to be addressed is as noted above; rates of abuse are increasing in acts and intensity against this population. The vulnerability of this dependent group often depends on how competent and aware their support system is. Dependent adults rely on others to help protect and guide them to accomplish their typical life skills, so addressing the loopholes within the system will possibly help to bring forth or create a better means to educate all parties involved in the lives of adults with developmental disabilities. Preventing incidents of abuse also allows adults with developmental disabilities not to become perpetrators themselves from experiencing these incidents that can later become learned behaviors.

Significance of the Project for Social Work

Through reading various articles regarding the lack of efficient assessment tools and techniques used to identify or detect abuse among the developmentally disabled, it is apparent that there is a need to further examine the current methods available to the social service professionals with this population. Atkins at el. (2012) stated "Currently, there is no known evidence-based measuring of interpersonal violence for individuals with developmental disabilities" (p. 302). There have been several attempts to design an assessment tool that would enhance the ability to accurately evaluate or detect if abuse had occurred.

According to Lewin (2007), "A 1999 amendment to the Social Services Act states that anybody working in the services for the elderly or persons with disabilities who notices or learns about abuse or neglect in social care must report this to the municipal authority" (p. 174). Being that social workers are mandated reporters, and are also part of the investigation process, it is imperative that they are competent with the assessment tools and techniques the agency has provided to them. The findings of this study may assist with developing a united and cohesive system that will better assist with identifying and assessing abuse among adults with developmental disabilities.

Exploring social service professional's perspectives on the current assessment tools and techniques available to them can encourage further efforts to create an enhanced operational system that will better assist them

with evaluating their clients. These perspectives are important to this study because it will help determine whether the current assessment tools are sufficient to help detect or investigate alleged abuse. Brown et al. (1995) stated that "that reporting of abuse was often uncoordinated, that action did not always involve all relevant agencies, and that outcome for both victim and perpetrator was unclear and rarely resulted in persecution" (p. 10). With this type of scenario occurring, it is not surprising that there is a disproportionate incidence of high abuse rates among this population.

  Furthermore, it is anticipated that this study will provide an opportunity to encourage or stimulate positive discussion on effective methods to use to help better detect abuse among this population, which may be a way to help reduce the high rates of occurrences of abuse. In addition, the study can also inspire advancements in developing or adding more identifying questions or techniques to the assessment tools. Moreover, the results may increase the interest in some researchers to further examine techniques used when working with this population. Eventually, this may assist with constructing improved social services and programs, as well as changing policies, and laws to help better prosecute perpetrators and reduce abuse.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The subject matter within the literature review will present current

research studies that examined associated risk factors and preventative

measures, assessments and intervention, and limitations and lack of research.

There are substantial amounts of research on risk factors and preventative

measures that contribute to abuse and safety among adults with

developmental disabilities. Relevant studies have examined the relationship

between developmental disabilities, abuse, and prevention.

Risk Factors and Preventative Measure

After reviewing several articles it was found that criminal incidents

against adults with intellectual disabilities were increasing and the acts were

intensifying in severity. According to Atkinson and Ward, "The U.S.

Department of Justice reported that persons with disabilities were victims of

crimes 1.5 times more than those without disabilities, and the rate of rape

victimization was twice as high" (2008). The Bureau of Justice Statistics

(Harrell & Rand, 2010) found that in 2008 people with a cognitive functioning

disability had a higher risk of violent victimization than people with any other

type of disability (2010). It was commonly found that females with intellectual

disabilities were more likely to be assaulted than men (Nettlebeck et al., 2002

p. 292). The rates are relatively higher than the general population of women. According to Mahoney et al., "it is estimated that 68-83% of women with developmental disabilities will be sexually assaulted in their lifetimes, as a contrast to an estimated 18% of woman generally" (p. 369). There have also been reports that have shown that men are usually the perpetrator, but men are increasingly reported as being victimized (Joyce, 2011).

According to the Center for Disease Control and Prevention developmental disabilities are defined as a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime (2014). The Center for Disease Control and Prevention further adds that recent estimates in the United States show that about one in six, or about 15%, of children aged 3 through 17 years have a one or more developmental disabilities. (2014)

According to Osmun et al. (2015), "Over the past century, adults with developmental disabilities were cared for in large institutions" (p. 27). The article further notes that, "within these institutions, the residents were afforded very few rights and, as a result, various forms of abuse and maltreatment took place, with little recourse" (p. 27). As people became more aware of the conditions of these facilities, the philosophy of care gradually shifted toward a system of home-based supports (Osmun et al., 2015).

Literature is relatively minimal on researching effects of abuse with the intellectually disabled population; especially in regards to prevention methods of sexual abuse. It was found that many care providers for people with intellectual disabilities are not well informed or educated regarding sexual abuse in this population (Mahoney et al., p. 373). A collaborate group of professional educators from both developmental disability and abuse advocacy groups are trying to generate attention to this problem and begin to take steps to solve the problem (Mahoney et al., p. 374).

Lewin (2007), for instance, conducted a quantitative study to clarify, identify, and discuss barriers that explored if persons with disabilities were more vulnerable to abuse, types of crimes committed, and who are the perpetrators. The researching investigator collected data by assembling a postal survey that was sent to guardians of people with disabilities. What the study concluded, was there were difficulties grasping the concept that passive admiration for reliability and independence is not in line with the public's philosophy, which would require active caring about this population, protecting and supporting them.

Wilczynski et al. (2015) found that "Some individuals with disabilities lack skills and experience needed to protect themselves against abuse" (p. 9). Further noting, "They may not understand their rights and many not even be aware that the acts perpetrated against them are assault" (p. 9). This is often a barrier that hinders or prolongs the acknowledgment of suspected abuse. It

was found that few care providers, social workers, families, or interventionist, have attempted to teach nonverbal individuals with a disability to use and "assault" picture drawing to communicate that abuse has occurred (Wilczynski et al. (2015). Further adding, "Victims of crime who cannot communicate effectively are less likely to be able to prevent or report crimes or abuse, and are less likely to access the justice system, or when they do, have difficulty obtaining justice" (Wilczynski et al., 2015, p. 9).

It is understandable that adults with developmental disabilities have rights, as does any other independent adult, to make independent choices and decisions, but the question at hand is are these choices an act from being manipulated or deceived. Because adults with intellectual disabilities are often considered dependent adults, the responsibility of care is often a choice made by family members, care providers, social services workers, or other significant agencies staff members. The California Welfare and Institutions code § 15610.23, defines a dependent adult as :

(a) Dependent adult means any person between the ages of 18 and 64 years who resides in this state and who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or developmental disabilities have diminished because of age (2014).

Many studies have shown that adults with multiple disabilities are at an increased risk for being victimized by experiencing some form of abuse throughout their lifetime. "Limited Knowledge and negative attitudes about persons with developmental disabilities was seen as a contributing factor in abuse" (Bowman et al., 2010, p. 120) Individuals with disabilities may be at a higher risk of abuse due to limited social environments, disempowerment of the disabled population, poor or nonexistent sex education, as well as increased volume and nature of touch contact (Wilczynski et al., 2015, p. 10). It has also been found that many of this abuse cases go unfound or unprosecuted due to the lack of evidence or how the reporters' perception of abuse was conveyed.

In cases of sexual abuse, Saxe and Flanagan (2013) find that, "Sexuality is a fundamental aspect of human existence and is theorized that socially accepted sexuality schemas are embedded with normalized principles" (p. 45). Further noting that, "adults with developmental disabilities are consequently impeded by societal barriers from developing typical romantic and sexual relationships and are discouraged from expressing sexually" (Saxe & Flanagan, 2013). Those who seek assistance from care providers, are often unaware that support staff are forbidden by law to have any sexual relationship with the client and that law is there to protect them from sexual abuse and rape (Saxe & Flanagan, 2013). Ramsey-Klawsnik et al., 2007 state "Sexual offenders who find their way into employment within

care facilities can be extremely manipulative and skilled at gaining the trust of supervisors, fellow workers, and vulnerable residents" (p. 334). Furthermore the authors added that "they may even be regarded as exemplary employees; those who may volunteer for extra duties, night shift, or take the most difficult resident" (Ramsey-Klawsnik et al., 2007, p. 334). These actions can lead to easier accessibility to a vulnerable resident. Gill (2010) states, "Having individual choices respected and feeling safe in expression of these choices is an important implicit consideration in the determination of consent" (p. 202) The author further adds that, "Perpetrators can sexually abuse and assault individuals with intellectual disabilities even if the individual expressed willingness to participate in the sexual action. (Gill, 2010, p. 202-203)

According to Holder at el. (2009) "the words that first responders use with and about individuals with disabilities influence the outcome of interactions between responders and crime victims who have disabilities" (p. 03) Holder at el. (2009) also goes on to say "Language reflects our attitudes about, knowledge of, and, particularly, the respect we have for individuals of any population group or designation" (p. 03). What has been found is that interviewing techniques must be detailed and spoken in a language the person will cognitively understand, to secure useful statements for further actions (Milne, Clare, & Bull, 1999) Lewin (2007) stated, "Once reported, the result of the initial investigation must be detailed and precise enough to proceed to trial." Murphy et al., found that people with intellectual

disabilities are vulnerable to abusive situations, and most of the cases are revealed through victim disclosure (p. 741)

At times it was found that it was not standard practice to thoroughly assess clients with developmental disabilities. Young et al., (as cited by Wilczynski et al., 2015, p. 12) stated that, "Mental health professionals have offered some of the following reasons for failing to ask about abuse history: more pressing issues within therapy session; fear of exacerbating client disturbances; a diagnosis of psychotic disorders, which may result in inaccuracy of reports of abuse; and fear of inducing false memories in clients." The authors further note that, "Clinicians should ask every client about their abuse history unless clinical records indicate a clinician with significant training in abuse assessment has recently conducted an abuse history interview and the results of the interview are comprehensively recorded" (Wilczynski et al., 2015, p. 12)

Research has found that "it is very important for providers to report suspected abuse to APS, certification and public health officials, and law enforcement. Timely, accurate and thorough reporting of the involved facts must be accomplished to protect all potential victims and to guard against liability issues and certification violations" (Ramsey-Klawsnik et al., 2007, p. 335)

Assessments and Intervention

Faccini at el. (2011) performed a qualitative study to explore practices of a sample of New York Psychologist regarding training, supervision, and their processing of abuse allegations. The investigators gathered their data by conducting interviews with the selected psychologist. The conclusion of their study was that over half of the sample population was unsure of how to analyze the results concluded from their interview. Moreover, there seemed to also be a lack of standardized interviewing practices and analysis methods. The authors later stated, "There currently exists a gap in practitioners' ability to use a recognized and standardized approach to interview or analyze abuse cases when investigating them" (Faccini at el., 2011, p. 291)

Wilczynski et al. (2015) states:

Assessments of trauma in any client may be difficult for clinicians due to possible unwillingness or inability of the client to disclose their traumatic experience, and understanding the abuse assessment process in general is a prerequisite for conceptualizing how the assessment process might need to be altered for some individuals with disabilities. Clinical professionals are mandated reporters for suspected abuse, the application of this mandate may not sufficiently address the issue because many individuals with disabilities are limited in their disability to report information about the abusive episode; and to respond to the

intent of this mandate, clinicians should be aware of observational

indicators or behavioral warning signs of abuse. (p. 10)

Howell et al. stated, "Despite a range of statutory, policy and practice

improvements, there still seems to be many barriers to the identification,

investigation and prosecution of the abuse within the criminal courts" (p. 257).

Ramsey et al., (2007) indicates, "A difficulty frequently encountered when

responding to suspected abuse in facilities is the condition of alleged victims"

(p. 334). Furthermore the authors added that, "even attentive and caring

professionals may be challenged when attempting to elicit information from

residents with cognitive, developmental, and physical disabilities" (Ramsey et

al, 2007, p. 334). These findings lead to a consensus from many of the

authors that there needs to be a more effective measuring and assessment

tool created in order to gather more accurate information regarding abuse and

this population.

<center>The Impact of Limitation and Lack of Research</center>

Common concerns for many of the authors were that there is very little

information regarding preventive measures that are effective when working

with adults with intellectual disabilities. Bowman et al., (2010) states, "Despite

the fact the largest group of individuals who perpetrate sexual abuse against

persons with developmental disabilities are service providers, few sexual

abuse prevention programs target service providers have been developed or

evaluated in terms of their effectiveness in preventing abuse" (p. 121).

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Ramsey et al., (2007) find that "unfortunately clinical practice reveals numerous instances of professional failure to respond to suspect cases in ways that protect victims" (p. 334).

Lund (2011) finds, "it is important that people with disabilities have access to programs and services that address the unique safety needs of this population, including disability-related abuse, risk factors, and barriers to leaving." (pg. 172) Furthermore, "Likewise, both community services and intervention programs should be fully accessible to people with diverse disabilities" (Lund, 2011, p. 172). Several articles suggest that this process seems to be an ongoing matter that is developing with time and expertise. Lund (2011) notes, "due to the very limited number of articles addressing interpersonal violence related treatment for people with disabilities, it is very difficult to make solid clinical recommendations" (p. 179).

There was a lack of effective measuring tools that allowed research to be done on this population and this type of encounter. With a lack of sufficient research on preventative measures; challenges may appear when trying to educate others on how to provide a safe environment for this population.

Theory Guiding Conceptualization

The theoretical theory concept that has been chosen to apply to the research topic is the Ecological Systems Theory. Green et al. (2010), states "The process of explaining and understanding the world is infinitely more important than explanations of causality of specific events, as this process

gives us capacity to make appropriate, effective and far-sighted decisions about the causal knowledge that traditional science makes accessible" (p. 2417). Exploration of how the individual develops through the interaction with others in their surroundings is a great basis to understand the though process of not reporting abuse. Bronfenbrenner argued that "In order to understand human development, one must consider the entire ecological systems in which growth occurs" (p. 37).

There are three systems that can influence the outcome of how people with developmental disabilities perceive acts of abuse. In order to gain an understanding of how the ecological system works as a whole to help cultivate the individuals' development, all components of that system has to be explored.

The first system to be explored is the micro system, which are the direct surroundings of the adult with a developmental disability. This will include family, peers, work program, and neighborhood. The next system that will be explored is the mesosystem. This is where relations between the different microsystems are evaluated. The last system to evaluate will be the macro system, in which status, socioeconomics, and culture is described.

To extend this ecological systems model, it may be a good to refer to Sobsey's ecological model of abuse. According to Hickerson et al. (2013) "Sobsey's model highlighted the interactions between fours systems, which were the potential victim, potential offender, immediate environment, and the

culture." (p. 207). Exploring all of the systematic dynamics that play a role in making this population vulnerable to crime, violence, or abuse is essential.

Summary

In reviewing the literature, it has been determined that there is not enough research in the area of efficiently identifying abuse among the developmentally disabled and the effectiveness of assessment tools and techniques. Thus, it is anticipated that this research project could disclose valuable information that would help identify key factors that can help social worker's identify abuse in their practice.

CHAPTER THREE

METHODS

Introduction

The purpose of this chapter is to describe the research methods that were used for the study. The sampling methods were also disclosed in detail, as well as how the data were obtained, instruments developed and applied to collect data. The importance of human subjects and the quantitative data analysis are reflected in this section.

Study Design

This study explores Social Service Professional's Perspectives on the assessment processes and techniques used by them to assess abuse among people who have a developmental disability. In addition, their perspectives on the current preventative measures used to protect adults with developmental disabilities from abuse were studied. Furthermore, this study explores the success of the techniques in detecting suspected abuse. These selected categories are important to this study because they can enlighten and give more of an understanding as to why there is some difficulty identifying and handling abuse cases with this population. In conclusion, the purpose of this study is to explore if there is a common school of thought between social services professionals experiences with assessing abuse with this population, and what techniques are most similar and dissimilar.

In collecting data for this study, the goal was to use the quantitative method, through a self-administered and self-reporting questionnaire that evaluated social service professional's perceptions of the current assessment tools and techniques used at their agencies. The questionnaire consists of questions that are related to demographics, work experience, and perceptions of assessment techniques and tools used to detect abuse.

The questionnaire allowed the researcher to sample a variety of participants in a specific setting and profession related to social services. Furthermore, it allowed the participants freedom to fill out the questionnaire during their leisure time and most comfortable venue. The questionnaire was administered through the use of an online survey, and the participants were solicited through the use of the snowballing research method. Therefore, they were not directly questioned by the researcher, which helped reduce feelings of a specific response required from the participant. The participants were anonymous, and their responses to the questionnaire are confidential.

There are several potential difficulties or issues that occurred which affected the research design. There were more participants who participate in the study than expected, but not all of the participants completed the survey. There was not an opportunity to further explore answers that were given. The agencies that some of the participants work for, did not have a particular tool or technique in place that allows the staff to give an accurate account of their experience with the tool or technique. Furthermore, with workloads being

extremely high for many social service professionals, they may not have had the time to truly give quality input into the questions on the questionnaire or complete the questionnaire.

The study was designed to make an effort to answer a research question in an exploratory way, which is what are social service professional's perspectives on assessing abuse among the developmentally disabled? A hypothesis is not the key to this study due to the exploration of the social service professional's thoughts and ideas about their current techniques and procedures.

Sampling

The sample participants used for this study were social service professional's, who have worked with or are currently working with developmentally disabled adults. The plan was to use a non-probability sample. There were a couple of requirements needed to participate in the survey. The participant must have at one time or be currently working with the developmentally disabled populations and must be a social service professional. The goal was to obtain 25 questionnaires by using the snowballing sampling method. Thirty-four questionnaires were filled out, but not all were completed.

Data Collection and Instruments

The data for this research study were collected through a self-administered questionnaire (see Appendix A). The questionnaire has been prepared in three separate parts and was created by the researcher. The first section addresses the demographics of the social service professional, to obtain some common knowledge of the diversity of the participants. The sample population was given eight questions regarding their background and history, age range and work experience. A nominal level of measurement was used to assess the data in this section. There were two questions that requested short answers, which were what your current job title is, and how long you, worked in your current job position have.

In the second section of the questionnaire, the sample population was given nine questions regarding the participant's knowledge of and experience with working with people with developmental disabilities. This was measured by the use of both a nominal and ordinal scale. There were two questions that were asked to identify all answers that apply to the clients they work with. In conclusion, in section two, the sample population was requested to choose the best suited answer to describe their experience with working with persons who have a developmentally disabled diagnosis.

In the third section of the questionnaire participants were asked to give their opinion or short answer on how their agency assessed abuse, and how effective were the procedures in place to help detect suspected abuse among

this population. There is one four-point Likert scale (all of the time, most of the time, some of the time, or seldom) question, that asks the participant to rate the current policies their agency uses to assess abuse with this population. Both nominal and ordinal scales were used in this section of the questionnaire.

The instrument that was used had to be developed, due to an absence of instruments that would be suitable for this study. A pretest of the instrument was conducted so that feedback can be implemented and changes can be made to create an effective measuring tool. The goal was to measure the social service professional's perceptions of the assessment tool and techniques given to them at their agency. The limitation is the validity and reliability of the tool.

Procedures

The original plan was to contact targeted agencies to discuss and explain the research study, then request their assistance with making the questionnaire accessible to their staff. It was very difficult to find an agency that was willing to have their staff participate in the study. After experiencing such great difficulty finding an agency that would allow the research to be done, it was decided that the snowballing method would be used to conduct the study. Several social service workers were approached and given a link to the survey, which they could share with other social service professionals. Once the participating social service professional completed the questionnaire the instructions on Survey Monkey thanked them for their participation and

ended the questionnaire. The participant's responses to the questionnaire were anonymous and the participants did not have access to their survey once completed.

Survey Monkey allowed for the surveys to be protected and confidential, because a password must be used to access the questionnaires. Once a sufficient number of questionnaires were returned, the data was prepared to be analyzed. The proposed dates to conduct the study were from September 25, 2014 to April 15, 2015.

Protection of Human Subjects

An informed consent form (see Appendix B) was attached to the questionnaire. This consent included an introduction statement, purpose of the study, and that the questionnaire is voluntary. All procedures were taken to ensure that the identities and information given is protected and held in confidence. There was no identifying information used in collecting the data. No signature was requested; only their participation in the study was asked. Participants were provided with a debriefing statement (see Appendix C) that allows the researcher to show gratitude for participating in the study. The debriefing statement also indicated when the results will be available. Contact information was also included if there any questions the participants may have regarding the questionnaire.

On completion of the questionnaire and once collected, the questionnaire was secure and only accessible by the researcher. The data

was saved into a password protected file accessible only by the researcher. The questionnaire was discarded after the study was completed.

Data Analysis

The data were analyzed using descriptive statistics including frequency distributions to study the demographic variables. Then the relationship of the variables was explored. Chi-Square tests were utilized to explore the relationship of between the variables.

Summary

The key component of this study was to explore the association between social service professional's perspectives and experiences of how effective is the techniques and assessments at their agency with detecting abuse. To assess the variables, a quantitative questionnaire was formulated to evaluate perceptions of effectiveness of assessment techniques. There were a few qualitative questions used as well to get a description of the techniques used to assess abuse. The sample population used for this study is or was at some point social service professional's.

CHAPTER FOUR

RESULTS

Introduction

Chapter Four presents the results of this study. This chapter begins by identifying the demographics of those who participated in the questionnaire. It will also discuss the knowledge and experience that these social service professionals have had while working with the developmentally disabled population. This chapter also includes their perception of how effective are the assessments and procedures used at their agencies to detect abuse among the population. Furthermore, descriptive analysis frequencies, percentiles central tendency, and standard score were computed for all variables. The answer that was sought out was descriptive which is typical to surveys and questionnaires. A series of Chi-squares and bivariate analysis were preformed between different variables to establish if any correlation existed.

Presentation of the Findings

There were a total of 34 participants who took the questionnaire. The demographic characteristics of the participants were examined according to their age, race, gender, and education level. The demographics also included if the participant was currently working in social services, how long have they been working in social services, and if they had any work experience with the developmentally disabled population.

Descriptive Frequencies

        A.   <u>Demographics</u>. Question #1 of the questionnaire asked the age

of the participants. There were nine (26.5 %) of the participants between the

ages of 25 to 34, 17 (50.00%) between the ages of 35 to 44. Two participants

(5.9%), were between the ages of 45 to 55, and six (17.6%) between the ages

of 55 to 64. The results are also presented in table 1.

Table 1. Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25-34	9	26.5	26.5	26.5
	35-44	17	50.0	50.0	76.5
	45-54	2	5.9	5.9	82.4
	55-64	6	17.6	17.6	100.0
	Total	34	100.0	100.0	

        In table 2, the ethnicity of the participants is shown. There were three

(8.8%) Asian or Pacific Islanders; 10 (29.4%) Black or African Americans; 10

(29.4%) Hispanic or Latinos; 10 (29.4%) White or Caucasians; and one (2.9%)

reported other (Liberian).

Table 2. Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Asian or Pacific Islander	3	8.8	8.8	8.8
	Black or African American	10	29.4	29.4	38.2
	Hispanic or Latino	10	29.4	29.4	67.6
	White / Caucasian	10	29.4	29.4	97.1
	Other (please specify)	1	2.9	2.9	100.0
	Total	34	100.0	100.0	

Furthermore, table 3 it displays the gender of the participants. 27 (79.4%) of the participants were female, while six (17.6%) of the participants were male; and one (2.9%) skipped the question. Female participants were the main source of participation.

Table 3. Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	27	79.4	79.4	79.4
	Male	6	17.6	17.6	97.1
	Skipped	1	2.9	2.9	100.0
	Total	34	100.0	100.0	

Moreover, table 4 it shows the highest level of education. One (2.9%) had some college, but no degree; one (2.9%) obtained a two year college degree; 17(50.0%) obtained a bachelors' degree; 13 (38.2%) obtained a graduate level degree; and two (5.9%) obtained a doctorate degree.

Table 4. Highest Level of Education Completed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Some college, but no degree	1	2.9	2.9	2.9
	2-year college degree	1	2.9	2.9	5.9
	4-year college degree	17	50.0	50.0	55.9
	Graduate-level degree	13	38.2	38.2	94.1
	Doctorate degree	2	5.9	5.9	100.0
	Total	34	100.0	100.0	

Additionally, table 5 shows if the participant is currently working in social services. 27 (79.4%) of the participants answered yes, while six (17.6) answered no, and one (2.9%) skipped the question.

Table 5. Currently Working in Social Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	27	79.4	79.4	79.4
	No	6	17.6	17.6	97.1
	Skipped	1	2.9	2.9	100.0
	Total	34	100.0	100.0	

In table 6, the participants were asked of disclose the length of time they have been employed in social services. Two (5.9%) chose that they had been employed in social services between 0-6 months. Six (17.6%) expressed that they had been employed in social services for 1-5 years. Nine (26.5%) marked that they had 6-11 years of service. Nine (26.5%) noted that they have served between 11-20 years. Five (14.7) indicated that they had worked in social services for 20 or more years, while two (5.9%) expressed that they are not currently working in social service, and one (2.9%) skipped the question.

Table 6. Length of Employment in Social Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 months - 6 months	2	5.9	5.9	5.9
	1 year - 5 years	6	17.6	17.6	23.5
	6 years - 10 years	9	26.5	26.5	50.0
	11 years to 20 years	9	26.5	26.5	76.5
	20 years or more	5	14.7	14.7	91.2
	Not currently employed in...	2	5.9	5.9	97.1
	Skipped	1	2.9	2.9	100.0
	Total	34	100.0	100.0	

An open question was asked of what is the participant's current job title. It was found that 22 (66.7%) of the participants titles were Case Managers; one (3.0%) was retired; one (3.0%) was a Behavioral Specialist; one (3.0%) was a research analyst; one (3.0%) was a Teacher, three (9.1%) were Social Workers; one (3.0%) was an Executive Director; one (3.0%) was a Senior Customer Service Representative; one (3.0%) was a Sign Language Interpreter; and one (3.0%) was a Nanny.

Table 7. Current Job Title

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Case Manager	22	66.7	66.7	66.7
	Retired	1	3.0	3.0	69.7
	Behavioral Specialist	1	3.0	3.0	72.7
	Research Analyst	1	3.0	3.0	75.8
	Teacher	1	3.0	3.0	78.8
	Social Worker	3	9.1	9.1	87.9
	Executive Director	1	3.0	3.0	90.9
	Sr. Customer Service Representative	1	3.0	3.0	93.9
	Sign Language Interpreter	1	3.0	3.0	97.0
	Nanny	1	3.0	3.0	100.0
	Total	33	100.0	100.0	

The participants were also asked another opened ended question of how long have they been in their current position. The answers ranged from 1 year to 33 years. All 34 participants answered this question, providing years and months.

In Table 8, the participants were asked if they had any work experience with people who have a developmental disability. Thirty-one (91.2%) of the participants answered yes that that had experience working with people who

have developmental disabilities. Three (8.8%) answered no they do not have any work experience with the developmentally disabled.

Table 8. Work Experience with Developmentally Disabled

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	91.2	91.2	91.2
	No	3	8.8	8.8	100.0
	Total	34	100.0	100.0	

B.	Knowledge and Expertise. In this section of the questionnaire the participants were asked to rate their knowledge and expertise with working with the developmentally disabled population. In Table 9, participants were asked to rate their expertise with working with people who have a developmental disability. Twenty-five (73.5%) selected that they have a broad comprehensive range of knowledge; five (14.7%) selected that they have a fair range of knowledge; two (5.9%) selected that they have very little or slights knowledge; two (5.9%) selected that they do not have any knowledge.

Table 9. Expertise with Developmentally Disabled Population

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Broad/ comprehensive	25	73.5	73.5	73.5
	Fair	5	14.7	14.7	88.2
	Slight range	2	5.9	5.9	94.1
	No knowledge	2	5.9	5.9	100.0
	Total	34	100.0	100.0	

The following question was in regards to if the participant collaborates with other agencies to get resources for clients. Table 10 reflects that 31 (91.2%) of the participants collaborate with other agencies for services, while two (5.9%) stated that they do not, and one (2.9%) skipped the question.

Table 10. Collaboration with Other Agencies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	91.2	91.2	91.2
	No	2	5.9	5.9	97.1
	Skipped	1	2.9	2.9	100.0
	Total	34	100.0	100.0	

Additionally, the participants were asked if they found resources to be limited or hard to find for this population. In Table 11, 25 (73.5%) of the participants found that resources are limited or hard to find, five (14.7%) answered no, two (5.9%) chose that he question did not apply, one (2.9%) preferred not to answer, and one (2.9%) skipped the question. This total shows that only 32 answers are relevant to the study. If the participants found that resources were limited they, were asked to select various reasons to why they found resources to be limited. Nineteen (55.9%) of the participants found that the location in which the population they served lives in makes it hard to find resources. Sixteen (47%) of the participants found that the quality of the services is what made resources limited or hard to find. Twenty-one (47%) of the participants expressed that the quantity of the resources limited access for their clients. Thirteen (38.2%) found that waiting listed contributed to resources being limited or hard to find. Six (17.6%) of the participants found that resources were limited for their clients due to no services were available to meet their client's needs.

Table 11. Limited Resources

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	73.5	73.5	73.5
	No	5	14.7	14.7	88.2
	Does not apply	2	5.9	5.9	94.1
	Prefer not to answer	1	2.9	2.9	97.1
	Skipped	1	2.9	2.9	100.0
	Total	34	100.0	100.0	

Participates were also asked what living environment is most common for your clients who have been diagnosed with a developmental disability. Table 12 shows that six (17.6%) of the participants indicated that most of their client resided in board and care facilities, 21 (61.8%) expressed that their clients lived most commonly in the parental home, three (8.8%) stated that most of their clients resided in other family or friends homes, while two (5.9%) participants preferred not to answer and two (5.9%) skipped the question.

Table 12. Most Common Living Environment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Board and Care facility	6	17.6	17.6	17.6
	Parental Home	21	61.8	61.8	79.4
	Other family or friends	3	8.8	8.8	88.2
	Prefer not to answer	2	5.9	5.9	94.1
	Skipped	2	5.9	5.9	100.0
	Total	34	100.0	100.0	

Furthermore, the participants were asked to choose all diagnosis that applied to their clients with developmental disabilities. Twenty-eight (82.4%) of the participants identified Intellectual Disability as a diagnosis their clients have. Twenty-six (76.5%) of the participants identified Autism. Twenty-four (70.6%) of participants identified Cerebral Palsy as a diagnosis. Twenty-two (64.7%) of the participants identified Epilepsy as a diagnosis, and five (14.7%) expressed that their clients had other diagnosis that were concurrent with other mental, health, or developmental disabilities. The other diagnoses that were identified were, Down's Syndrome, Bipolar Disorder, Psychotic Disorders, Attention-Deficit Disorder, and Anxiety Disorder.

Participants were asked to choose all categories that describe their client's marital status. Seven (20.6%) identified that their clients were married,

24 (70.6%) chose single/never married, six (17.6%) chose widowed, six

(17.6%) chose their clients have been divorced, five (14.7%) identified their

clients as persons in stable relationships, two (5.9%) preferred not to answer

question, and three (8.8%) of the participants chose to skip the question.

Furthermore, the participants were asked to identify if any of their

clients have children. Table 13 shows that 17 (50.0%) of the participants had

clients that have children, while 13 (38.2%) answered no, their clients do not

have any children. Four (11.8%) of the participants skipped the question.

Table 13. Client Has Child(ren)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	50.0	50.0	50.0
	No	13	38.2	38.2	88.2
	Skipped	4	11.8	11.8	100.0
	Total	34	100.0	100.0	

C.   Effectiveness of Assessment. In this section of the questionnaire

the participants were asked to give short answers to and select answers that

best describe if their agency identifies developmental disabilities and

communication needs, how or if their agency assesses abuse, and the

effectiveness of the procedures used to help detect suspected abuse among

the developmentally disabled population. In the first question of section three,

the participants were asked if their agency identifies if the client has a developmental disability. Table 14 shows that 29 (85.3%) of the participants chose that their agency identified developmental disabilities, while one (2.9%) chose no their agency does not. Four (11.8%) skipped the question as it appears the question does not apply.

Table 14. Agency Identifies Disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	29	85.3	85.3	85.3
	No	1	2.9	2.9	88.2
	Skipped	4	11.8	11.8	100.0
	Total	34	100.0	100.0	

The participants were then asked if their agency addressed special communication or needs particular to a person with a developmental disability. In Table 15, 28 (82.4%) of the participants indicated that their agency addressed special communication or needs particular to their clients. Two (5.9%) stated no their agency did not, and four (11.8%) of the participants skipped the question.

Table 15. Agency Addresses Communication Needs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	82.4	82.4	82.4
	No	2	5.9	5.9	88.2
	Skipped	4	11.8	11.8	100.0
	Total	34	100.0	100.0	

Participants were also asked if they had been trained to detect abuse among this population. Table 16 shows that 27 (79.4%) selected that they had been trained to detect abuse with this population. Three (8.8%) stated that they have not been trained to detect abuse, and four (11.8%) skipped the question.

Table 16. Training to Identify Abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	27	79.4	79.4	79.4
	No	3	8.8	8.8	88.2
	Skipped	4	11.8	11.8	100.0
	Total	34	100.0	100.0	

Additionally, the participants were asked if they received ongoing training regarding detecting abuse among this population. Table 17 shows that

21(61.8%) has received ongoing training to detect abuse; while nine (26.5%)

indicated that they do not receive ongoing training to detect abuse. Four

(11.8%) skipped the question.

Table 17. Ongoing Training to Identify Abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	61.8	61.8	61.8
	No	9	26.5	26.5	88.2
	Skipped	4	11.8	11.8	100.0
	Total	34	100.0	100.0	

Participants were then asked to give short answers to how their agency

assesses for possible abuse and what signs or symptoms do they look for

when assessing if some form of abuse has occurred. Many of the participants

stated that depending on the location of the where client is located (i.e.: board

and care facility or day program) or the type of suspected abuse has been

reported, the case manager is to go to the location and observe changes in

appearance, behaviors or demeanor. The participants further noted that

observed changes are documented. If verbal, the clients, family, members,

care providers, and other relevant persons are asked open ended questions to

get details on what has occurred. In conclusion, the participants who were

case managers, indicated that they are required to write a detailed report and

submit it to Adult Protective Services(APS), Police, Ombudsman (if residing in or attending a community care licensed facility or program). Twenty-seven of the participants indicated that they look for sizable bruising, torn clothing, and drastic weight changes or change in appearance, review financial documentation to ensure fiduciary abuse has not occurred, and ensure medical needs are meet to ensure neglect has not occurred. Other participants who were not case managers also looked for sizable bruising and asked opened ended questions. They however, reported directly to collaborating agencies, such as APS and Police, because their agency does not have a particular unit that helps investigate suspected abuse.

The participants also stated that they are mandated reporter and must report suspected incidents of abuse to pertinent agencies, such as adult protective services, the Ombudsman, police, and community licensing in a specific time frame. Some of the other participants noted that in addition to the above their agency is notified if the client resides in a care facility or attends a day program so that the quality assurance unit is notified and investigates the incident as well. Case managers further noted that they follow up with collaborating agencies for status of case.

In cases where participants were in management positions, they indicated that they assist their staff with the investigation by attending the initial meeting to assess the client. They further referenced that asking open ended questions are key to not lead the clients to answer based on the

investigators leading their answers. Furthermore, they review the documentation and help guide their staff through the investigation if substantial evidence has been found.

Furthermore, participants were asked to rate the current policies and procedures their agency uses to assess abuse among the developmentally disabled population. Table 18, shows that three (8.8%) found that their agency's policies and procedures were effective all of the time with detecting if abuse had occurred. Thirteen (38.2%) of the participants expressed that their agency was effective with detecting abuse most of the time, nine (26.5%) selected that their agency's policies were effective some of the time, two (5.9%) indicated that the policies were effective seldom in detecting abuse, three (8.8%) preferred not to answer the question, and four (11.8%) skipped the question entirely.

Table 18. Rate Policy Used to Assess Abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Effective all of the time	3	8.8	8.8	8.8
	Effective most of the time	13	38.2	38.2	47.1
	Effective some of the time	9	26.5	26.5	73.5
	Effective seldom	2	5.9	5.9	79.4
	Prefer Not to Answer	3	8.8	8.8	88.2
	Skipped	4	11.8	11.8	100.0
	Total	34	100.0	100.0	

Moreover, the participants were asked the most common form of abuse that they have detected when assessing abuse among this population. Participants chose various answers in table 19; one (2.9%) found that sexual abuse was the most common form or abuse they have detected, 10 (29.4%) identifying financial or material abuse was most common, four (11.8%) selected that emotional or psychological abuse was most common, four (11.8%) found that physical abuse and neglect was most common, two (5.9%) preferred not to answer and four (11.8%) chose to skip the question.

Table 19. Common Form of Abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sexual Abuse	1	2.9	2.9	2.9
	Financial or material...	10	29.4	29.4	32.4
	Emotional or psychological...	4	11.8	11.8	44.1
	Physical abuse	4	11.8	11.8	55.9
	Neglect	9	26.5	26.5	82.4
	Prefer not to answer	2	5.9	5.9	88.2
	Skipped	4	11.8	11.8	100.0
	Total	34	100.0	100.0	

Additionally, the participants were asked if they found that clients that have been assessed for abuse are aware that they have been possibly abused. Table 20 displays that 5 (11.8%) of the participants found that their clients have been aware that abuse occurred, and 23 (67.6%) of the participants selected that their clients had not been aware that abuse had occurred. Three (8.8%) preferred not to answer the question and four (11.8%) skipped the question.

Table 20. Client Aware of Abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	11.8	11.8	11.8
	No	23	67.6	67.6	79.4
	Prefer not to answer	3	8.8	8.8	88.2
	Skipped	4	11.8	11.8	100.0
	Total	34	100.0	100.0	

Participants were asked once a client has been assessed, how long does a typical case stay opened or is followed? The participant's answered varied, in which some responded depending on the severity or findings in the case, if current investigation is open with community Care licensing the case can be open anywhere from six to 12 months. Some participants indicated that a case is typically followed for one to three months. Others expressed that a case is open until the case has been investigated and determination is completed. Many of the case managers indicated that for their agencies it is an on-going open case and is followed up with a special incident report that is closed within 45 days. They further added that the case managers' role is limited to following up, but they do follow up and report case findings in mandatory documentations. Some of the other participants expressed that the case remains opened until the other investigating agencies (i.e.: APS, Police) have concluded their investigation and closed their cases on the matter.

The final question that the participants were asked was how common are perpetrators prosecuted for abuse cases against those who have a developmental disability. Table 21 shows the participants responses varied; one (2.9%) selected that the perpetrators are always prosecuted for abuse cases, five (14.7%) found that the perpetrators are often prosecuted for abuse, 20 (58.8%) found that he perpetrator is seldom prosecuted for abuse against the population, four (11.8%) preferred not to answer the question and four (11.85%) skipped the question.

Table 21. Perpetrators Prosecuted

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	1	2.9	2.9	2.9
	Often	5	14.7	14.7	17.6
	Seldom	20	58.8	58.8	76.5
	Prefer not to answer	4	11.8	11.8	88.2
	Skipped	4	11.8	11.8	100.0
	Total	34	100.0	100.0	

Bivariate Statistics

Bivariate analyses were run to verify if there were associations between variables. After running all variable pairs and using Fisher's exact test, it was found that none of the analyses proved to be significant. Therefore, the null

hypothesis is accepted because there is not a significant difference or association between the two variables. Because the levels of significance were greater than .05 for all data found, no association between variables could be validated.

Summary

In Chapter Four, the data and results of the test were discussed. The data was compared to understand social service workers perspectives of policies and procedures used at their agencies to assess abuse among the developmentally disabled population. The subjects that were focused on were explored in this chapter were the demographics, knowledge and expertise, and effectiveness of the assessment techniques and skills of the participants. There were 23 quantitative questions and 5 qualitative questions that were used to help gather data and report the univariate findings. 34 participants took part in this survey but not all were qualified to participate in the survey due to their job roles and experience. Tables were also presented, in this chapter, to provide visual representation of quantitative results. Data and results will be further discussed in Chapter Five.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss in further detail the data analyzed and the

results of this exploratory study of social service professional's perspectives

on abuse among the developmentally disabled population. The data were

obtained through questionnaires taken by social service professionals,

Furthermore, this chapter provides results of how these participants rate the

current assessment techniques and procedures their agencies use to assess

abuse among this population. Moreover, this chapter discusses the

researcher's interpretations and opinions of the results, limitations of the study,

and recommendations for social work practice, policy and research.

Discussion

Demographics

There were 34 participants in the study. Twenty-seven (79.4%) were

female, whereas only six (17.6%) were male. Three major ethnicities were

prevalent and equally represented in this study. There were 10 Hispanic or

Latino participants, 10 Black or African American participants, and 10 White or

Caucasian participants. Three (8.8 %) of the participants identified their race

as Asian, and one participant identified their ethnicity as other (Liberian). The

majority of the participants held case management positions and held a four

year college degree (50%). Graduate level participants were close behind

rating 38.2%. Twenty-seven (79.4%) of the participants were currently working in social service positions, while 17.6% are not. Thirty-one (91.2%) of the participants have some work experience with working with the developmentally disabled population. Equally represented were the participants who rated their work experience; 26.5% have worked in social services between six to 10 years, and 26.5% have worked in social services 26.5%. Reviewing the details regarding the participant's demographics is useful because it gives a board overview of who participated in the study. These data can show significance in how education, experience, and knowledge are distributed within the social service field of work.

Expertise

Further looking at how the participants rated their knowledge and experience it was found that 88.2% of the participants indicated that they have work experience with the developmentally disabled population. Twenty-five (73.5%) of the participants rated their expertise as having a board comprehensive range of knowledge of developmental disabilities, 14.7% indicated that they had a fair range of knowledge, and 5.9% expressed they had a slight range of knowledge. This bit of data is interesting being that out of 88.2% of the participants who have work experience with the developmentally disabled population, 73.5% feel that they have a board comprehensive range of the clientele they work with.

Another result that was interesting was that 79.4% of the participants are currently working in social services are receiving some type of training to identify abuse among this population. Twenty-one (61.8%) of the participants are receiving ongoing training on identifying abuse. It appears that some agencies give a general training but do not follow up with additional training, which can be imperative to having staff efficiently detect abuse. Due to ongoing research, changes in techniques and strategies are most likely presented in those trainings.

Rating Agency Techniques and Policies

Additionally, a small number (8.8%) of the participants rated their agency's policy effective with detecting abuse all of the time. The largest number of the participants (38.2%) found that their agency's policies were effective with detecting abuse most of the time, while 26.5% found that their agency was effective with detecting abuse some of the time. Five point nine percent of the participants indicated that their agency's current policies are seldom effective with detecting abuse with this population. The range within this question is interesting because some of the participants are from the same agency, yet rate the policies and techniques very differently. Which, brings to question if work experience with this population drives how the participants from the same agency to rate their agency's policies on detecting abuse?

Collaboration

The participants were also asked if they found it easy to collaborate with other agencies to get resources for clients who have a developmental disability. Thirty-one (91.2%) of the participants found that it was relatively easy to collaborate with other agencies to provide different resources for their clients. Remarkably, the participants (73.5%) also found that resource were limited for their clients. Nineteen (55.9%) expressed the limitations were contributed to the location of which their clients reside, 47.1% found that quality of the services were a limitation, 61.8% found that the quantity of services were limitations, and 38.2% found that waiting list limited the availability of resource for their clients. The comparison of the workers ability to collaborate with other agencies to get resources for their clients and the limited resources available draws attention, because it could be assumed that with collaborating with other agencies would provide more resources for clients. Instead, it appears that even with collaborating with other agencies there is still a need for more resources and networks.

Client Data

Participants who are currently working with the developmentally disabled population indicated that they work a wide range of developmental disabilities. Twenty-eight (82.4%) of the participants expressed that they work with clients who have a diagnosis of some range to Intellectual Disability, 76.4% identified Autism as a diagnosis, 70.6% selected their clients being

diagnosed with Cerebral Palsy, 64.7% indicated that some of their clients have a diagnosis of Epilepsy, and 14.7% of the participants expressed that their clients also have another diagnosis congruent with primary diagnosis. Twenty-nine (85.3%) of the participants expressed that their agency identifies if a client has a developmental disability, and 82.4% expressed that their agency addressed special communication or needs particular to a person with a developmental disability.

Participants also identified the marital status of clients they work with. The most common marital status selected (70.6%) was that the client was single never married, and had no children (50.0%). Twenty point six percent of the participant's selected that some of their clients were married, 17.6% of the participants had clients that were widowed, and 17.6% selected that some of their clients were divorced. Thirty-eight point two percent indicated that their clients had children.

Furthermore the participants were asked what were the most common forms of abuse detected when assessing this population. The majority of the participants (29.4%) found that the most common form of abuse they have identified is financial or material abuse, 26.5% found neglect to be the most common form of abuse, while 11.8% of the participants found emotional abuse, and physical abuse the most common form of abuse. Only one (2.9%) of the participants found that sexual abuse was the most common form of abuse identified. These data were surprising because the majority of research

available regarding abuse among the developmentally disabled is in regards to sexual abuse. Approximately 90% of the data used to discuss abuse in the literature review section, was specific to sexual abuse among this population. There is overwhelmingly, more research and data available in regards to sexual abuse when compared to other forms of abuse.

The participants were also asked to disclose if their clients are typically aware that they have been abused. Eleven point eight percent of the participants selected that their clients had been aware that they had been abused, while 67.6% of the participants found that their clients were unaware that any form of abuse had occurred. Several participants either preferred not to answer the question or skipped the question. Furthermore, the participants were asked how commonly perpetrators were prosecuted for abuse cases against this population. Two point nine percent expressed that the perpetrator are always prosecuted for abuse cases, 11.8% selected that the perpetrator is prosecuted often, and 58.8% expressed that the perpetrator is seldom prosecuted. Depending on the type of abuse, the ability of the client to communicate or comprehend if abuse has occurred, and how often the perpetrator is persecuted seem to have a connection. Although, in the data analysis all categories were found to be independent from each other, there has to be some connection between the variables.

<u>Assessing Abuse</u>

　　Moreover, the participants were asked to provide a short answer on how people with developmental disabilities are assessed for possible abuse and what symptoms and signs do they look for when assessing if abuse has occurred. The majority of the participants stated that they had to go to the location of the alleged victim and observe changes in appearance, behaviors or demeanor. They further added that, clients who are verbal or could communicate through sign, family members, care providers, and other relevant persons are asked open ended questions to get details of incident. Many of the participants indicated that a detailed report is submitted to Adult Protective Services (APS), Police, and/or Ombudsman (if residing in or attending a community care licensed facility or program). The participants also indicated that they look for sizable bruising, torn clothing, drastic weight changes, or change in appearance, look at financial documentation to ensure fiduciary abuse has not happened, and review medical documents to ensure medical neglect has not occurred.

<div align="center">Limitations</div>

　　After analyzing and reviewing the data for this research project, it was found that there were a number of limitations. The first limitation identified was that the questionnaire could have been better focused on how techniques and tools are used to assess abuse with this population. Another limitation to the

<div align="center">57</div>

questionnaire was that it could have further questioned how the clients are involved in helping prosecute the perpetrator.

Furthermore, a third limitation would be the method which was used to collect the data, which was the snowballing effect. With this method, there is more likely of a chance that some of the participants did not meet the requirements of the survey. Also, the questionnaire was posted on Survey Monkey, which will also open more chances to people who are not in social services, but participated in the survey. This can skew the data and offset relevant findings.

Another limitation that was found in the questionnaire was the lack of asking what did the participants job duties entail. This would have given more of a perspective of what type of social services and resources they provided to the clients. In conclusion, the questionnaire should not have had an option to not answer the question. This allowed participant's not to answer the question, and the data could not be used.

Recommendations for Social Work Practice, Policy and Research

The data found in regards to this study, leads the researcher to recommend some essential changes that can better the detection of abuse among the developmentally disabled population. It is evident that abuse among the developmentally disabled has higher incidences of occurrence than of those without a developmental disability. It is critical that social service

professionals and providers have access to quality training and ongoing training to detect abuse. Agencies would find that it would be beneficial to ensure that their staff has been properly trained and have resources to assist them in detecting abuse.

The agencies policies and procedures on assessing for abuse should be reviewed routinely to ensure that the techniques are still relevant and effective. If rates of abuse have remained steady or increased there is an issue in prevention. Agencies should have or collaborate with agencies that have programs that will educate the developmentally disabled population on signs of abuse. After reviewing many of the articles regarding abuse among this population, it was found that abuse is often a hard topic for care providers, and family members to discuss with a person who has been diagnosed with a developmental disability. Social service professionals can bridge this gap by having team meetings with the client and other relevant members of their support team, and educate them in regards to abuse.

Further research should be done on other forms of abuse. Many of the article and research are focused on sexual abuse among this population, but with high rates of occurrences of other forms of abuse are important as well. The goal is to decrease and eventually end abuse among this population.

Conclusions

In conclusion, it is important to remember that in the social services profession, the team members provide a voice for the voiceless, which is

especially true when it comes to victims of abuse. This study was designed to open further conversation on high rates of abuse among this population and what is being done and what could be done to change it. With changes in ineffective policies, procedures, and trainings, abuse rates may possible decline. Furthermore, prosecutions of the perpetrators may increase, so that these victims may know justice as well.

Contributing to bringing better awareness to the issue was also the purpose of this study. Analyzing and discussing the matter with those who are helping to decrease abuse among the developmental disabled population is important, because it gives a starting point to identify flaws within the system. Identifying that there are limited resources, and reviewing assessment techniques and policies pertaining to abuse is a factor. Looking at these factors is essential to study because changes within these areas can greatly affect the outcome of protecting this population from abuse in any form. Acknowledging that there are limited resources helps to identify that more resources are needed particular to educating this population of abuse and increasing awareness.

Furthermore, the purpose of this study was to examine social service professional's perspectives of abuse among the developmentally disabled population. Although, a small portion of social service professionals took part in this study, it shows that there is a need for tangible change. Barriers that are set forth make it difficult for them to accurately assess abuse and assist in

prosecuting perpetrators. This is a step of many to come to acknowledge that

research regarding this issue is essential to help decrease crime, and abuse.

Further research is recommended in regards to abuse with this population, so

that it may bring further awareness of the issue and then lead to an increase of

prevention methods.

APPENDIX A

QUESTIONNAIRE

QUESTIONNAIRE FOR SOCIAL SERVICE PROFESSIONALS

Section #1: Please circle the answer that best fits your personal choice.
Note: This information is anonymous and will be kept confidential.

1. What is your age?
   a. 18 to 24
   b. 25 to 34
   c. 35 to 44
   d. 45 to 54
   e. 55 to 64
   f. 65 to 74
   g. 75 or older
   h. Prefer not to answer.

2. What is your ethnicity (circle all that apply)?
   a. American Indian
   b. Asian/Pacific Islander
   c. African American
   d. Hispanic/Latino
   e. White/Caucasian
   f. Other (please specify) _____
   g. Prefer not to answer.

3. What is your gender?
   a. Female
   b. Male
   c. Prefer not to answer.

4. What is the highest educational degree you have completed?
   a. Associates Degree
   b. Bachelor's Degree
   c. Master's Degree
   d. Doctorate
   e. Prefer not to answer.

5. Do you currently work in social services?
   a. Yes
   b. No
   c. Prefer not to answer.

6. How long have you been working in social services?
   a. 0 months - 6 months
   b. 1 year – 5 years
   c. 6 years – 10 years
   d. 11 years – 20 years
   e. 20 years or more
   f. Currently not working
   g. Prefer not to answer

7. What is your job title?
   a. _____

8. How long have you been employed in your current position?
   a. _____

9. Do you have any work experience with people who have a developmental disability?
   a. Yes
   . No
   . Prefer not to answer.

Section #2: The following section is requesting you to rate your knowledge and experience of working with people with developmental disabilities.

10. How well would you rate your expertise with working with the developmentally disabled population?
    a. I have a broad comprehensive range of knowledge of developmental disabilities.
    b. I have a fair range of knowledge of developmental disabilities.
    c. I have a very slight range of knowledge of developmental disability.
    d. I do not have any knowledge of developmental disability
    e. Prefer not to answer.

11. Do you collaborate with other agencies to get resources for your client who has a developmental disability?
    a. Yes
    b. No
    c. Prefer not to answer.

12. Are resources limited or hard to find for this population?
    a. Yes. If yes, please select all that apply
        a. Location of population served
        b. Quality of available services
        c. Quantity of available services are limited
        d. Waiting lists
        e. No services available to meet clients' needs
    b. No
    c. Does not apply
    d. Prefer not to answer.

13. What living environment is most common for your clients who have been diagnosed with a developmental disability?
    a. Board and care facility
    b. Parental home
    c. Independent living
    d. Intermediate care or skilled nursing facility
    e. Other family or friends
    f. Prefer not to answer.

14. What diagnosis do your clients have who have been diagnosed with a developmental disability (select all that apply)?
    a. Intellectual disability
    b. Autism
    c. Cerebral Palsy
    d. Epilepsy
    e. Other, please list _____
    f. Prefer not to answer.

15. Which of the following categories describes your client's marital status (check all that applies)?
    a. Married
    . Single, never married
    b. Widowed
    c. Divorced
    d. In a stable partnership
    e. Other, please list _____
    f. Prefer not to answer.

16. Do any of the clients you work with, who have a developmental disability, have children?
    a. Yes
    b. No
    c. Prefer not to answer.

Section #3: The following questions are requesting your opinion or short answer on how your agency assesses abuse, and the effectiveness of the procedures used to help detect suspected abuse among the developmentally disabled population.

17. Does your agency identify if the client has a developmental disability?
    a. Yes
    b. No
    c. Prefer not to answer.

18. Does your agency address special communication or needs particular to a person with a developmentally disability?
    a. Yes
    b. No
    c. Prefer not to answer.

19. Have you been trained to detect abuse among this population?
    a. Yes
    b. No
    c. Prefer not to answer.

20. Do you receive ongoing or continual training regarding detecting abuse among this population?
    a. Yes
    b. No
    c. Prefer not to answer.

21. How are people with developmental disabilities assessed for possible abuse at your agency? _____
    _____
    _____
    _____
    _____

22. What signs or symptoms do you look for to assess if abuse has occurred with this population? _____
    _____
    _____
    _____
    _____

23. How would you rate the current policies your agency uses to assess abuse amongst the developmentally disabled?
    a. Effective with detecting suspected abuse all of the time.
    b. Effective with detecting suspected abuse most of the time.
    c. Effective with detecting suspected abuse some of the time.
    d. Effective with detecting suspected abuse seldom.
    e. Prefer not to answer.

24. What is the most common form of abuse that you have detected when assessing this population?
    a. Sexual abuse
    b. Financial or material exploitation
    c. Emotional or psychological abuse
    d. Physical abuse
    e. Abandonment
    f. Neglect
    g. Prefer not to answer.

25. Do you find that clients you have assessed for suspected abuse are aware they have been abused?
    a. Yes
    b. No
    c. Prefer not to answer.

26. Once a client has been assessed how long does a typical case stay open or is followed? _____

27. How common are perpetrators prosecuted for abuse cases against those who have a diagnosis of a developmental disability?
    a. Always
    b. Often
    c. Seldom
    d. Never
    e. Prefer not to answer.

Developed by Shelita Darlene Majied

APPENDIX B

INFORMED CONSENT

Informed Consent

The study in which you are being asked to participate, is designed to explore social service professional's perspectives on assessing abuse among the developmentally disabled population. This study is being conducted by graduate student Shelita D. Majied under supervision of Professor Rosemary McCaslin, PhD. at California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the California State University, San Bernardino Institutional Review Board.

Purpose: The purpose of this study is to explore social service professional's perspectives on assessing abuse among the developmentally disabled population.

Description: If you decide to partake in this study, you will be requested to fill out a questionnaire regarding your demographic information, and your interpretations and experiences with assessing abuse of persons with a developmental disability.

Participation: Your participation in this study is completely voluntary, and refusal to participate will involve no penalty. You may choose to not complete the survey and not answer any question you do not feel comfortable answering.

Anonymity: Your participation will be anonymous. No identifiable information will be used during your participation in this study. All questionnaires will be collected and data will be kept in a password protected file accessible only to the primary researcher. Once data is entered into the data base and analyzed, it will be destroyed.

Duration: The expected duration of this questionnaire is 15 minutes.

Contact: If you have any questions or concerns regarding this study, please feel free to contact Dr. Rosemary McCaslin, (909)537-5507.

Results: The results of this study will be available after September 2015, and you may contact the Pfau Library at California State University, San Bernardino located at 5500 University Parkway, San Bernardino, CA 92407 to obtain a copy of the results from the study.

By marking below, you agree that you have been completely informed about this survey and are volunteering to take participate.

Please place check mark in box ☐

APPENDIX C

DEBRIEFING STATEMENT

**Social service professional's Perspectives on Assessing Abuse
Among the Developmentally Disabled
Debriefing Statement**

This study you have just completed was designed to research social service professional perspectives on assessing abuse among the developmentally disabled. This study explored your personal views on the assessment tools and techniques used at your agency to identify suspected abuse. In particular, the study was done to further explore the effectiveness of these tools and techniques help identify abuse among this population.

With great regards, thank you for participating in this study. If you have any questions about the study that you participated in, please contact Professor Rosemary McCaslin, PH. D., A.C.S.W. at (909)537-5507. If you would like a copy of the results of this study, please contact the Pfau Library at California State University of San Bernardino located at 5500 University Parkway, San Bernardino, CA 92407 after September 2015

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