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Newsletter

Sexual Violence Against Individuals with Disabilities

By Beverly Frantz, Institute on Disabilities, Temple University

Victimization against people with developmental disabilities and other substantial disabilities is as pervasive as violence against women, child abuse, and elder abuse. However, it remains largely invisible and unaddressed (Sorensen, 1997).

The term developmental disability is defined by the National Center on Birth Defects and Developmental Disabilities as "a diverse group of severe chronic conditions that are due to mental and/or physical impairment. People with developmental disabilities have problems with major life activities such as language, mobility, learning, self-help, and independent living. Developmental disabilities begin anytime during development up to 22 years of age and usually last throughout a person's lifetime." Some common developmental disabilities include mental retardation, autism spectrum disorders, hearing and vision impairment and cerebral palsy.

Between 1% and 3% of the general population are identified as individuals who have mental retardation. However, people with mental retardation and other developmental disabilities are much more likely to be victims of crime than members of the general population. Many organizations and individual prefer to use the term cognitive or intellectual disabilities in place of mental retardation. A cognitive disability also includes individuals with traumatic brain injury.

The prevalence of sexual abuse among women and children in the general population has been extensively researched and documented. However, research on the prevalence of sexual abuse against



women and children with disabilities is sparse. Although limited, the research consistently shows that the level of major crimes, especially sexual assault and robbery, committed against adults with developmental disabilities is four to ten times higher than for adults without disabilities (Sobsey, 1994; Aiello, 1984; Petersilia, 1998; Waxman, 1991; Valenti-Hein & Schwartz, 1995; Nosek, et al., 1995). In one study, 40% of women with physical disabilities reported being sexually assaulted (Young, Nosek, Howland, et al., 1997). Adults with disabilities are also more likely to be repeatedly victimized (Sobsey, 1994). In addition crimes against people with disabilities are reported and prosecuted at much lower rate than crimes against people without disabilities (Sobsey & Varnhagen, 1988).

The following case illustrates the extent of such abuse and difficulty of reporting:

Staff at a residential facility discovered that a 21 year old, who was profoundly retarded, was pregnant. The facility requested a gynecological exam of 35 women residents, ages ranging from 13-55 years old. Sixty-nine percent of the residents were profoundly retarded and 31% had some self-care. The results

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community response team must be mindful of the victim's concerns about the human service system's possible alignment with the abuser or about that system's inability to maintain confidentiality. Autonomy, privacy and confidentiality are vital in providing services and advocacy to victims with disability. Lack of privacy and confidentiality is often a crucial part of the abuse dynamic for a victim with a disability.

Building accessibility is a threshold requirement for victims with disabilities, but the people responding to the victim's needs must also be accessible in their attitude towards persons with disabilities. One woman said "I can put up with the physical inconvenience; it's how I am treated once I get in the door that counts." Attitudes may create more of a barrier than an entrance without a ramp. One of the keys to working with a traumatized person is to establish a rapport with them. This is especially important when working with victims who have cognitive disabilities. A specialized disability focused victim advocate may reduce fears of reporting abuse.

Increasing access to services and advocacy for victims with disabilities begins with educating and training all the members of the coordinated community response team on how to relate to people with disabilities. This includes assurance to victims that services are available and can accommodate their needs. All victims of domestic violence, including those with disabilities, have the right to:

- ♦ Protection and safety,
- ♦ Control decisions affecting their lives,
- ♦ Expect that the batterer be held accountable,
- ♦ Use institutions like the police and courts, and
- ♦ Expect justice, autonomy, safety and restoration.

A local coordinated community response team that is well trained on special issues for victims with disabilities, responsive to the victim's special needs and willing to offer flexible responses that remove barriers to safety and justice is a perfect start to addressing domestic violence for victims with disabilities. ♦



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Sexual Violence Against Individuals with Disabilities

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found two residents with chlamydia, a sexually transmitted disease, and 20% with healed genital trauma consistent with prior penetration (Elvik, Berkowitz, 1990, recalculated by Dr. M. Kaufhold, 2000)

Additionally, in a five year retrospective study of 4,340 child patients with disabilities in a pediatric hospital, 68% were found to be victims of sexual abuse and 32% were victims of physical abuse (Willing, Bower, & Cotton, 1992). McAfee (1998) determined that out of 1000 news accounts of students who were sexually abused in school, more than 75% were students with mental retardation.

The literature suggests several reasons why people with disabilities are at a greater risk of victimization than the general population. These risk factors include: (1) social isolation; (2) increased dependency on others; (3) learned compliance; (4) less physically able to defend themselves; (5) societal views, discrimination, and stereotypes; (6) limited knowledge and access to services (rape crisis/victim service programs, law enforcement, domestic violence shelters); (7) perceptions of powerlessness; (8) lack of comprehensive sexuality education; (9) lack of control or choice over their personal affairs; (10) lack of believability; and (11) communication difficulties.

Societal views and stereotypes contribute to the lack of reporting and prosecution of sexual abuse cases. Denise Valenti-Heins (2005) provides us with some compelling illustrations:

- ♦ "No charges can be filed because she isn't a credible witness-I hope she gets over it" ---District Attorney
- ♦ "How could she be assaulted? She is in a wheelchair!" ---Police Officer
- ♦ "My mom didn't believe me when I told her my stepdad raped me. The second time I got pregnant and I was sent to the institution. Mom said I would be safer there." ---Survivor

Only 3% of sexual abuse cases involving people with developmental disabilities are ever reported (Valenti-Hein and Schwartz, 1995). When they are reported they are prosecuted at a much lower rate than crimes against people without disabilities (Sobsey & Varnhagen, 1988). People with disabilities fear retaliation, inappropriate or ineffectual response by the person they initially tell, fear

of not being believed, and lack of understanding that what they experienced was abusive and/or exploitative. For example, "a woman with a spinal cord injury whose attendant fondles her while helping her get dressed may not consider that being forced into sexual activity and may not label it as sexual abuse" (Nosek et al., 2001). Another example is, an elderly victim living in a large residential setting said "he (residential staff) might drop me when he transferred me from my bed to the toilet. I was scared."

Many individuals with disabilities live in group homes, large residential facilities and institutionalized settings. The power imbalance of the service provider and the care recipient increases the risk of abuse, neglect, exploitation, and violence, and in some circumstances can lead to death (Hughes & Abramson, 2002).

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More than half of the abuse of people with disabilities is committed by family members or a peer with a disability. It is estimated that 67% of perpetrators who abuse individuals with severe cognitive disabilities access them through their work (Sobsey & Doe, 1991). Research also suggests that in this population, 97% to 99% know and trust their perpetrator (Davis, 2005).

To bring this invisible crime to the forefront, it is imperative to establish partnerships and collaborations. Cross-disciplinary groups with representation from rape crisis/victim services organizations, the criminal justice system, self-advocacy organizations, and disability provider agencies must work together at the local, regional, and state level. Developing partnerships can enhance organizational capacity and capability, heighten awareness of this issue, improve intra-agency and inter-agency collaboration, and promote system change.

According to Elman (2005), the existing research on sexual abuse of women with disabilities is limited in both scope and statistical soundness. Additionally, it often focuses on the incidence of abuse while ignoring the human impact.

While it is vital to expand statistical analysis on the sexual abuse of women with disabilities, we must also concentrate on the insight and stories of those most affected by abuse: the survivors. ♀

Abuse and Disability: Barriers to Seeking Services

By Gretchen Reese, Technical Assistance Specialist, PCADV

All survivors of domestic violence face numerous barriers when attempting to leave a violent relationship, but survivors with disabilities face increased risks and barriers when seeking assistance. People with disabilities face a 4 to 10 times higher risk for abuse than those who do not have a disability. They have a high probability of repeat victimization and they are at a heightened risk of victimization regardless of their living situation.

Many people with disabilities experience the following:

- ♦ Professionals make decisions about their lives
- ♦ Being regarded as a child by society
- ♦ Being unable to speak out
- ♦ Requiring intimate care
- ♦ Being isolated by society
- ♦ Being devalued by society
- ♦ Being viewed as totally protected
- ♦ Lack of privacy and confidentiality

As a result of these experiences victims with disabilities may feel as if they have no voice. They may feel they can't trust their own judgment. People with disabilities have been taught to comply. Requiring intimate care increases vulnerability and provides more opportunity for abuse to occur. Isolation limits opportunities to form healthy relationships or to tell someone about the abuse. Being devalued by society can cause people to not value themselves. Societal devaluation may also promote a lack of credibility when seeking intervention from the criminal justice system.

Abusers can take advantage of victims with disabilities in a number of ways. Examples include denying the victim access to assistive devices, denying access to communication, tampering with or giving incorrect dosage medication, denying or creating long waits for food, failing to attend to personal care or medication, not reporting medical problems, and manipulating the mental health system to discredit the victim.

Many adults with disabilities have negative encounters with the very systems that are supposed to help them, such as the mental health system and the justice system. These negative experiences have a chilling effect on a

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victim's willingness to seek services or contact the criminal justice system. A victim may be reluctant to disclose information about their disabilities. Their fear is that they may be further victimized, lose their autonomy or be institutionalized in a nursing home or rehabilitation center if they disclose their abuse. This fear may result in their refusal to seek services, support and criminal prosecution. As a result of systemic and physical barriers, service providers law enforcement members are losing an opportunity to offer assistance to a segment of the population who are in dire need of our help.

So how can we help? Law enforcement and prosecutors should know that domestic violence programs are knowledgeable about accessible services for victims with disabilities. Furthermore, the advocacy community is prepared to seek alternative services if a barrier exists. Domestic violence programs can inform all victims of domestic violence that the agency understands the need for accommodation and can encourage victims with disabilities to request accommodation. Flexibility is important; if things aren't working then try another way.

Law enforcement, prosecutors and domestic violence programs must respect victims with disabilities as experts in what they need in order to function while receiving services and advocacy. They must seek to understand the connection between the disability and the domestic violence the victim experiences. It is necessary to identify the barriers a victim experiences and the fears victims have about accessing domestic violence services or seeking help from the criminal justice system. It is also important to identify the victim's strengths and build upon them. All the members of the coordinated