Hi-Line's Help for Abused Spouses

800.219.7336 or 406.278.3342

Sexual Assault & People with Disabilities

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People with Disabilities

For the purpose of clarity in this training, the term "disability" is used despite some discomfort with it. It is preferable to think all people are "differently abled" and to concentrate on our similarities. However, differences in physical appearance and cognitive ability affect the way victims react and are treated during and after a sexual assault.

Moreover, a sexual assault can severely exacerbate the physical aspects of a disability and the associated emotional issues. It is important to appreciate each individual's uniqueness and strive to understand the survivor's view of any cognitive, emotional, or physical differences they may have. Therefore, this manual refers to "people with disabilities" rather than "disabled people."

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People with Disabilities

To disability activists, disability is the direct result of attitudinal, institutional, environmental, and legal barriers limit a person's ability to fully participate because of his or her impairment. When victims with disabilities are not served by the medical, legal, and advocacy systems, it may be more indicative of the system's disability than the victims'.

Effective victim-service organizations establish relationships with other groups serving people with disabilities and ensure they are represented at the decision-making level. They also make information accessible in locations frequented by women with disabilities.

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Developmental Disabilities

The term "developmental disability" is an umbrella term under which "mental retardation" falls. According to Public Law 95 60, a developmental disability is "a severe chronic disability of a person attributable to a physical or mental impairment or combination of physical and mental impairment, manifested before years of age, and likely to continue indefinitely; resulting in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services of lifelong or extended duration are individually planned and coordinated".

Developmental disability can include conditions such as spina bifida, cystic fibrosis, and cerebral palsy, which may involve impairments to physical function and movement in people with normal or above-normal intelligence.

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Developmental Disabilities

Many people confuse the terms “developmental disability,” “developmental delays,” and “mental retardation.” These are technical terms that should not be used interchangeably. When responding to people who have been sexually assaulted, it is necessary to understand the distinctions.

The term “developmental delay” is used to describe a child who is not progressing, growing, or developing at expected rates or levels for physical or environmental reasons. The term encompasses many children who also have permanent developmental disabilities, but also those who lack appropriate stimulation in their environment. With adequate stimulation and nurturing, the delay may disappear.

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Developmental Disabilities

Finally, “mental retardation” refers to mental ability and self-help skills significantly below the average level for an individual’s age. According to the American Association on Mental Retardation, an individual is considered to have mental retardation if:

- Their intellectual functioning (IQ) is below 70–75.
- They experience significant limitations in two or more adaptive skill areas.
- The condition is present before age 18.

In referring to people who meet these criteria, some prefer to use the terms “cognitive impairment,” “intellectual disability,” or “cognitive disability” rather than “mental retardation.” Other people use the broader term, “developmental disability.”

This training uses the term “cognitive disability” rather than “mental retardation,” except when referencing clinical diagnoses or the work of others.

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Developmental Disabilities

Cognitive disability affects not only cognitive processing but also daily functioning; it is not IQ alone. Such functioning is also influenced by the amount of nurturing, support, and quality education a person receives. For example, even though an IQ of 65 is considered close to the upper cutoff for mild mental retardation, two people with the same IQ could function at very different levels.

One with an IQ of 65 who grew up in a family where he or she was loved, challenged, taught, and not overly protected could be living independently in the community, holding down a job, and engaged in a loving relationship. Another person with the same

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Developmental Disabilities

IQ but a more limited childhood environment or a background of trauma could be in a residential treatment facility, unemployed, and struggling with interpersonal relationships. By definition, mental retardation begins in childhood. If an injury or illness permanently affects cognitive and social functioning in a person older than age 8, the impairment is termed dementia or encephalopathy. Mental retardation has many causes, only some of which are associated with physical characteristics such as those of Down's Syndrome.

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Developmental Disabilities

Many people mistakenly believe you can tell if someone has a diagnosis of mental retardation by looking at them. Advocates/ counselors must realize there is several syndromes cause some physical characteristics similar to those associated with Down's Syndrome, but people with these syndromes have no cognitive impairment. On the other hand, several constellations of learning disabilities can cause a person to be diagnosed with mental retardation even though they have absolutely no physical characteristics. A "normal" looking and sounding 17-year-old, for example, may have a constellation of learning disabilities render her unable to understand other people's motives or identify potentially dangerous situations.

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Developmental Disabilities

When working with victims, advocates/counselors should not stereotype cognitive functioning based on physical appearance, but rather should develop the ability to assess every victim's capacity to think abstractly and make informed decisions. People with cognitive disabilities often lack the reasoning skills to understand other people's motives, assess risk, and anticipate the outcome of their actions. Because these difficulties affect their risk of and reaction to rape in unique ways, techniques for working with people with cognitive disabilities will be covered in a separate section also addresses adolescents and people with dementia.

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Sexual Assault Rates for People with Disabilities

It is estimated only 1 in 30 cases of sexual abuse/assault of persons with disabilities is reported, compared with 1 in 5 cases in the general population. The actual occurrence of assault in people with disabilities is difficult to determine in typical prevalence (ever assaulted in their lifetime) and incidence (assaulted within the last year) studies use telephone interviews with randomly selected households from the general population. These studies fail to reach people with cognitive disabilities, those with communication disorders, and those living in institutions.

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Sexual Assault Rates for People with Disabilities

Agency data is equally flawed. Agencies working with people with disabilities seldom ask about sexual victimization, and agencies that work with victims of sexual assault omit identification of disabilities from their records.

A review of assault rates indicates 68 to 83 percent of people with developmental disabilities will be sexually assaulted in their lifetime, which represents a 50 percent higher rate than the rest of the population. Reviewing data on sexual assaults of people with developmental disabilities, Pease and Frantz point out 30 percent are assaulted by family members, 30 percent by friends or acquaintances, and 7 percent by service providers, with the likelihood of the latter increasing as the severity of disability increases.

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Sexual Assault Rates for People with Disabilities

People with cognitive disabilities or difficulty communicating are at especially high risk for sexual abuse and assault. They are more likely to be re-victimized by the same person, and more than half of them never seek assistance from legal or treatment services. Sex offenders deter physical and verbal resistance by seductively offering attention, affection, rewards, and bribes in exchange for sexual contact, backing these by threatening loss of residential security, family disruption, humiliation, or physical or emotional harm if the victim tells anyone. Reporting often involves a loss of independence; if a person is enjoying a sense of independence in a group home or is living alone, reporting an ongoing assault by a caretaker or someone who lives in the building poses the threat of being re-institutionalized or being moved back home with the family.

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Sexual Assault Rates for People with Disabilities

When someone who is cared for by a state-licensed agency is sexually assaulted by a person from that agency, a criminal report may be filed by the victim; however, the SANE, as a mandated reporter, will need to ensure the state licensing agency receives a report of the abuse to investigate misconduct and/or failure to protect. Some states have vulnerable-adult protection agencies serve as contact points for such reports.

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Helping Family Members Help Victims

The rape of someone with a disability, particularly a young person with a developmental disability, can cause extreme distress for family members who have been in the role of protector and caretaker. They may feel guilty for allowing the person too much independence and be compelled to step in to make sure this never happens again.

It is crucial at this time to support family members as they weigh their need to protect with the victim's need to regain her sense of confidence, safety, trust, and independence. Immediately placing the person in a more protective environment disrupts the victim's healing by shattering the belief the world is generally a safe place, people can usually be trusted, and the person is able to live independently. Families can be reassured their desire to protect is normal. Many whose loved ones have been raped react in the same way. Overwhelmed by the pain of what has happened, they want to keep their loved one in a protective bubble.

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Helping Family Members Help Victims

The victim, however, then would be left with the traumatic stress of the assault combined with grief over her loss of independence; this will bring to the surface and magnify any sense of loss and grief over the disability. The victim and her family need to hear anyone can be raped and it is impossible to absolutely prevent it from happening. They do, however, have control over their healing process, and the advocate/counselor will be there to guide and support them. Providing families with helpful words and phrases ("We're so sorry this happened to you"; "You didn't deserve it"; "You're going to be okay") will benefit them.

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People with Cognitive Disabilities (Mental Retardation)

The overarching ethical dilemma facing members of the Sexual Assault Response Team (SART) in responding to people with cognitive disabilities is protecting them from sexual abuse and exploitation while still enabling fulfillment and expression of their sexuality. The trend to fully integrate people with cognitive disabilities into the community has resulted in many vulnerable people working in minimum wage jobs during evening or night hours. Their coworkers often have drug, alcohol, or untreated emotional problems.

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People with Cognitive Disabilities (Mental Retardation)

Group homes are frequently located in high-crime areas, and persons with disabilities must rely on such risky transportation as buses, taxis, and rides from coworkers. As a special class, persons with cognitive disabilities are entitled to special legal protection from abuse and neglect, comparable to that for children and for the elderly. Approximately percent of the U.S. population (slightly more than million people) have cognitive disabilities. Their ability to function and the level of disability depend on intelligence, social skills, communication skills, personal independence, self-confidence, daily living skills, and self-sufficiency. The trajectory of sexual development and sexual interest is the same for people with mild cognitive disability (mental retardation) as for people without any cognitive disability. However, people with cognitive disabilities often have fewer opportunities to explore and understand their sexuality.

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People with Cognitive Disabilities (Mental Retardation)

Young people with cognitive disabilities are at an especially high risk for sexual abuse. Youth with cognitive disabilities are aware of cultural norms surrounding coupling and dating. They watch the same TV programs as other youth and have the same desires to fit in, to be valued and accepted, and to be intimate. This places them at risk and makes them especially vulnerable to coercion because many will do almost anything they believe or are told will help them to fit in with the "normal" crowd. Their emotional and social insecurities increase their vulnerability. Having the same sexual drives and development as the general population, and being confronted with a similar variety of sexual stimuli, they respond in the same way; however, their impaired abstract reasoning skills prevent them from perceiving danger and understanding the possible motives of others.

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Factors Affecting Disclosure of Sexual Assault

One study offers a number of possible reasons why victims with mental retardation may not want to disclose they were sexually assaulted, including not wanting to be stigmatized as "vulnerable," having difficulty communicating, not knowing who to tell, feeling guilty and responsible, being coerced, fearing they will not be believed, and being willing to put up with the abuse to be liked/feel normal/receive rewards. For these reasons, there is often a delay in reporting.

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Factors Affecting Disclosure of Sexual Assault

If made comfortable by an investigation style following developmentally sensitive procedures, victims with cognitive disabilities usually can provide reliable evidence leading to the prosecution of offenders. Investigators may need to be reminded people with cognitive disabilities usually have no impairments in memory. Accounts of what they remember are reliable.

When severe cognitive disabilities exist, the ability to communicate the fact abuse occurred is often limited. Behavioral and emotional signs of sexual abuse/assault are important evidentiary aspects; however, they are not as conclusive as physical evidence. A cluster or pattern of indicators is sought rather than a single sign.

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Talking with Victims with Cognitive Disabilities

Victims with cognitive disabilities need post-assault counseling support as much as, and possibly more than, victims without such disabilities. The following guidelines may help advocates/counselors when responding to sexual assault victims with cognitive disabilities. In the immediate post-assault period:

- Reassure the victim she/he is not in any trouble and did not do anything wrong. Use kind words and gentle actions. Use simple instructions which are easy to remember.
- Allow time to process. A few days off from work or school may be required so the victim can process what happened and do so with counselors and support people rather than people at work, school, or on the street.

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Talking with Victims with Cognitive Disabilities

- Assist the victim in deciding whom to tell. Anticipatory guidance is helpful. She/he will think everybody knows. Tell them, "You may think people know about this, but they don't. No one will know unless you tell them."
- Ask the victim who she/he trusts and who has helped them in the past when something bad has happened. For example, "You say Ann has always been a help to you. You trust Ann. It's okay to talk to Ann about what happened. But you might not want to tell the people at your bus stop."

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Talking with Victims with Cognitive Disabilities

- Help significant others understand the importance of not blaming and providing positive feedback. Tell them they will need to exaggerate their positive comments and avoid criticism. Victims will pay more attention to negative comments than to positive ones. Help significant others and caregivers understand the immediate post-assault period is not the time for safety lectures.
- Follow-up supportive counseling is recommended as with all victims, and may need to include family, significant others, and caretakers.
- Assess for depression

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Ability to Consent

When responding to victims of sexual assault, issues often arise surrounding the victim's ability to consent to sexual contact, investigative interviewing, counseling, and medical treatment. Some people lack the cognitive capacity to consent and are considered more vulnerable to sexual abuse and assault. The concept of legal consent is fundamental to protection. It is generally defined to encompass three elements:

- The capacity or aptitude to acquire knowledge and become informed about the nature of an activity.
- The ability to understand the risks and benefits associated with a decision and to choose an appropriate course of action.
- The lack of coercion or force throughout the decision making process.

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Ability to Consent

Many people erroneously confuse the concept of a vulnerable adult with someone who lacks the cognitive capacity to consent to sexual contact. This is not always the case and can lead to infringements on the rights of people to express themselves sexually. A vulnerable adult can be defined by the following criteria:

- An adult (age 18 or older) who has some type of physical, mental, or emotional impairment.
- The impairment necessitates regular assistance or service be provided by a caregiver.
- Because of the impairment, the individual cannot protect herself from maltreatment or harm.
- The definition and protection of vulnerable adults vary by state. It is essential to know what the mandatory reporting guidelines are in your state.

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Ability to Consent

The first step in assessing a person's ability to provide consent involves listening to the victim to determine what the sexual encounter in question meant. When a person who is vulnerable has been used by someone they liked and trusted, coming to terms with the fact they were exploited involves not only mourning the loss of relationship, but also facing her vulnerability and the potential loss of freedom and trust from family and caregivers. Coming to terms with this vulnerability is often a difficult, painful process which takes considerable time and support.

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Ability to Consent

Each state defines ability to consent to sexual contact in their criminal sexual conduct statutes. Ability to consent is influenced by abstract reasoning skills, drug and alcohol intoxication, medications, thought disorders, mood disorders, and the relationship of the offender to the victim. Advocates must know the legal parameters applying to their state. Factors place a person at increased risk for sexual abuse include dependence on others, social isolation, lack of cognitive ability to fully understand the motives of the offender, and lack of education regarding sexuality and abuse prevention.

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Ability to Consent

In determining decision making competence, two very important ethical values are balanced: protecting and promoting the individual's well-being, and respecting the individual's self-determination. A first consideration is discerning whether the person is her own guardian and whether she functions independently in the community. In cases in which the person has been deemed legally unable to provide informed consent, it may be necessary to contact a legal guardian to obtain consent to do an evidentiary exam. If a legal guardian is unavailable, the SANE usually proceeds with evidence collection, acting in what she perceives to be the victim's best interest, and then informs the legal guardian as soon as the person becomes available.

Exams are never done against a person's will. The reason for the exam is explained in terms victims understand, and their consent is obtained regardless of legal ability to provide informed consent.

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Ability to Consent

People with limited abstract reasoning skills need help in determining who to tell about the assault and who they want to know about it. Often, upon returning home or to school or work, people with cognitive disabilities and adolescents freely disclose details of the assault and become re-victimized by the attention of those around them. The advocate can assist the survivor by talking through how different people will react, who needs to know, how much to share with whom, and what the possible ramifications are of sharing information. For victims who are unable to imagine other people's possible reactions and who are very verbal, it may be best to encourage a few days off from school or work so they can process their feelings and reactions with family, staff, or counselors.

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Ability to Consent

In deciding whether to share information about the assault with other professionals in the victim's life, the advocate considers the victim's well-being, her right to confidential care, and her need to be in control of who is told. When staff from group homes or other social service agencies is present, it is important to honor the victim's right to confidentiality and verify with her which information can be shared. Confidentiality should not be broken except when there is a clear need to involve another caring person to protect the victim from additional harm.

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People with Physical Disabilities

People with physical disabilities also may be at greater risk for sexual assault, especially if they depend on others for personal care. When the offender is someone who is supposed to be in a helping relationship, the person with a physical disability may be concerned about a loss of services and independence. Victims experience fear and anxiety over the potential of harm from people on whom they rely for assistance and support. This can lead to overwhelming feelings of vulnerability, stigmatization, and depression. When people with physical disabilities are sexually assaulted, they often experience compounded feelings of isolation, powerlessness, low self-esteem, and a sense of being different.

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People with Physical Disabilities

After having been sexually assaulted, people with physical disabilities respond emotionally in all the same ways as able-bodied victims. They may, however, need to talk through the role they believe their disability played in making them more vulnerable to the assault. The advocate/counselor can listen to the victim's concerns and recollections of the experience. Victims benefit from reviewing how force, threats, and coercion are a part of rape and being reminded even strong, able-bodied men sometimes cannot get out of the situation and are raped.

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People with Physical Disabilities

Understanding these differences, the advocate has a very important role to play in ensuring the survivor's needs are appropriately met.

In the rush of an emergency response to sexual assault, medical and legal personnel may miss important aspects of the victim's experience. The following examples demonstrate ways in which advocates can work with the medical and legal systems to ensure victims are properly understood, assessed, and treated immediately after the assault:

- The advocate can make sure appropriate interpreters are available for deaf or hard-of-hearing victims.
- A blind person may not be able to positively identify her assailant through standard visual means such as a lineup, but her ability to do so through verbal identification is still intact. When one sense is impaired, the other sensory systems become more acutely accurate.

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People with Physical Disabilities

- Anxiety almost always exacerbates speech impairments, so victims with such a condition need patient, reassuring questioning. Repeating what the victim said assures them, their words were correctly understood and frees them from having to start from the beginning each time. If a certain word cannot be understood after several repetitions, ask them to spell it out.
- Emotional trauma can affect blood sugar levels, which, in the case of those with diabetes, can make people appear to be intoxicated when they are actually experiencing a medical emergency. People with cerebral palsy also can be perceived (incorrectly) to be intoxicated. Advocates should ask victims if they are diabetic or what kind of assistance they need and then see to it their needs are met.

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People with Physical Disabilities

It is important advocates/counselors make no assumptions about the person's ability or disability and instead ask as many questions as necessary. The victim should have total control over what is done to her and should direct any assistance is provided. For example, if someone who is paralyzed needs to be moved, she should direct who does what in moving her; if a person usually catheterizes herself, the hospital personnel should be encouraged to allow her to do so in the emergency department. Caregivers must realize a person with a disability faces the complex challenges of coping not only with the victimization but also with her disability and the barriers posed by agencies providing services.

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People Who Are Deaf or Heard of Hearing

"Hard of hearing" is defined as a functional hearing loss, but not to the extent the individual must depend primarily on visual communications. Deaf and hard-of-hearing people are further handicapped by the limited number of services provide sign-language interpreters. Advocacy programs must have a way to communicate with people whose primary means of communication is signing. The program also should provide access to a TTY/TDD (teletypewriter/telecommunications device).

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People Who Are Deaf or Heard of Hearing

Much post-assault care involves an exchange of information (e.g., giving an account of the assault, discussing feelings, deciding whether to file a police report, explaining the evidentiary exam, teaching about common symptoms of rape-related PTSD, suggesting strategies for coping with the trauma). People who are deaf or hard of hearing require sensitive, appropriate care. "Deaf" is defined as a hearing loss of such severity the individual must depend primarily on visual communication such as writing, lip reading, manual communication, and gestures.

If a deaf or hard-of-hearing person seeks services, they will have the same basic needs and fears as a hearing person.

They needs to feel welcome. Motion them to follow you to a quiet office. Tell them your name. Write it down on paper if they does not seem to understand. Ask if they would like an interpreter and which kind (there are sign language interpreters as well as oral interpreters). At their request, let them know (on paper, if necessary) you will call for an interpreter.

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People Who Are Deaf or Heard of Hearing

It is important to have the deaf and hard-of-hearing woman's attention before speaking. Since they cannot hear the usual call for attention, they may need a tap on the shoulder, a wave of the hand, or other visual signals.

If they are wearing a hearing aid, do not assume they will have good hearing.

Never ask if they can read lips and use it as a means of communication. Stress affects a person's ability to attend to details, and even under optimal conditions lip reading provides about 30 percent accuracy in interpretation, which is not acceptable in a post- assault situation.

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People Who Are Deaf or Heard of Hearing

Whether they independently indicates they can read lips or not, body language and gestures help with communication. Write down anything they have trouble understanding. Be sensitive to the fact they are closely observing your body language and will pick up on your frustration. Try to relax and to help them relax.

Do not speak to a deaf and hard-of-hearing person with your back (and thus, their face) to a light, window, or mirror. Have the light in your face, not theirs.

Every deaf and hard-of-hearing person communicates in a different way. Some speak; others use American Sign Language (ASL); and others use a combination of sign language, finger spelling, and speech. Some people use body language and facial expressions to supplement their interactions.

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People Who Are Deaf or Heard of Hearing

Just as each individual has a speaking style, grammar usage, vocabulary, and favorite idioms and clichés, deaf and hard-of-hearing people have individualized ways of speaking in sign language.

Maintaining eye contact with the deaf person helps convey the feeling of direct communication. If the interpreter is present, continue to talk directly to the deaf person. Do not use phrases such as “Tell her that. . . .” Speak directly to her.

People with some hearing loss find it is hard to hear in the presence of background noise, so be sure to move away from such noise.

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People Who Are Deaf or Heard of Hearing

Often, enlisting a sign language interpreter will be your only way to communicate effectively with someone whose primary language is ASL, which is not the same as English. The interpreter is trained to recognize and use similar signs as the deaf and hard of-hearing person. Examples of ASL written out would be: Movie last night. Wow good. Should see you. Laugh roll. (Translated: “The movie I saw last night was very good. You should see it. I laughed so hard I was almost falling on the floor.”) Or: Home many problems. Not good my house. Want out finish trouble. (Translated: “There are a lot of problems at home. My house is not a pleasant place right now. If my husband/boyfriend/partner leaves, the trouble may stop.”). To someone familiar with sign language, this manner of expression is quite clear. To someone who is not, however, word for word interpretation is not always understandable.

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People Who Are Deaf or Heard of Hearing

If she does not understand, change the wording. Use other expressions to get the same point across. Do not repeat the same phrase over and over.

Ask her to let you know what to do to better enable her to understand you. Her hearing ability will vary with rooms, background noise, fatigue, and other factors.

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People With Visual Impairments

People with impaired vision usually do not need assistance in familiar surroundings but do when they are at the hospital or clinic being examined, the police station filing a report, the rape crisis center receiving advocacy counseling, the district attorney's office, or in the courtroom.

Talk about everything being done around them and provide verbal orientation to the surroundings.

Before you touch them, explain you will be touching them, how and why.

When moving from one room to another, offer your arm to grasp above the elbow for guidance. Verbally point out obstructions. Always tell them when you are leaving the room. If the survivor has a guide dog, do not be distracted by it or ask about the dog's reaction to the assault; this diverts the blame from where it belongs—with the rapist.

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Providing Barrier-Free Services

- Victim service agencies can ensure availability of care to persons with disabilities in a number of ways, including:
- Public awareness activities targeting people with disabilities.
- 24-hour availability of appropriate transportation, interpreters, communication assistance and public transportation for emergency intervention.
- Physical accessibility of all facilities.
- Designated personnel who are trained to respond to people with disabilities.
- Designated personnel trained to monitor risk reduction and respond to victims.
- Adaptation of services provided by medical practitioners, psychotherapists, and others to meet special needs (for example, home-based crisis and recovery counseling).

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Hi-Line's Help for Abused Spouses

Enabling Peace by Breaking the Silence

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