



Exploring Processes for Individuals with I/DD to Report Abuse

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Abstract

Individuals with intellectual and developmental disabilities (I/DD) suffer from abuse more often than neurotypical people, yet they report this abuse less often. Currently, individuals with I/DD typically report abuse through an over-the-phone method, but alternative methods could be used to make reporting more accessible to those individuals. This interdisciplinary project examined the phone-call based reporting process for individuals with I/DD to report abuse. We conducted a survey with nineteen specialists on the current intake process, asking questions to identify what information is necessary to make a report actionable. The purpose of the survey was to determine if an application could increase reporting by individuals with I/DD, and if so, what specific information is critical to include in the application. Our participants agreed an application would make the reporting process more accessible to individuals with I/DD. Results also show injury description, incident description, nature of the allegation, and age of the alleged victim are the most important pieces of information on the intake report. Overall, an alternate reporting tool may increase accessibility for individuals with I/DD, however the most crucial pieces of information need to be included in an application in order for reporting to be effective.

Exploring Processes for Individuals with I/DD to Report Abuse

Individuals with intellectual and developmental disabilities (I/DD) suffer from abuse more often than neurotypical people. Abusers often see individuals with I/DD as easy targets, vulnerable, and unlikely to report the abuse (Abuse and Exploitation of People with Developmental Disabilities, 2020). It is more likely that a mandated reporter will file an abuse report instead of the person with I/DD who was abused (Lees, 2018). There are many reasons that a person with I/DD may be less likely to report abuse than a neurotypical peer who had the same experience. One reason is that people with I/DD may have “limited communication abilities and/or cognitive disabilities” that make it difficult to report abuse (Abuse and Exploitation of People with Developmental Disabilities, 2020, para. 6). Another reason for lack of reporting is that people with I/DD fear they will not be believed (Abuse and Exploitation of People with Developmental Disabilities, 2020). These issues are not alleviated by the reporting system in the United States. The most common method of reporting abuse is via phone call to a local adult protective service (APS) agency (Rape, Abuse & Incest National Network, 2020). Because abuse is not often reported by individuals with I/DD using the over-the-phone method, alternative methods could be used to make reporting more accessible to those individuals. Therefore, the current research examines what information is most important to obtain in order to make a report actionable. With this information, alternative methods of reporting, such as via an application for a phone or tablet, could be created with these crucial elements in mind.

Types of Abuse

Abuse is a serious problem in the United States that millions of people struggle with each day (National Center for Injury Prevention and Control, 2021). Abuse is considered to be a pattern of behavior that is used to hold and maintain power over another. Often, people assume that abuse refers to physical behavior or violence, but that is not always the case (Reach Team, 2017). There are six different types of abuse: physical, sexual, verbal/emotional, mental/psychological, financial/economic, and neglect. Physical abuse is any type of physical behavior that can make a person feel unsafe. It includes anything from hitting to strangling, to driving recklessly or invading someone's personal space. Sexual abuse can be a form of physical abuse but can include both physical and non-physical components (Reach Team, 2017). Sexual abuse is any unwanted sexual activity. This includes using force, making threats or any unwanted advancements, and taking advantage of a victim's inability to provide consent (Sexual Abuse, 2020). Verbal or emotional abuse is using words to harm someone and has mentally damaging effects. It can have an impact that takes longer to heal than a physical wound. Mental or psychological abuse is when an abuser wears away at others mental well-being through actions or words. Depending on the abuse, the victim may end up doubting their own sanity because they do not trust themselves. Financial or economic abuse is the act of controlling a person through all means necessary including finances. This can account for creating debt for someone else,

controlling all budgeting or not letting the victim have access to their own bank accounts (Reach Team, 2017). Lastly, neglect is the continuous failure to meet a person's basic needs. This is the most common form of child abuse and accounts for leaving a child dirty, hungry, without shelter, clothing, health care, supervision or education (NSPCC, 2020).

Abuse of Individuals with I/DD

Each of these types of abuse are more commonly experienced by individuals with I/DD than neurotypical people (Abuse and Exploitation of People with Developmental Disabilities, 2020). Children with disabilities are three times more likely to be abused and five times more likely to be sexually abused in comparison to children without disabilities. Over the adult population, individuals with disabilities are four to ten times more likely to get abused than individuals without disabilities (Abuse and Exploitation of People with Developmental Disabilities, 2020). When discussing how abuse has impacted their lives, people with I/DD expressed that their abuse or abuser has made them feel as though their life was not worth living (Northway et al., 2013). Sexual abuse is associated with a higher rate of mental illness, behavioral problems and symptoms of post-traumatic stress in people with disabilities than to a neurotypical person. Therefore, not only are people with disabilities more likely to be abused, but there is also a larger effect on their behavioral and psychiatric well-being (Sequeira et. al., 2003).

People with I/DD are more at risk of abuse due to many reasons. People with disabilities are often perceived as weak or vulnerable, unlikely to fight back, and unlikely to report the abuse. They tend to rely on a small circle of family/caregivers for support and these caregivers who are more likely to abuse them than strangers (Abuse and Exploitation of People with Developmental Disabilities, 2020). They also tend to live in group homes with limited access to the police, social representatives or others who can assist and intervene. Some individuals also believe that if they do report the abuse occurrence they will not be believed (Abuse and Exploitation of People with Developmental Disabilities, 2020). Some individuals with I/DD cannot communicate effectively and therefore do not feel they can report the abuse incident effectively. The abuse can also impact the person's self-esteem, and in certain cases the person thinks that they deserve the abuse. Overall, it is easier for an abuser to target someone who they do not view as an equal and therefore people with I/DD are more susceptible to abuse than their counterparts (Abuse and Exploitation of People with Developmental Disabilities, 2020).

People with I/DD are less likely to report abuse for themselves compared to neurotypical people. Only three percent of abuse cases involving people with I/DD are ever reported (Valenti-Hein & Schwartz, 1995). When people with I/DD report abuse incidents their claims are also often disregarded. The media also fails to uncover such situations and therefore goes unnoticed in society (West & Gandhi, 2006).

Education on Abuse

In order to encourage individuals with I/DD to report abuse, it is important for them to understand what abuse is and acknowledge when it is happening in their lives. Education about abuse has frequently been used as a tool to help individuals with I/DD recognize abuse and when to report it. Individuals with I/DD are often seen as vulnerable and in need of protection (Crowell et al., 2019). Educating the population could empower them to report for themselves. There are certain websites that offer inclusive ways to learn about the different types of abuse and how to report it (*Speak Up and be Safe from Abuse*, n.d.). These websites offer communication boards for discussing abuse as well. Alternatively, one study attempted to gamify the education of healthy boundaries in different types of relationships in order to teach about abuse. In this study, researchers created a game titled *Boundaries* meant to help educate individuals with I/DD about how and when to establish certain boundaries with other people (Conde et al., 2020). The researchers hoped that with knowledge of how to create and hold boundaries, abusive behavior will be more readily recognized (Conde et al., 2020). There were no conclusive results or concerns found in the study, although the researchers received positive feedback that a game would be beneficial for education.

There have been many programs that focus on sexual education including sexual abuse in particular. Roden, Schmidt, and Holland-Hall argue, “adolescents and young adults with mild to moderate intellectual or developmental disability, or both, are just as likely to be sexually active as are their peers without disability; however, these individuals are less likely to receive comprehensive sexual education” (2020, p.1). Because young people with I/DD are likely to be sexually active, they need to be properly educated about sexual health. With a basic understanding of sexual health, it would be easier to educate individuals with I/DD about sexual abuse. There have been several programs to help both neurotypical people and individuals with I/DD recognize and learn about sexual abuse. One article advocates for a “recognize, report, and respond” approach to educating people with I/DD about sexual abuse. Educating people with I/DD about sexual abuse in this way enables them to recognize unhealthy relationships and when to seek help (Crowell, et al., 2019). Programs and workshops also exist for children of all abilities to learn about sexual abuse is and how to identify it (Marshall, 2020). Another study investigated general learning techniques that work best for children with I/DD. This can be applied to educating individuals with I/DD on abuse. These researchers introduced four unconventional learning techniques to a group of children with I/DD and saw how they interacted with these techniques. The learning techniques involved the use of different senses to better understand how individuals with I/DD process and learn information (Falcão & Price, 2012). The researchers concluded that these types of learning strategies were potentially beneficial to children with I/DD. Once individuals with I/DD can identify what abuse is, they can then choose for themselves if they want to report it.

Current Reporting Processes

The reporting process of abuse varies across different states. The most common way for a person with I/DD to report abuse is through an in-person or over-the-phone interaction. For instance, to file a report, an individual could go to the police station, or they could report the

incident to one of their health care professionals in person. They could also make a phone call to a service that can file the report for them, such as 9-11 or an APS agency (Florida Department of Children and Families, 2020). Individuals with I/DD are sometimes unable to make a phone call or go in-person to file a report because their disability can magnify the difficulties in reporting (Disabled Persons Protection Commission, 2020). Abuse incidents may then go unnoticed and unreported because individuals are unable to place a report for themselves (Shapiro, 2018).

While a few states also provide a way to report abuse online, these services can be somewhat inaccessible to people with I/DD because they are not designed for individuals with I/DD (Rape, Abuse & Incest National Network, 2020). South Dakota and Texas are examples of two states that provide online services for reporting abuse. South Dakota is also one of the states that has mandatory reporting laws that require certain specialists, such as physicians, psychologists, and nursing staff, to report knowledge or suspicion of abuse of individuals with disabilities. These online services to report abuse are often directed towards physicians or caretakers, not necessarily individuals with I/DD (South Dakota Department of Human Services, 2020). In Texas, their online reporting tool requires a user to create an account before reporting an abuse incident (Texas Department of Family and Protective Services, 2020). This is another barrier for individuals with I/DD to report abuse for themselves because websites are not generally designed for people with disabilities.

Technology for Individuals with I/DD

Our world is becoming more dependent on the use of technology and it is now more important than ever to make technology that is accessible to everyone. Most technology is designed and created for neurotypical people, however technology is used and needed by people with and without disabilities (Shinohara et al., 2018). Individuals with I/DD may have access to technology, but often need certain adaptations so that they can use it. A study done in 2018 examined design approaches when addressing individuals with disabilities. These researchers saw that there is a lack of consideration for designs that are accessible for people with disabilities. While new features, such as enabling customizable font sizes and voice-to-text, can be added to increase the accessibility of technology to people with I/DD, these additions do not detract from a neurotypical user's experience (Shinohara et al., 2018). If a neurotypical person does not need these features, they can simply not enable them on an application. These designs are important to incorporate because they address a larger social issue and will benefit all types of people.

Individuals with I/DD need technology for communicating, accessing information, learning tools, and more. Certain approaches to designing these technologies incorporate new methods for how they can interact with different devices. In 2013, Sharma and colleagues explored how the increase of gesture interaction could benefit the individuals with developmental disabilities in the Indian population. They created guidelines focused on gesture-based designs in an application for people with different types of disabilities. They also outline ethical research challenges and the cultural impact on India for designing technologies like these

(Sharma et al., 2013). This study demonstrates that people with I/DD may communicate in unconventional ways and it is important to consider this when designing an abuse reporting tool.

Another research team looked into how the communication between healthcare workers and adults with mild learning disabilities could become more accessible using technology. Their study involved interviewing ten experts, who worked with adults that have learning disabilities, on their opinions on design requirements for an application to facilitate this. In addition, usability studies with the application were conducted on adults with mild learning disabilities (Gibson et. al., 2019). These studies give guidelines on conducting research to create designs for individuals with I/DD. They also bring attention that having more technology like this available would have a great impact on our society. This shows that an application needs to be designed differently for people with I/DD, but when designed properly it can really benefit individuals.

Current Research

Our study focuses on considering alternative technological methods for reporting abuse to increase self-reporting. In particular, we are exploring the option of developing an application for a phone or tablet that will allow individuals with IDD self-report abuse. By examining the most common method of reporting abuse through a phone call, we will better understand how this process works and how to transfer the process to an application. More specifically, we surveyed specialists who handle the over-the-phone reports to better understand what goes into the reporting process. This includes what information gets asked, what information is needed to make an abuse report actionable, and if there are any areas that are more challenging for individuals with I/DD to report over the phone. In this way, we will understand what pieces of information are most important to translate into an application meant to facilitate reporting abuse. We also queried survey participants about their initial impressions of whether an application of this nature would work for individuals with I/DD. Thus, the current study had three main research questions:

1. What information is absolutely necessary for a report of abuse to be actionable?
2. Are there any challenges/limitations with the current phone call reporting process for individuals with I/DD?
3. What recommendations did the hotline operators have for making a reporting tool, like an app?

Method

Participants

Twenty-six individuals familiar with the process of reporting abuse participated in this study. Seven participants were removed from the analyses because they completed less than 10% of the survey. Therefore, the analyses are based on 19 participants (31.6% female, 21.1% male, and 47.3% unknown) who were familiar with reporting processes. The average age of participants was 52.6 years old, with a range from 42-65. Most participants (68.4%) did not report their ethnic/racial background. Of those who did report, 26.3% identified as white, and 5.3% shared they were LatinX. All respondents reviewed an informed consent document before the start of the survey and agreed to participate.

Materials

The survey consisted of 52 questions about the abuse reporting processes at a major adult protective services (APS) organization. We used a generic intake report from this organization during the creation of the survey.

APS Role and Time in Organization

We asked participants to identify their role at the APS organization to understand who our participants were and what their role was at the APS organization. These background questions were meant to provide context to how they answered questions about the current reporting process. Participants selected out of a list of roles, the option that best fit their current position. If their position was not listed, then participants could select “other” and input their role in a textbox. Participants also indicated if they had ever been an abuse hotline operator (yes or no), and if so, how long they had been in that role. Participants were also asked to write in a textbox the number of years and months they had worked as a hotline operator at the APS organization. Unfortunately, participants did not specify the units they were using (e.g., 6 years vs. 6 months). Therefore, this data is not able to be analyzed, and we were unable to see if length of time at the organization influenced responses. The participants also specified their different roles in the intake process at an adult protective services organization: 26.3% were *Intake Specialists*, 21.1% worked in *Oversight* as an officer or coordinator, 10.5% were *Intake Managers*, 10.5 % were *Investigators*, and 26.4% did not respond.

Number of Reports Made Each Day

We also surveyed the participants on how many calls per day they receive on average. For this question, we displayed a slider which let participants pick from 0 to 100 calls per day. Similarly, we asked how many calls came from individuals with I/DD per day, which was on a 0% to 100% slider. In order to analyze this data, we calculated the mean, median, and mode of the slider questions. For the number of calls per participant, we also calculated averages for females, males, and people who did not disclose their gender. The average calls received per day

is 12.21 (10.5 calls per day for female operators; 7 calls per day for male operators; 20.1 calls per day from those who did not disclose their gender).

The Intake Recording Process

In order to gain insight into the intake process, we asked participants questions related to how an intake specialist records reported information, what is documented, and where all information is noted. In particular, we wanted to know if responses were recorded verbatim or if responses were paraphrased. To provide an answer, participants selected either verbatim or paraphrase. Participants also indicated if they recorded only the required information, or if they recorded the required and additional information. If a participant disclosed that they did record additional information, they were asked what they recorded, where they recorded it, and what they did with the additional information in text entry response questions.

Information for an Actionable Report

Before designing a reporting tool, it is important to know what information is required in order for an abuse report to be actionable. Therefore, participants indicated what information was absolutely vital to make a report actionable for each of the six sections (Reporter, Alleged Victim, Alleged Abuser, Setting and Location, Allegation, and Risk Assessment) of the intake form. The first question in each of these six sections asked in a multiple-choice format if that specific section can be actionable if there is missing information from it (with yes or no answer options). Following this, we asked specifically what elements of a section are absolutely essential to make a report actionable. To answer this question, participants saw a list of all the possible subsections, and they were able to select as many as they believed were essential. There was also an option that stated that the report could be actionable even if all the above listed elements were missing from it. We formatted our questions like this for each of the six sections of the intake form. See Appendix A for details on the different sections of the survey, including all possible answer selections for each section. Participants were also able to provide any additional information on what made a report unactionable in an open-ended format at the end of each intake form section.

Individuals with I/DD Self-Reporting Abuse and Reporting Abuse for Others

It is also important to understand what aspects of the intake process are more challenging for reports that come in from individuals with I/DD. Therefore, we asked participants about their experiences when people with I/DD report abuse for both themselves and others with I/DD. First, we investigated what happens when a person with I/DD reports abuse on their own behalf. We asked participants to share in an open-ended format any strategies that they used when an individual with I/DD called to self-report abuse. To analyze these responses, three researchers separately conducted a thematic analysis of the short answer responses gathered from this question. Each researcher first grouped similar responses together based on common themes. For example, one participant stated: “ask in different ways about their disability” (P3) and another

participant said: “rephrasing questions, explaining the process and the reasons for gathering information” (P17). Since these responses were very similar, they were grouped together. Then the researchers convened to create names for all the categories to represent the responses. From the two given quotes above, the researchers agreed that those responses should be classified into a category called “Rephrase Questions.” The generated categories are as follows: “Simplify and Rephrase Questions,” “Be Patient and Calm when Speaking with the Reporter,” “Ask Questions After They Make Their Report,” “Speak to their Staff/Assistant,” “Provide Possible Answer Options,” and “Every Reporter is Different.” Refer to Appendix B to see specific details on how each response was coded.

Participants also indicated if individuals with I/DD were unable to or had difficulty replying to any particular sections of the intake form. This question allowed participants to make more than one selection with each of the six sections of the intake form offered as options (Reporter, Alleged Victim, Alleged Abuser, Setting and Location, Allegation, and Risk Assessment). Next to each choice we allowed text entry for the participant to elaborate on specific elements within a section that typically were not reported. Each comment was coded into a category using the same thematic analysis described earlier (e.g., researchers conducted the analysis on their own, then they came together to solidify the categories). For example, similar responses such as “where the incident happened” (P6) and “their location at the time of the incident” (P13) were placed in a “Details on Incident Location” category. The categories generated for this question were “Reporter Doesn’t Understand Question”, “Identity/description of Alleged Abuser”, “Incident Location”, “Reporter/ Alleged Victim demographics”, “Safety of Alleged Victim”, “Report has Already Been Made”, “Depends on the Individual”, “Reporter is Unclear When Reporting”, and “Detailed Description of Incident”. Refer to Appendix C to see details on each participant's response and how it was coded. We also asked participants about what information they record when receiving an abuse report from someone with I/DD. Specifically, participants indicated whether they only recorded the required information or if they recorded additional information as well. We also asked participants to estimate the percentage of calls they received in their role at this organization from individuals with I/DD to self-report abuse. Participants provided their estimate using a slider scale that ranged from 0% to 100%.

In addition to making self-reports, individuals with I/DD may report abuse on the behalf of another person. First, we asked participants if individuals with I/DD ever called to report abuse on another’s behalf (yes or no question). If the participant answered no, they proceeded immediately to another section of the survey. If they responded yes, they were asked a bit more about their experiences with individuals with I/DD reporting abuse for others. More specifically, participants indicated who individuals with I/DD would typically report abuse for, and they were able to select: family, friends, strangers, or other (with the option to specify in a textbox). Participants also provided information regarding which sections of the intake form were more challenging for individuals with I/DD when reporting on the behalf of someone else. This information was the same as for individuals reporting on behalf of themselves. As with self-

reporting, we also asked whether participants recorded the required information or if they recorded additional information as well. We also had participants estimate on a slider scale from, 0% to 100%, the percentage of calls they received in their role at this organization from individuals with I/DD that reported abuse on the behalf of others.

Alternative Abuse Reporting Methods

We also asked participants about their opinions on alternative methods of reporting abuse, especially an application that can be used on a smartphone or tablet. Participants indicated if they believed an application would help individuals with I/DD report abuse (yes or no question). Following this, we displayed four statements and had participants respond to each one on a 7-point Likert-type scale, with 1 representing “Strongly Disagree” and the rightmost side labeled as “Strongly Agree”. The statements were as follows: a reporting app would facilitate the intake process, a reporting app would increase self-reports by individuals with I/DD, a reporting app would increase false reports, and a reporting app would make the intake process more difficult. To conclude, we then asked if there was anything they thought should be kept in mind when designing an application on a smartphone or tablet with an open-ended response box, and a thematic analysis was conducted (i.e., three research individually conducted the analysis, and then together discussed inconsistencies and created common themes). For example, one participant stated: “keep it simple and short” (P3) and another said: “simplicity is best” (P4). These similar responses were grouped into the same category: “Necessity of Clear/Concise Questions”. The created categories were “Clear/Concise Questions”, “Follow up with the Reporter”, “Give an Option/Instructions to Call 911 in an Emergency”, “Only a Small % of People would Benefit from an App”, and “Make App Compatible with the Intake Process”. Refer to Appendix D to see where each participant's response was categorized.

Concluding Questions and Comments

To conclude the survey, we surveyed participants on some final clarifications on this topic. Participants disclosed how/if false reporting happens and if they do anything differently when a person with I/DD calls to report abuse as opposed to someone with a different disability, both in open-ended response questions. All of these question responses were analyzed to see if there were trending themes present. We also recorded any final thoughts, comments, or concerns with a free response question. The researchers executed a thematic analysis in the same manner as other open-ended response questions. Common responses such as “listen more and try to understand” (P18) and “allow them to relax knowing I am someone who listens and can help them” (P13) were grouped together into a single category: “Be patient/compassionate with the reporter”. The categories for this question were “Be Patient/Compassionate with the Reporter”, “Ask Questions in Various Ways”, “Try to Make the Reporter Comfortable”, “Try to Obtain as Much Information as Possible”, and “Do Nothing Differently”. Refer to Appendix E to see participant responses and their coded categories.

Demographics

Participants provided some demographic information. This included gender identity: “Male”, “Female”, “Other”, and “Prefer not to answer”. The participants were also indicated their ethnicity (multiple selection), with answer options of: “American Indian or Alaska Native”, “Asian or Asian American”, “Black or African American”, “Hispanic/Latino(a)/Latinx”, “Native Hawaiian or Other Pacific Islander”, “Middle Eastern or Arab American”, “White or Caucasian”, “Multiracial (Please specify)”, “Other”, and “Prefer not to answer”. For this question, participants could choose as many answer selections as they wanted. Additionally, participants provided their age (open-ended response). Overall, many participants did not disclose demographic information including gender, ethnicity, or age. Therefore, we were unable to look at whether differences in demographics influenced the results.

Procedure

After providing informed consent, participants learned that they were interested in understanding how the abuse reporting process works. Before going into specifics, participants provided information about their experiences with abuse reporting. In particular, participants indicated their role at the APS organization, the frequency of calls they receive, and who typically makes the report (survivor or someone else). Participants then provided information on how the intake process happens more generally. In particular, participants indicated if they only wrote down the required information from the intake form, or if they also included any other additional information that was reported somewhere in the form. Participants also disclosed whether they write down a reporter’s words verbatim or if they paraphrased responses.

We also wanted to understand if there was any information that was necessary to make an abuse report actionable by the agency and/or the police. In the generic intake form that we received, there were six main sections: the Reporter section, the Alleged Victim section, the Alleged Abuser section, the Setting and Location section, the Allegation section, and the Risk Assessment section. In the survey, we had participants think about each of these six sections of the intake form one at a time. For each section, participants selected, from a list of options, what information, if any, was absolutely critical to make an abuse report actionable. For example, in the Allegation section, the participants could choose to select any or all of the following choices: Incident Date, Incident Time, Description of Incident, Description of Any Injuries, Witnesses, Nature of Allegation, Type of Allegation, and The Report Can Be Actionable Even if All This Information is Missing. For more details on the other five sections, see Appendix A.

We also wanted to understand if there were aspects of the current reporting process that were problematic for individuals with I/DD. Therefore, we asked participants to share any strategies that they used when a report came in from an individual with I/DD. Participants also indicated if any of the sections and/or details of the reporting process were difficult for individuals with I/DD. We also asked participants what percentage of the reports that they received from individuals with I/DD were self-reports versus reporting for someone else in their role at the APS organization. For those participants who engaged with someone with I/DD who

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was making a report for someone else, we asked participants to share if any information was hard for individuals with I/DD to report and what their relationship was with the person they were calling on behalf of.

We also wanted to gain insights from the intake specialists about their thoughts on an alternative reporting tool, such as an application that could work on a smartphone or tablet. Participants indicated whether an application would be: viable, helpful, allow for more self-reports from individuals with I/DD, increase the risk of false reporting, and make the reporting process more difficult. Participants could also share in an open-ended response any other thoughts they had about designing an application for reporting abuse.

After completing all these sections, participants provided demographic information including their age, race/ethnicity, and gender identity. Participants also included any final thoughts or comments they had, and they were thanked for their participation.

Results

Overall Analysis Plan

To analyze our data, we formulated research questions to identify the most important take-away messages and focus areas of the survey:

1. What information is absolutely necessary for the intake specialist to have an actionable report?
2. Are there any challenges/limitations with the current phone call reporting process for individuals with I/DD?
3. What design recommendations did the hotline operators give for making a reporting tool?

Some participants did not answer each question or gave unusable data. Also, for certain questions participants were able to select more than one response as an answer. Therefore, we analyzed the data in two ways: 1) the number of participants who provided a response and 2) by the total number of responses received. Given this, the number of participants and responses may vary for each question. The figures will report the number of responses compared to the necessary information.

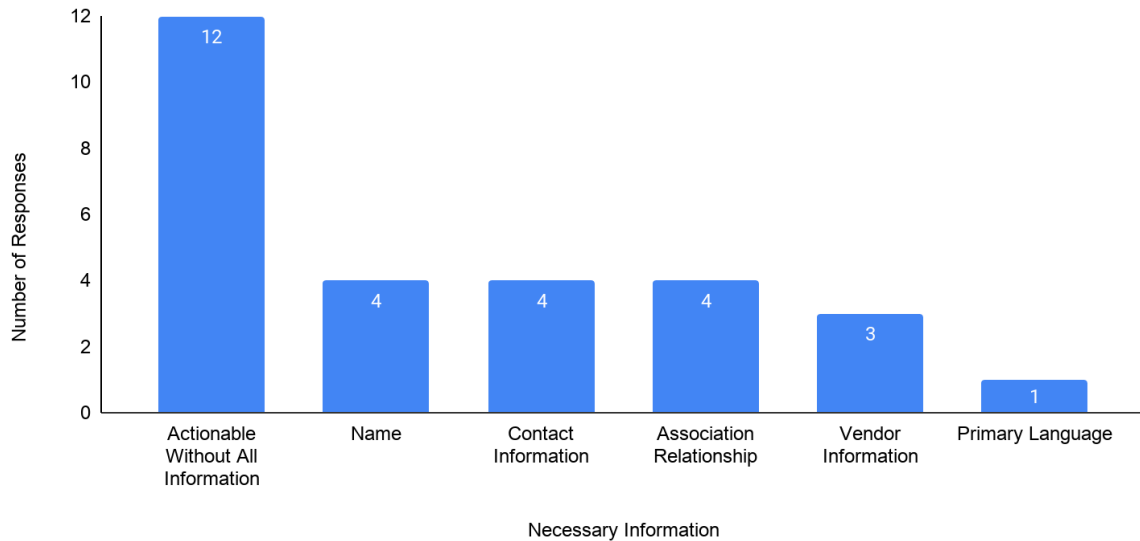
What Information is Absolutely Necessary for a Report to be Actionable?

To answer this question, we looked to see what information from the six key sections of the intake process were reported as being absolutely necessary. The six sections are: 1) Reporter, 2) Alleged Victim, 3) Alleged Abuser, 4) Setting and Location, 5) Allegation, and 6) Risk Assessment.

Reporting Section of Intake Report

Figure 1

Necessary Information in the Reporter Section to Consider a Report Actionable



Note. The participant was able to select multiple options for this question; therefore, the figure represents the total number of responses, not the number of participants who gave a response.

Figure 1 pertains to the Reporter section of the intake report and there are 28 total responses for this specific question given by 16 participants¹. For example, a single participant is able to select both *Name* and *Contact Information* for this question. The first way we analyzed this data was looking at the total responses. In *Figure 1*, 12 out of the 28 responses (43%) indicates that not all the information is necessary in the Reporter section to consider a report actionable. This is the most selected response for this question. *Primary Language* was the least selected response with 1 out of 28 responses (3.6%).

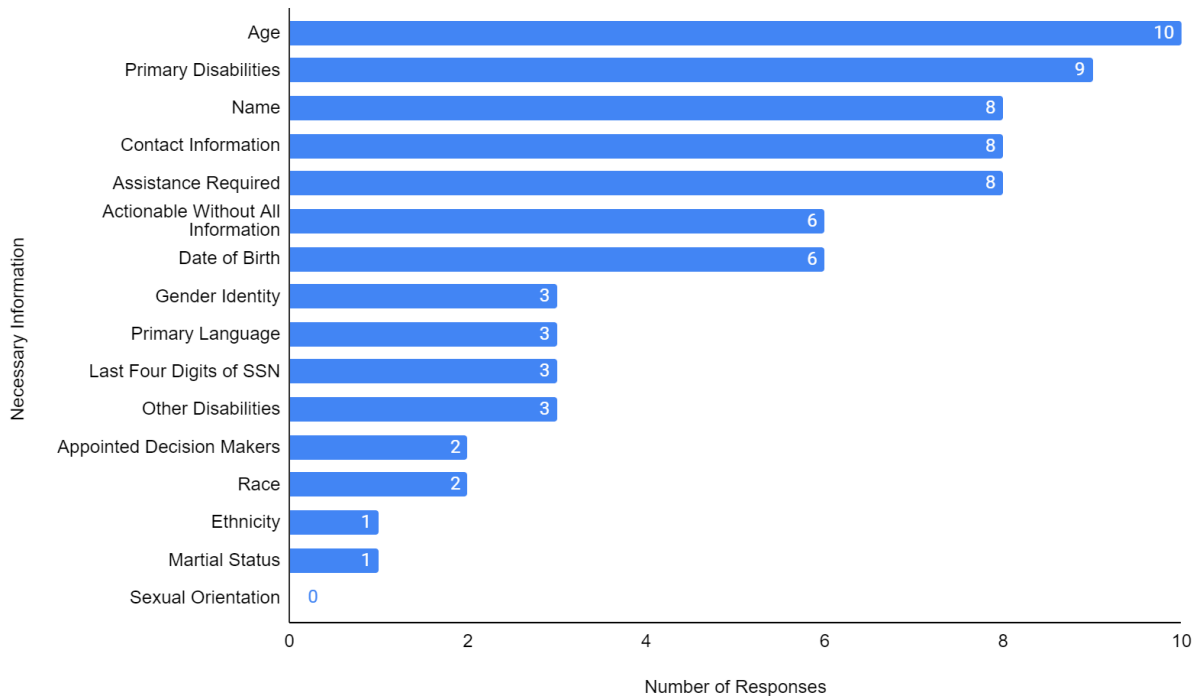
Another way to analyze this data is based on participants. Twelve out of the 16 participants (75%) agreed that the report can be actionable without any information from the Reporter section. The remaining 4 out of the 16 (25%) participants did not agree that the report was actionable with all of the information. These 4 participants all agreed that *Name*, *Contact Information*, and *Association Relationship* were necessary in the report. Only 1 out of the 16 participants selected *Primary Language*, indicating it was the least important piece of information when considering what makes a report actionable in this section. When analyzing the data by both responses and participants *Actionable Without All Information* is the most agreed upon option. Other participants indicated *Name*, *Contact Information*, *Association Relationship*, and *Vender Information* all varied in importance.

¹ Two participants selected that the report could be actionable without any information, as well as additional choices, which made the data uninterpretable. Therefore, they provided unusable data and their responses were not included in our results. Additionally, one participant did not respond to this question, which totals to 16 total participants for this question.

Alleged Victim Section of Intake Report

Figure 2

Necessary Information in the Alleged Victim Section to Consider a Report Actionable



Note. The participant was able to select multiple options for this question; therefore, the figure represents the total number of responses, not the number of participants who gave a response.

Figure 2 pertains to the Alleged Victim section of the intake report where 16 total participants² provided 72 total responses. Since participants could provide more than one response, the data from this question can be analyzed by total number of responses and total number of participants. In *Figure 2*, 10 out of 72 responses (13.9%) indicate that *Age* is necessary for the Alleged Victim section of the intake report. This was the most common response for this question. No participants selected *Sexual Orientation* as a necessary piece of information when filling out this section of the intake form.

When discussing the data based on number of participants, the results show the same information. *Age* is still the most frequently selected answer with 10 out of 16 (62.5%) participants. Therefore, age is an essential piece of information when completing the Alleged

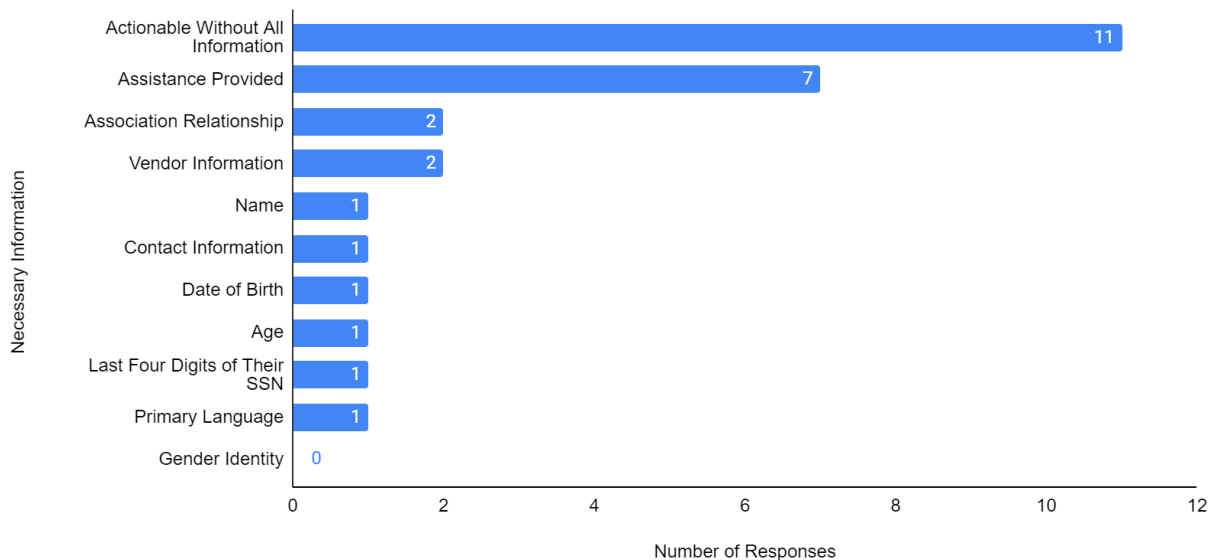
² Three participants selected that the report could be actionable without any information, as well as additional choices, which made the data uninterpretable. Therefore, they provided unusable data and their responses were not included in our results. This meant there were 16 total participant responses to this question.

Victim section of the intake report. Other participants indicated *Primary Disabilities, Name, Contact Information, Assistance Required, Date of Birth, Gender Identity, Primary Language, Last Four Digits of SSN, Other Disabilities, Appointed Decision Makers, Race, Ethnicity, and Marital Status* all varied in importance.

Alleged Abuser Section of Intake Report

Figure 3

Necessary Information in the Alleged Abuser Section to Consider a Report Actionable



Note. The participant was able to select multiple options for this question; therefore, the figure represents the total number of responses, not the number of participants who gave a response.

Figure 3 pertains to the Alleged Abuser section of the intake report which has 18 total participants³ and 28 total responses because participants were able to make more than one selection. One way to analyze this data is by looking at selections based on the number of total responses each section received. *Figure 3* displays 11 out of 28 (39.3%) responses stating a report is *Actionable Without All the Information*, which is the highest selected answer for this question.

This data can also be analyzed based on the number of participants. Eleven out of the 18 participants (61%) agree that a report is *Actionable Without All Information* on the alleged abuser. Participants also indicated that *Assistance Provided, Association Relationship, Vendor*

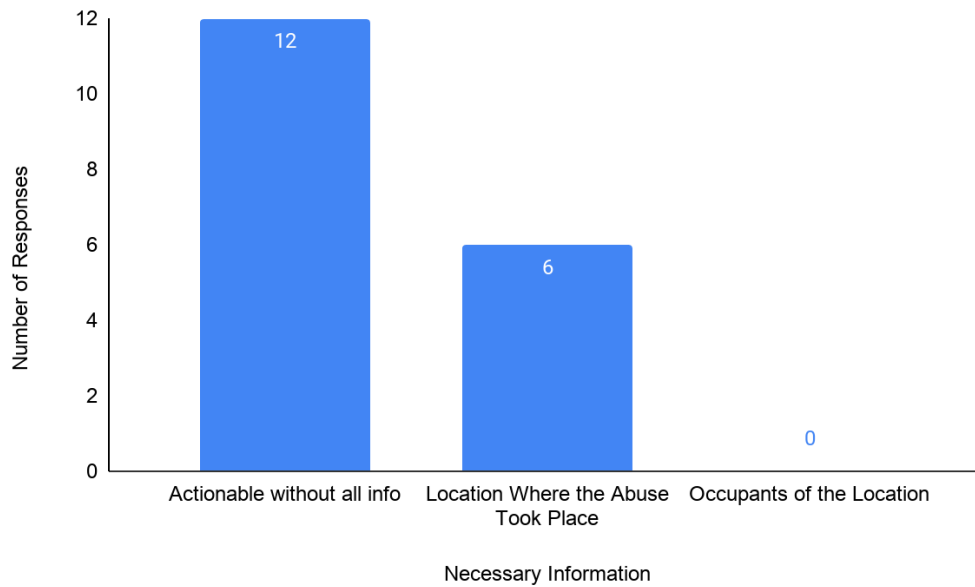
³ One participant selected that the report could be actionable without any information, as well as additional choices, which made their data uninterpretable. Therefore, they provided unusable data and their responses were not included in our results. This meant there were 18 total participant responses to this question.

Information, Name, Contact Information, Date of Birth, Age, Last Four Digits of their SSN, and Primary Language were important pieces of information on various levels. Gender Identity was the least selected response with no selections. When analyzing based on responses and participants, both indicated this section of the intake report was actionable without all information.

Setting and Location Section of Intake Report

Figure 4

Necessary Information in the Setting and Location Section to Consider a Report Actionable



Note. Participants each selected a total of 1 response, therefore the total number of responses is the same as the total number of participants.

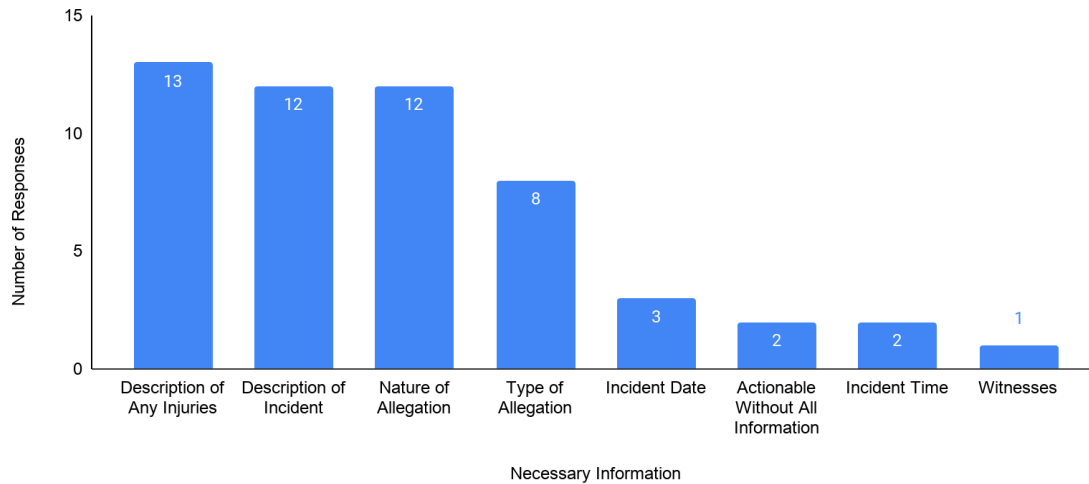
Figure 4 pertains to the Setting and Location section of the intake report which has a total of 18 participants⁴ and 18 total responses for this question, where each participant provided one response. As shown in Figure 4, 12 out of 18 (66.6%) participants believe that the Setting and Location section of the intake report is *Actionable Without All Information*. Six out of 18 (33.3%) participants thought *Location Where the Abuse Took Place*. No participants stated the *Occupants of the Location* was necessary in order for this section of the report to be actionable.

Allegation Section of Intake Report

⁴ One participant did not respond to this question, which totals to 18 participant responses.

Figure 5

Necessary Information in the Allegation Section to Consider a Report Actionable



Note. The participant was able to select multiple options for this question; therefore, the figure represents the total number of responses, not the number of participants who gave a response.

Figure 5 pertains to the Allegation section of the intake report where 18 participants⁵ produced a total of 53 responses. When analyzing results based on response number, *Figure 5* shows that 13 out of 53 (24.5%) responses indicate that *Description of Any Injuries* was the most selected answer. Only 1 out of 53 (.01%) selected that the *Witnesses* is necessary to make a report actionable, making this the least important piece of information.

Another way to look at this data, is to analyze based on the total number of participants. Thirteen out of 18 (72%) participants selected *Description of Any Injuries* as necessary to make a report actionable. When analyzing based on responses and participants, both indicated that *Description of Any Injuries* was the most common response in this section of the intake report. Participants also indicated *Description of Incident*, *Nature of Allegation*, *Type of Allegation*, *Incident Date*, and *Incident Time* were important to the Allegation section of the intake report. *Witnesses* was still the least selected with 1 out of 18 (55%) participants.

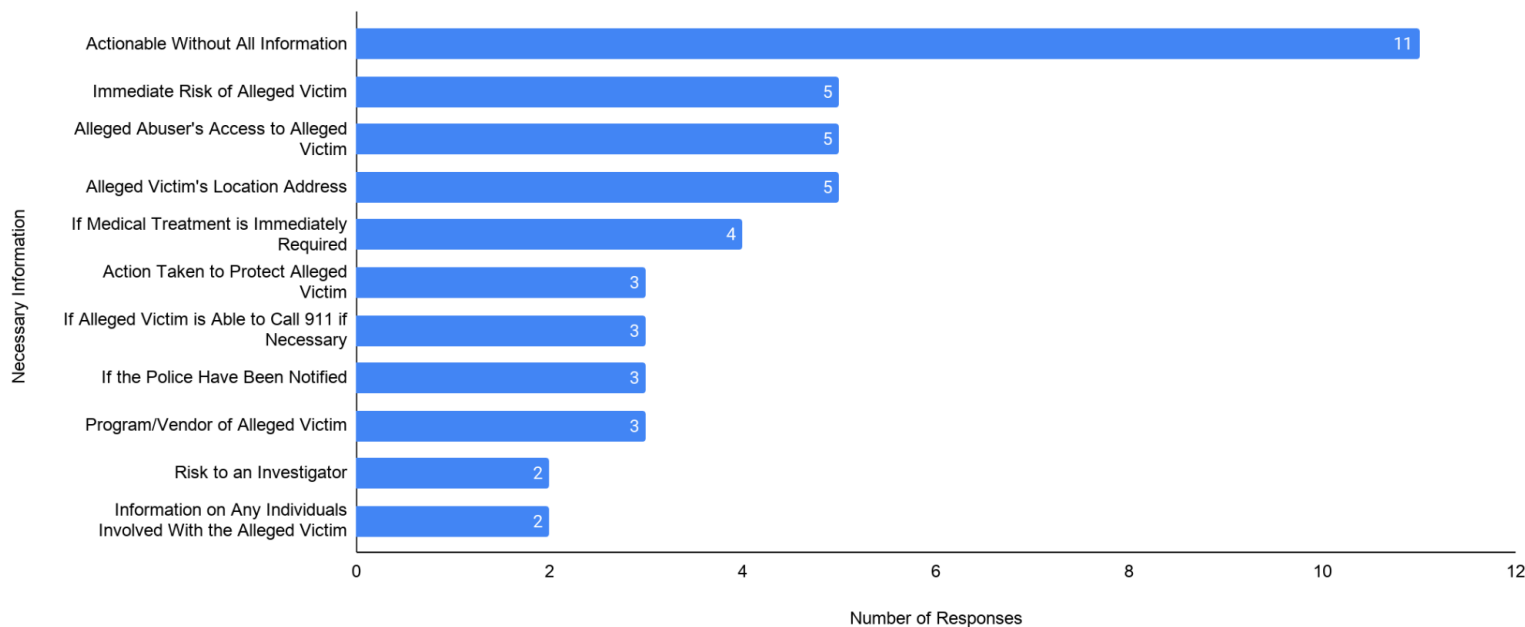
Risk Assessment Section of Intake Report

Figure 6

Necessary Information in the Risk Assessment Section to Consider a Report Actionable

⁵ One participant did not respond to this question, which totals to 18 participant responses.

Exploring Processes for Individuals with I/DD to Report Abuse



Note. The participant was able to select multiple options for this question; therefore, the figure represents the total number of responses, not the number of participants who gave a response.

Figure 6 pertains to the Risk Assessment section of the intake report which has 16 total participants⁶ produced 48 total responses. Participants were surveyed about necessary information from the Risk Assessment section of the intake report. *Figure 6* conveys that 11 out of 48 (22%) of the responses deemed the Risk Assessment section of the report *Actionable without all information* provided. When analyzing the data based on the number of participants, 11 out of 16 (68%) participants believed that the report can be *Actionable Without all the Information* for the Risk Assessment section of the report. This was the most selected response when looking at the number of total responses and the number of total participants. Participants also indicated that *Immediate Risk of the Alleged Victim*, *Alleged Abusers Access to the Alleged Victim*, *Alleged Victim's Location Address*, *If Medical Treatment is Immediately Required*, *Action Taken to Protect Alleged Victim*, *If Alleged Victim is Able to Call 911 if Necessary*, *If the Police Have Been Notified*, *Program/Vendor of Alleged Victim*, *Risk to an Investigator*, and *Information on Any Individuals Involved with the Alleged Victim* are also important pieces of information to this section of the intake report.

Overview of Necessary Information to Make a Report Actionable

⁶ One participant selected that the report could be actionable without any information, as well as additional choices, which made their data uninterpretable. Therefore, they provided unusable data and their responses were not included in our results. Two participants did not respond to this question, totaling 16 participant responses to this question.

The first research question was to assess what information was necessary to intake specialists in order to make a report actionable. Participants were questioned about each particular section of the report. For the Alleged Victim section of the intake report, the majority of participants answered that age was the most necessary piece of information to make the report actionable. In the Allegation section of the report, most participants agreed that description of any injuries was the most important information to make the report actionable. Finally, in the Reporter, Alleged Abuser, Risk Assessment, and Setting and Location sections of the intake report, most participants believed that a report can be actionable without all the information from these sections.

Are There Any Challenges/Limitations with the Current Phone Call Reporting Process for Individuals With I/DD?

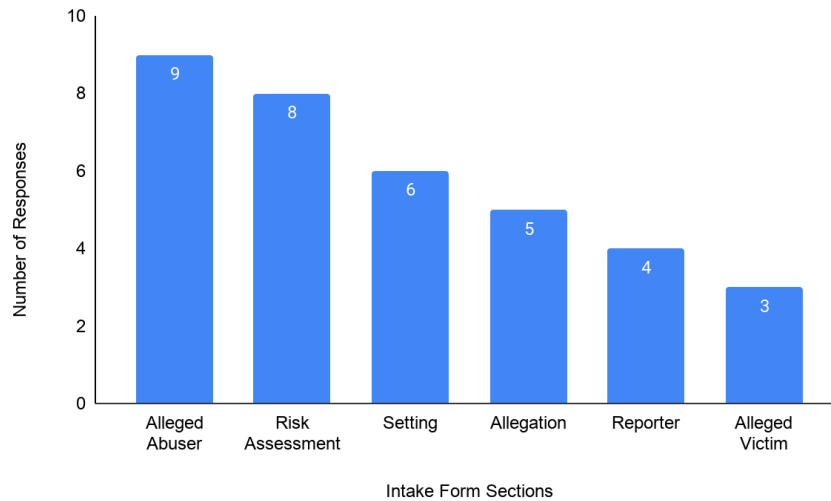
If an individual with I/DD calls to report abuse, they can make the report either for themselves or for someone else. To better understand what limitations were present in the reporting process, intake specialists were asked about any limitations present during the reporting process for individuals with I/DD reporting about themselves and others. Since reporting for oneself is different from reporting for someone else, the researchers looked at specific challenges for each type of reporting done by individuals with I/DD.

Individuals with I/DD Reporting for Themselves

Results for when individuals with I/DD report abuse were separated into two different categories, when individuals report an abuse incident which happened to themselves and when an individual with I/DD reports an incident on behalf of someone else. Participants were asked “what percentage (%) of calls from individuals with I/DD report abuse that has happened to themselves?” in which only 14 participants responded. From these responses, there was an average of 35% of people with I/DD reporting for themselves.

Figure 7

Sections Individuals with I/DD Typically Do Not Respond to When Reporting Abuse on Their Own Behalf



Note. Only 10 participants⁷ responded to this question and the participant was able to select multiple options for this question.

In order to investigate this question, participants reported if there were any sections of the intake form that were less likely to be answered by individuals with I/DD. Since participants could provide more than one response for this question, this question had a total of 35 responses. The Alleged Abuser section was the highest selected answer, with a total of 9 out of 35 responses (25.7%). The least selected answer was the Alleged Victim section of the report with only 3 out of 35 responses (8.6%). All options from this question however were selected indicating that there are several parts of the reporting process that can be challenging for individuals with I/DD to talk about when self-reporting abuse.

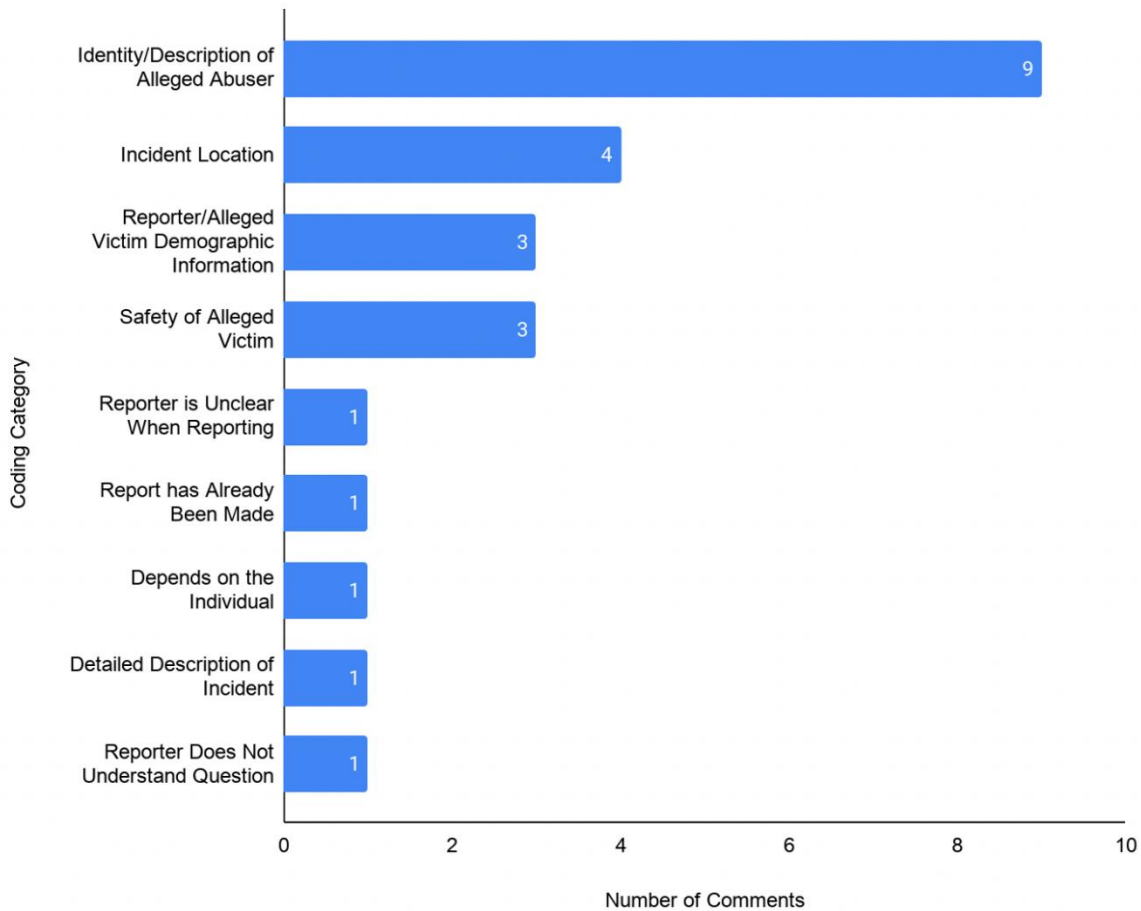
When analyzing this data based on participants, the Alleged Abuser section of the report was still the most selected answer with 9 out of 10 participants (90%). Participants also indicated *Risk Assessment*, *Setting*, *Allegation*, *Reporter*, and *Alleged Victim* were also important to consider. Participants were also able to include more specific information about particular challenges that occurred for each section of the intake process. These specific challenges are displayed in *Figure 8*.

Figure 8

Specific Information Individuals with I/DD Typically Do Not Provide When Reporting Abuse on Their Own Behalf

⁷ Nine participants did not respond to this question, which totals to 10 participant responses.

Exploring Processes for Individuals with I/DD to Report Abuse



Note. Only 9 participants⁸ responded to this question and the participants were able to provide multiple comments in the text entry box.

The 9 categories displayed in *Figure 8* represent the wide range of free responses provided by participants. Many of the participants believe there is a lack of information in the Alleged Abuser section. Since participants could provide more than one comment, the results can be analyzed based on both number of comments and number of participants. The most frequent comment in the short response portion regards the Alleged Abuser, specifically the *Identity/Description of Alleged Abuser* with 9 out of 25 comments (36%). Similarly, when analyzing results based on the number of participants, 8 out of 9 participants (88%) all think that the *Identity/Description of Alleged Abuser* is the most common information left out when individuals with I/DD report abuse on their own behalf. Participants also indicated *Incident Location*, *Reporter/Alleged Victim's Demographics*, *Safety of Alleged Victim*, *Reporter is*

⁸ Nine participants did not respond to this question or leave comments on this question, which totals to 10 participant responses. Ten participants responded, however one participant did not address the question asked. Therefore, this participant's response was removed from the analysis.

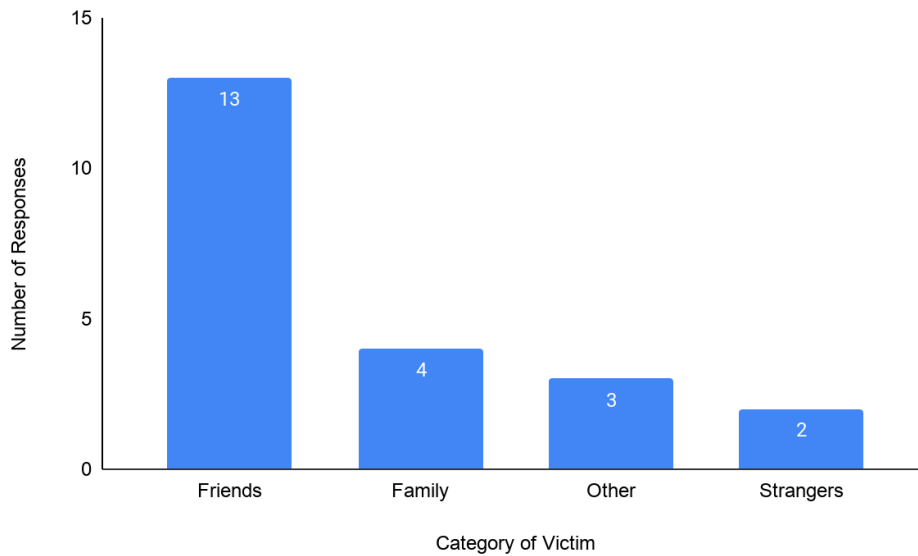
Unclear When Reporting, Report has Already Been Made, Depends on the Individual, Detailed Description of Incident, and Reporter Does Not Understand Question were also important.

Individuals with I/DD Reporting Abuse for Others

In the intake survey participants were asked, “do individuals with I/DD ever call to report on behalf of someone else?” to understand how often individuals with I/DD report abuse incidents for themselves versus report for others. Of the fifteen participants that answered this question, 14 out of 15 selected *yes* and one participant selected *no*. This shows that individuals with I/DD often report abuse on behalf of others. Participants were also asked “what percentage (%) of calls from individuals with I/DD report abuse that has happened to others?” in which only 12 participants responded. From these responses there was a median of 12.5%, signifying that around 12% of people with I/DD make reports on behalf of someone else. Participants also noted any additional information taken down when recording a report, or if they only recorded what information the intake form required. In response to this question, nine participants stated that they wrote down extra information, four stated they only took down what the intake form required, and six did not respond.

Figure 9

Who Individuals with I/DD Report Abuse on Behalf Of



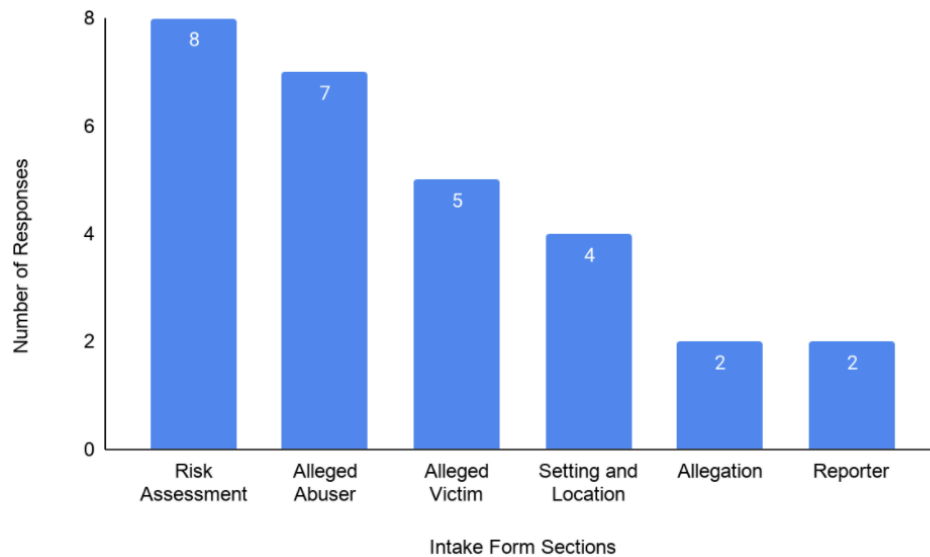
Note. Only 14 participants⁹ responded to this and the participant was able to select multiple options for this question.

⁹ Five participants did not respond to this question, which totals to 14 participant responses.

After it was found that people with I/DD sometimes report abuse incidents on behalf of others, the survey queried who they report these incidents for. *Figure 9* displays the victim's relationship to the reporter who has I/DD. Thirteen participants out of 19 (68%) disclosed that individuals with I/DD mostly report abuse incidents on behalf of their friend. Individuals with I/DD also report abuse incidents for family members, other individuals, and occasionally strangers.

Figure 10

Sections Individuals with I/DD Typically Do Not Respond to When Reporting Abuse on Behalf of Others



Note. Only 11 participants¹⁰ responded to this question, and the participant was able to select multiple options for this question.

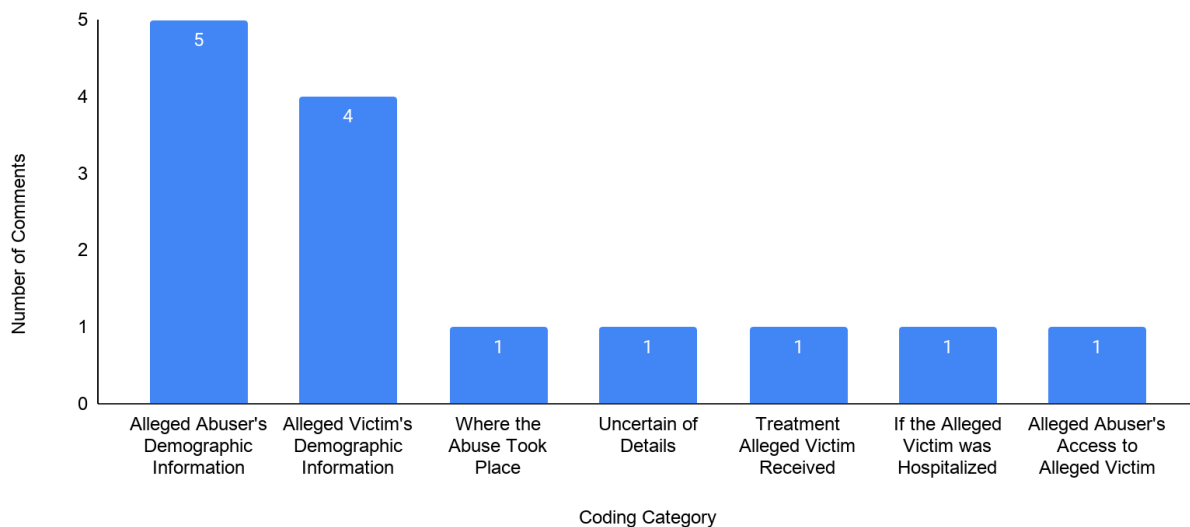
When reporting for others, there can be limitations when answering certain questions. The survey asked participants to answer which questions individuals with I/DD have difficulty answering when they are reporting an abuse incident on behalf of someone else. Since participants could provide more than one response for this question, this question had a total of 28 responses. The *Risk Assessment* section was the most common response, accounting for 8 out of the 28 (28.6%) responses. The least selected answers were the *Allegation* section and the *Reporter section*, each with 2 out of 28 (7.1%) responses. All options from this question were selected, indicating that there are several parts of the reporting process that can be challenging for individuals with I/DD to talk about when reporting abuse on someone else's behalf.

¹⁰ Eight participants did not respond to this question, which totals to 11 participant responses.

This data can also be analyzed based on participants, indicating how many participants thought a particular section was difficult to respond to when a person with I/DD reports abuse on behalf of someone else. Eight out of 11 (72.7%) participants agreed the *Risk Assessment* section was the most difficult for an individual with I/DD to report on behalf of someone else. The least selected answers were the *Allegation* section and the *Reporter* section, each with 2 out of 11 (18.2%) participants choosing it. Participants also indicated *Alleged Abuser*, *Alleged Victim*, *Setting and Location*, and *Allegation* were also important to consider.

Figure 11

Specific Information Individuals with I/DD Typically Do Not Provide When Reporting Abuse on Behalf of Others



Note. Only 5 participants¹¹ responded to this question and the participants were able to provide multiple comments in the text entry box.

Following what was asked in *Figure 10*, *Figure 11* represents the comments participants were able to add to each section. These comments specified exactly what information individuals have difficulty answering. Since participants could provide more than one response for this question, this question had a total of 14 comments. In *Figure 11*, 5 out of 14 (35.7%) comments indicated that the *Alleged Abuser's Demographic Information* was difficult for individuals with I/DD to provide on behalf of others. This was the most frequent comment in response to this question. Analyzing this data by the number of participants involved the most common comment

¹¹ 14 participants did not respond to this question or leave comments on this question, which totals to 5 participant responses.

was that individuals with I/DD had trouble reporting the *Alleged Abuser's Demographic Information*. Also, 5 out of 5 participants (100%) stated a comment in this category. Participants also indicated *Alleged Abuser's Demographic Information*, *Alleged Victim's Demographic Information*, *Where the Abuse Took Place*, *Uncertain of Details*, *Treatment Alleged Victim Received*, and *If Alleged Victim was Hospitalized* should also be considered.

Overview of Limitations of the Intake Process

Results display that individuals were more likely to make a self-report than to report on the behalf of someone else. When an individual with I/DD reports for themselves they typically have the most difficulty answering questions regarding the Alleged Abuser section, specifically with the identity/description of the alleged abuser. Results also show that individuals with I/DD tend to report abuse on behalf of friends more often than family members, strangers, or others. When an individual with I/DD is reporting on behalf of someone else with I/DD, they typically have most difficulty with the Risk Assessment section, but also have trouble stating both the alleged abusers and alleged victims' demographic information.

What Design Recommendations Did the Hotline Operators Give for Making a Reporting Tool?

Researchers wanted to better understand if an individual with I/DD could effectively report abuse through a reporting tool from intake specialists. Design recommendations are necessary to convert a phone call reporting process into an application reporting process. In order to achieve this, the intake survey asked questions regarding any design recommendations and areas that could be improved. Participants also answered a free response question to help identify reporting aspects to keep in mind when building an application. The survey participants provided different design recommendations to ensure a successful application. The intake specialists were first asked about the potential for a reporting application before seeking out these design recommendations.

Potential for A Reporting Application

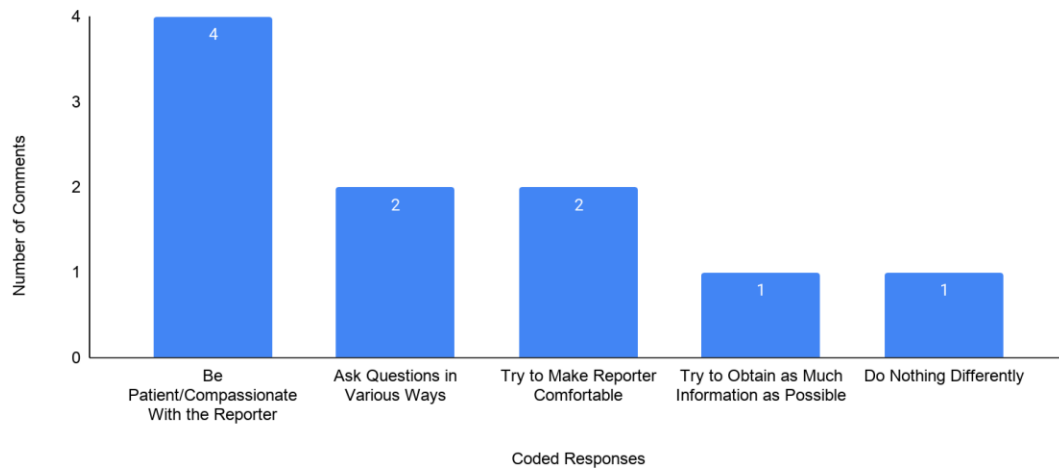
The survey assessed participants' thoughts and reactions to a reporting tool, such as an application that would work on a smartphone or tablet. The participants were asked their opinion in order to understand if a reporting application would have any impact on or change to the current reporting processes. On a 7-point Likert scale, participants averaged a 5.1, indicating that they slightly agree that an application would aid in the reporting process. The participants were also asked if they agreed or disagreed that a reporting app would increase self-reports of abuse by individuals with I/DD. Again, the average score of respondents indicated that the group slightly agreed, with an average of 5.6. Additionally, respondents were asked if they agreed or disagreed that a reporting app would increase false reports of abuse by individuals with I/DD. The average score for this answer was 3.29, demonstrating that most respondents slightly disagreed that this would be the case. The participants were also surveyed whether they thought a

reporting app would make the intake process more difficult. In this case, the averaged answer scored a 3.69 on the seven-point scale, which indicated a very slight disagreement or neutral attitudes toward this statement. These answers overall show that intake specialists at this APS organization agree that an application could potentially increase self-reports of abuse from people with I/DD and that an app could help in addition to the current intake process.

Recommendations for a Reporting Tool

Figure 12

What Intake Specialists Do Differently when Individuals with I/DD Report Abuse

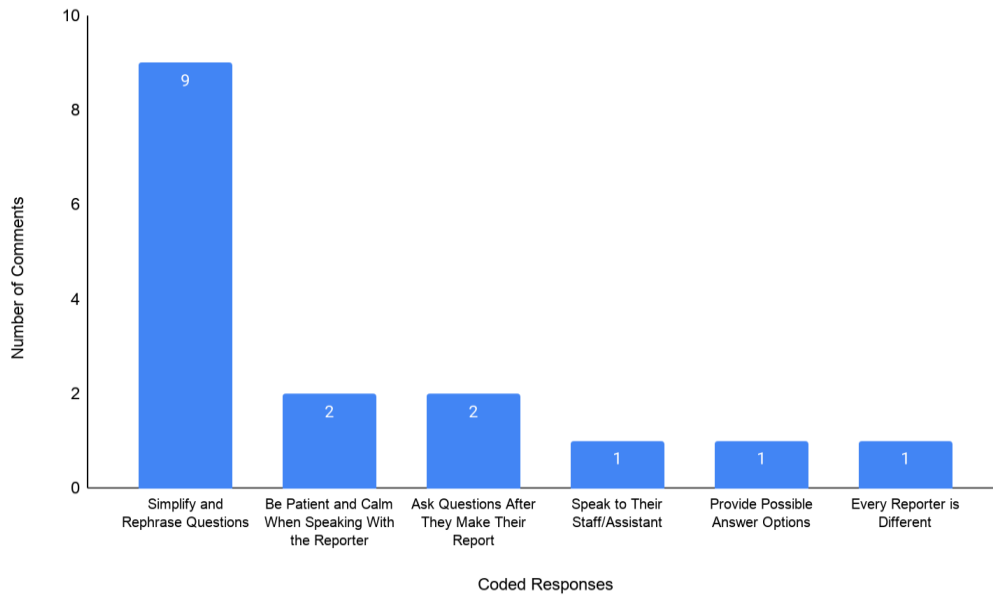


Note. Only 10 participants responded to this question in the survey, and each participant provided only 1 response to the question.

Participants were surveyed to see if they do anything different when an individual with I/DD calls to report abuse as opposed to other types of disabilities. The most common comment with 4 out of 10 participants (40%) recommended to *Be Patient/Compassionate with the Reporter*. One of the participants exemplified this well by saying “anyone calling to report abuse requires patience and tact regardless of disability” (P9). Other comments included *Ask Questions in Various Ways*, *Try to Make the Reporter Feel Comfortable*, *Try to Obtain as Much Information as Possible*, and *Do Nothing Differently*.

Figure 13

Strategies to Obtain Information from People with I/DD Reporting Abuse

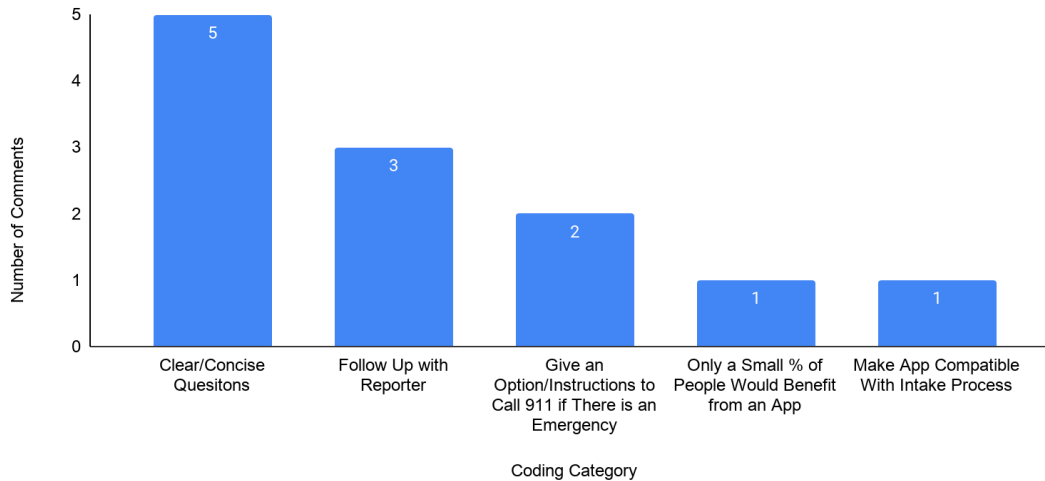


Note. Only 16 participants responded to this question in the survey, and each participant provided only 1 response to the question.

By asking intake specialists what strategies they use to obtain information from individuals with I/DD, this information can be used as recommendations on how to obtain information using a reporting tool. Therefore, participants were surveyed for any strategies that they use to try to obtain information when someone with I/DD calls to make a report. *Figure 13* depicts the suggestions that respondents provided for obtaining more information when someone with I/DD calls in to report abuse. From these coded responses, 9 out of 16 participants (56.3%) recommended *Simplify and Rephrase Questions* which was the most stated comment. Other comments included *Be Patient and Calm When Speaking with the Reporter*, *Ask Questions After They Make the Report*, *Speak to Their Staff/Assistant*, *Provide Possible Answer Options*, and *Every Reporter is Different*.

Figure 14

Design Recommendations for Making an Application to Report Abuse



Note. Only 12 participants responded to this question in the survey, and each participant provided only 1 response to the question.

Participants were asked what should be kept in mind when designing an application to help individuals with I/DD to report abuse. The most frequent comment with 5 out of the 12 participants (41.7%) showed the need for *Clear/Concise Questions*. Other comments included *Follow Up with the Reporter*, the *Give Instructions to Call 911 in an Emergency*, and *Make App Compatible with the Current Intake Process*. One other comment stated that *Only a Small % of People Would Benefit from an App* like this. This was not a design recommendation, but instead an overarching comment.

Overview of Design Recommendations

The participants indicated that they slightly agreed that an application would increase self-reports of abuse by individuals with I/DD. Knowing that an app could be viable according to these intake specialists, further questions were asked regarding a potential application. Conveying information properly was found key to having a functioning reporting tool and following certain design standards will allow for the proper designs to an application. Overall, the most common recommendations participants suggested was to be compassionate with the reporter, rephrase questions, and have clear and concise questions.

Discussion

Based on our analysis we made three main conclusions, one for each of our research questions. Our first research question asked *what information is absolutely necessary for a report to be actionable?* This question aimed to understand what information absolutely needed to be in a reporting application. Participants responded that 4 out of the 6 sections of the intake report, the Reporter, Alleged Abuser, Risk Assessment, and Setting and Location sections, did not require any information for the report to be considered actionable. Participants agreed that *Age*

was the most necessary piece of information of the Alleged Victim section of the Intake Report. In the Allegation section of the report, *Description of Any Injuries* was the most important part to make the report actionable. However, participants also stated that *Description of Incident* and *Nature of Allegation*, were important to the Allegation section of the intake report.

Our next research question queried *whether there are challenges/limitations with the current phone call reporting process for individuals with I/DD?* Individuals with I/DD tend to primarily report abuse incidents for themselves, but also on the behalf of others, specifically their friends. A limitation when an individual is reporting the incident is that they may not provide all of the information on the intake report. We found that individuals with I/DD who report for themselves often have difficulty answering questions regarding the Alleged Abuser section, specifically with the identity/description of the alleged abuser. When an individual with I/DD is reporting on behalf of someone else, they typically have most difficulty answering questions in the Risk Assessment section. They also have trouble responding to both the alleged abusers and alleged victims' demographic information outside of the Risk Assessment section. Therefore, any reporting process needs to account for any difficulty's individuals with I/DD have with these particular sections.

Our last research question inquired *what design recommendations did the hotline operators give for making a reporting tool?* Participants suggested to be patient and compassionate with the reporter, simplify and rephrase questions, and have clear and concise questions on an application. Participants also agreed that individuals with I/DD would report more abuse incidents if a reporting application existed.

These key results provide important information for the design of an abuse reporting application. We now know what areas of the intake process are most important. *Age* from the Alleged Victim section of the intake report, and *Description of Any Injuries*, *Description of Incident*, and *Nature of Allegation* from the Allegation section of the intake report were stated as the most important pieces of information by participants. We also know what sections are the most challenging for individuals with I/DD to report. The Alleged Abuser section of the intake report is most difficult for individuals to report for themselves and the Risk Assessment section is most challenging for individuals to answer on behalf of others. Lastly, we have specific recommendations to keep in mind during the design process of an application. These recommendations include being patient with the reporter, simplifying and rephrasing questions, and providing clear and concise questions on the application for users to answer.

Recommendations

In order to make an application that helps people with I/DD report abuse, we first need to deeply examine the most crucial information that needs to be reported. The majority of participants agreed that there were four sections of the intake survey that could have missing information, while the report was still actionable. Therefore, we turned our attention to the two sections that had crucial information to filing a report: the Alleged Victim section and the Allegation section. Within the Alleged Victim section, the highest rated answer as being crucial

to making a report actionable was *Age* while in the Allegation section, it was *Description of Any Injuries*, *Nature of Allegation*, and *Description of Incident*. When an individual downloads the reporting application, demographic questions should be posed to the user and the information can be stored for that particular user. This would provide answers to the Reporter section and Alleged Victim section of the intake report. Therefore, we shifted our focus to the Allegation section. Because *Description of Any Injuries*, *Description of Incident*, and *Nature of Allegation* was most frequently chosen by respondents as a crucial piece of information, we recommend that any future work on this project begins by focusing on integrating all of these pieces of information into an application.

To our knowledge there are currently no applications for individuals with I/DD to report abuse, and no prior research in this specific field. Based on our findings, we recommend that future work includes further interviews with relevant specialists and investigating AAC technology methods. If there are questions about how a person with I/DD currently reports their injuries, describes their abuse incident, or defines the nature of the allegation, we recommend interviewing relevant specialists at an APS organization. These specialists would know how individuals with I/DD currently report on these specific sections. We also recommend reviewing different Alternative and Augmentative Communication (AAC) methods. Interviews with AAC specialists could prove to be helpful in offering multiple options for someone to answer a complex question through an application.

Limitations

When beginning the project our team immediately found that there was very little prior research on the subject of individuals with I/DD self-reporting abuse via an application. Therefore, there was no starting point to base our project off of or guidance on the direction of our project. A study is often based on prior research and then expanded upon, however we were unable to do this due to lack of exploration in this area.

Another limitation was that during the process of analyzing our results there were certain difficulties that came from the format of the study itself. Certain questions in the survey allowed participants to give responses that were not specific enough for us to interpret and had to get disregarded. For example, when asking participants how long they had worked in a certain job, many participants left out a measurement for their response such as days, months, or years. Therefore, numerical data from this response where participants did not enter a measurement of time became unusable, since we were unaware what time frame the number corresponded to. While these limitations led to a small percentage of responses to be removed from our analysis, they did not invalidate any of the data collected or presented.

Conclusion

In conclusion, individuals with I/DD would benefit from more accessible and reliable platforms to report abuse. An application-based reporting tool could aid in increasing accessibility to individuals with I/DD. By looking at a current reporting process available to

individuals with I/DD, we are able to further develop design methods that can turn what is currently a phone call process into an application. We learned that being able to describe injuries, describe the incident, and the nature of the allegation from an abusive incident was necessary to make a report actionable in the Allegation section of the intake survey. In the Alleged Victim section of the intake report age was considered necessary when reporting an abuse incident. These sections should take priority when designing a potential application. Other sections, Reporter, Alleged Abuser, Setting and Location, and Risk Assessment, were all deemed unnecessary to make a report actionable. However, eventually we recommend all sections of the intake report should be integrated into the application. Another finding from our results was that when these individuals report for themselves, they have difficulty answering questions in the Alleged Abuser section of the report. However, when reporting for others, typically a friend, they have trouble reporting on the alleged abusers and alleged victims in the Risk Assessment section. Lastly, participants agreed that a reporting tool would aid in increasing reporting for individuals with I/DD. Certain recommendations from participants for designing this application include patience, simplified questions, rephrasing questions, clear word choice in questions, and concise questions. We recommend that AAC technology should be explored in any future work to make these questions more comprehensible to individuals with I/DD. These findings can be used to further this study and ultimately create technology that can benefit individuals with I/DD to have a more effective and accessible method for reporting abuse.

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Appendix A

Exact questions and given selections for information necessary to make a report actionable by each section of the intake report.

Reporter Section:

Please select all of the following items from the **Reporter Section** that are necessary in order to make the report actionable within the *organization's* jurisdiction. **(If the report can be actionable without the item reported, please do not select it)**

- Name
- Contact information
- Association relationship
- Primary language
- Vendor information
- The report can be actionable even if all this information is missing

Alleged Victim Section:

Please select all of the following items from the **Alleged Victim Section** that are necessary in order to make the report actionable within the *organization's* jurisdiction. **(If the report can be actionable without the item reported, please do not select it)**

- Name
- Contact information
- Date of Birth
- Age
- Last four digits of their Social Security Number
- Gender identity
- Sexual orientation
- Marital status
- Primary language
- Race
- Ethnicity
- Primary disabilities
- Other disabilities
- Assistance required
- Appointed decision makers
- The report can be actionable even if all this information is missing

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Alleged Abuser Section:

Please select all of the following items from the **Alleged Abuser Section** that are necessary in order to make the report actionable within the *organization's* jurisdiction. **(If the report can be actionable without the item reported, please do not select it)**

- Name
- Contact information
- Association relationship
- Date of Birth
- Age
- Last four digits of their Social Security Number
- Gender identity
- Primary language
- Assistance provided
- Vendor information
- The report can be actionable even if all this information is missing

Setting and Location Section:

Please select all of the following items from the **Setting and Location Section** that are necessary in order to make the report actionable within the *organization's* jurisdiction. **(If the report can be actionable without the item reported, please do not select it)**

- Location where the abuse took place
- Occupants of the location
- The report can be actionable even if all this information is missing

Allegation Section:

Please select all of the following items from the **Allegation Section** that are necessary in order to make the report actionable within the *organization's* jurisdiction. **(If the report can be actionable without the item reported, please do not select it)**

- Incident date
- Incident time
- Description of incident
- Description of any injuries
- Witnesses
- Nature of allegation
- Type of allegation
- The report can be actionable even if all this information is missing

Risk Assessment Section:

Please select all of the following items from the **Risk Assessment Section** that are necessary in order to make the report actionable within the *organization's* jurisdiction. **(If the report can be actionable without the item reported, please do not select it)**

- Immediate risk of alleged victim
- Action taken to protect alleged victim
- Alleged abuser's access to alleged victim
- If the alleged victim is able to call 911 if necessary
- If medical treatment is immediately required
- Program/Vendor of alleged victim
- Alleged victim's location address
- If there is any risk to an investigator if they visited the alleged victim
- Information on any individuals involved with the alleged victim who may need to be contacted as part of a protective services investigation
- If the police have been notified
- The report can be actionable even if all this information is missing

Appendix B

Coding Categories on Are there any strategies that you use to try to obtain any information when someone with I/DD calls to make a report? For instance, are there any strategies that help clarify information someone does not understand or increase the likelihood they can provide important information?

New Participant ID	Quote of Short Answer	Coding Category
P1	N/A	N/A
P2	“simplify questions, ask same question different way”	Simplify and rephrase questions
P3	“ask in different ways about their disability, what they need assistance with and who provides the assistance”	Simplify and rephrase questions
P4	“simplify the questions”	Simplify and rephrase questions
P5	N/A	N/A
P6	“Ask to speak to individual’s staff and/or assistant”	Speak to their staff/assistant
P7	“Be patient, understanding, speak in a calm manner.”	Be patient and calm when speaking with the reporter
P8	“re phrasing questions”	Simplify and rephrase questions
P9	“Let them report and try to follow-up with appropriate questions. If something needs clarification, finding a	Ask questions after they make their report

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	way to get this information without causing additional stress is important. Not rushing the person is also important.”	
P10	N/A	N/A
P11	“Use plain language. Follow up to make sure they understand the question.”	Simplify and Rephrase questions
P12	“Chnage [sic] the questions”	Simplify and rephrase questions
P13	“Calm voice asking questions regarding their safety and who may be abusing them or another client in the residence.”	Be patient and calm when speaking with the reporter
P14	“let them tell the story before we ask any questions”	Let them make their full report, Then ask questions
P15	“Explain or revisit or rephrase questions that need ot [sic] be asked”	Simplify and rephrase questions
P16	“Use clear language, simple/short phrasing”	Simplify and rephrase questions
P17	“Rephrasing questions, explaining the process and the reasons for gathering information.”	Simplify and rephrase questions
P18	“Provide them with the selected options/answers to	Provide possible answer options

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	the question being asked such as are you receiving [sic] any services from a state agency and if they answer they attend a program, then ask if it through DDS, DMH or MRC.”	
P19	“Not really, every Reporter is different.”	Every reporter is different

Appendix C

Coding Categories for *When an individual with I/DD calls to report abuse about themselves, are there any sections in the intake form for which they are typically not able to provide answers to?*

New Participant ID	Section of Intake Report	Quote of Short Answer	Coding Category
P2	Reporter	“Address and phone at times”	Reporter/ Alleged Victim demographics
P2	Allegation	“May have already disclosed to someone may not repeat the allegation in its entirety so may need to ask more follow up questions to assess risk”	Report has already been made
P2	Risk Assessment	“Can vary but feels at risk when not, or feels safe when not”	Safety of Alleged Victim
P2	Alleged Abuser	“Do not know staff names”	Identity/description of Alleged Abuser
P3	Alleged Victim	“what is your disability?”	Reporter/ Alleged Victim demographics
P3	Risk Assessment	“best to ask how they feel- ie-scared”	Safety of Alleged Victim
P4	Alleged Abuser	“don't always know the name”	4
P4	Risk Assessment	“sometimes the question is confusing”	Reporter doesn't understand question
P6	Alleged Abuser	“abuser's name”	Identity/description of Alleged Abuser
P6	Setting	“where the incident happened”	Incident location

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P6	Allegation	“Detailed incident”	Detailed description of incident
P6	Risk Assessment	“If alab still has access to the alv”	Identity/description of Alleged Abuser
P6	Alleged Abuser	“he/her description”	Identity/description of Alleged Abuser
P8	Alleged Victim	“many of the demographics”	Reporter/ Alleged Victim demographics
P8	Alleged Abuser	“may only know the first name”	Identity/description of Alleged Abuser
P8	Setting	“may not know the proper name of the setting, what they call it.. philips house instead of a vinfen [sic] agency”	Incident location
P9	Reporter	“depends on the individual for all these”	Depends on the individual
P13	Alleged Abuser	“Couls [sic] be someone in the community”	Identity/description of Alleged Abuser
P13	Setting	“their location at the time of the incident”	Incident location
P13	Allegation	“Sometimes they can be unclear”	Reporter is unclear when reporting
P14	Setting	“Specific type of setting”	Incident location
P14	Setting	“who funds the program”	<i>Response was removed</i>
P17	Alleged Abuser	“full name”	Identity/description of Alleged Abuser
P17	Alleged Abuser	“identity”	Identity/description of Alleged Abuser
P18	Alleged Abuser	“do not know their name”	Identity/description of Alleged Abuser

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P18	Alleged Abuser	“which agency they work for”	Identity/description of Alleged Abuser
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Appendix D

Coding Categories on *If we build an app to help individuals with I/DD report abuse, is there anything you think we should keep in mind?*

New Participant ID	Quote of Short Answer	Coding Category
P1	N/A	N/A
P2	N/A	N/A
P3	“Keep it simple and short, since it's very different than when directly speaking”	Clear/concise questions
P4	“simplicity is best”	Clear/concise questions
P5	N/A	N/A
P6	“How to dial 911 in the event of emergency and/or individual safety”	Give an option/instructions to call 911 if there is an emergency
P7	“I think this is a great idea, but additional staff will be needed to make follow up calls on the information that will be unknown or missing.”	Follow up with reporter
P8	“re phrasing questions”	Clear/concise questions
P9	N/A	N/A
P10	N/A	N/A
P11	“Ease of use. Compatible with intake process”	Clear/concise questions

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P12	N/A	N/A
P13	“The cleared and simpler the questions are, the more likly [sic] a client would or could understand the app”	Clear/concise questions
P14	“if risk high and they need immediate assistance to have them contact 911”	Give an option/instructions to call 911 if there is an emergency
P15	N/A	N/A
P16	“It may require more follow up to be able to make a screening decision”	Follow up with reporter
P17	“I believe it is a small percentage of the population that would benefit from an app. There may be an expectation that some action will always occur and that it will happen immediately.”	Only a small % of people would benefit from an app
P18	“There may be a need for more follow up phone calls to the reporter if the information they provide is incomplete to make a screening decision or access risk.”	Follow up with reporter
P19	Compatible with intake process	Make app compatible with intake process

Appendix E

Coding Categories on *Is there anything you do that is different when an individual with I/DD calls to report abuse as opposed to other types of disabilities?*

New Participant ID	Quote of Short Answer	Coding Category
P1	N/A	N/A
P2	N/A	N/A
P3	“ask questions in different ways, and always try to make the individual feel comfortable”	Ask questions in various ways, Try to make reporter comfortable
P4	N/A	N/A
P5	N/A	N/A
P6	“Try to obtain additional information to be able to access risk to the alv”	Try to obtain as much info as possible
P7	“No”	Do nothing differently
P8	“re phrase questions if necessary”	Ask questions in various ways
P9	“Anyone calling to report abuse require [sic] patience and tact regardless of disability.”	Be patient/compassionate with the reporter
P10	N/A	N/A
P11	N/A	N/A
P12	N/A	N/A

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P13	“Try and gain their confidence and allow them to relax knowing I am someone who listens and can help them”	Be patient/compassionate with the reporter
P14	“let them tell their story before asking questions”	Be patient/compassionate with the reporter
P15	N/A	N/A
P16	N/A	N/A
P17	“Calls may take longer. Caller may be upset.”	Be patient/compassionate with the reporter
P18	“Listen more and try to understand why the felt they needed to self report as they certainly must have felt the situation was terrible for them and ask them if they feel safe and what they would like to see occur since filing the report.”	Be patient/compassionate with the reporter
P19	N/A	N/A