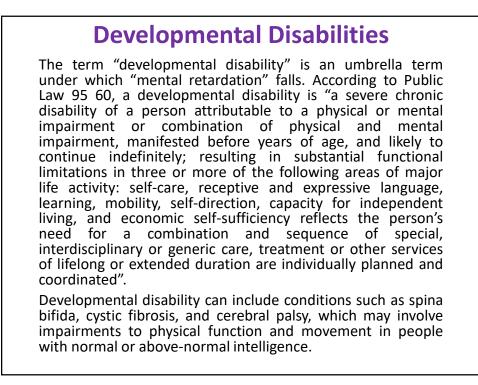


# **People with Disabilities**

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'.

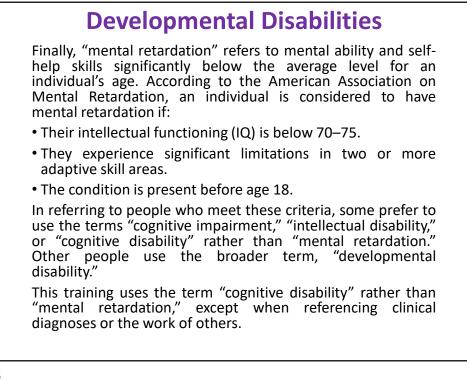
Effective victim-service organizations establish relationships with other groups serving people with disabilities and ensure they are represented at the decision-making level. They also make information accessible in locations frequented by women with disabilities.



## **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.

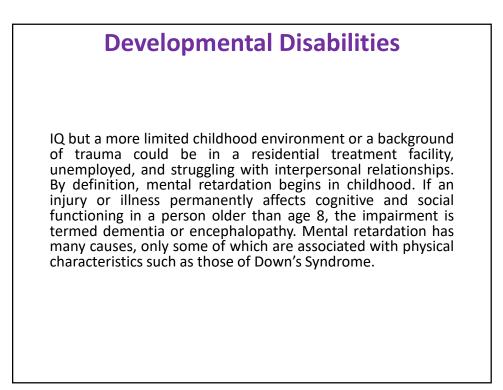
The term "developmental delay" is used to describe a child who is not progressing, growing, or developing at expected rates or levels for physical or environmental reasons. The term encompasses many children who also have permanent developmental disabilities, but also those who lack appropriate stimulation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



## **Developmental Disabilities**

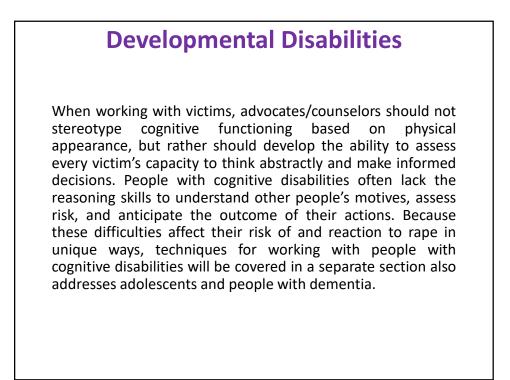
Cognitive disability affects not only cognitive processing but also daily functioning; it is not IQ alone. Such functioning is also influenced by the amount of nurturing, support, and quality education a person receives. For example, even though an IQ of 65 is considered close to the upper cutoff for 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



## **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.



#### **Sexual Assault Rates for People with Disabilities**

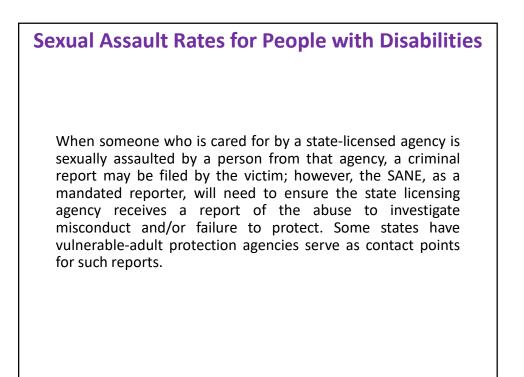
It is estimated only 1 in 30 cases of sexual abuse/assault of persons with disabilities is reported, compared with 1 in 5 cases in the general population. The actual occurrence of assault in people with disabilities is difficult to determine in typical prevalence (ever assaulted in their lifetime) and 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.

#### **Sexual Assault Rates for People with Disabilities**

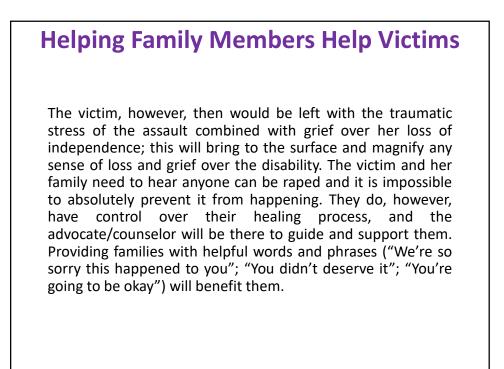
People with cognitive disabilities or difficulty communicating are at especially high risk for sexual abuse and assault. They are more likely to be re-victimized by the same person, and more than half of them never seek assistance from legal or treatment services. Sex offenders deter physical and verbal 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.



## **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.



#### **People with Cognitive Disabilities (Mental Retardation)**

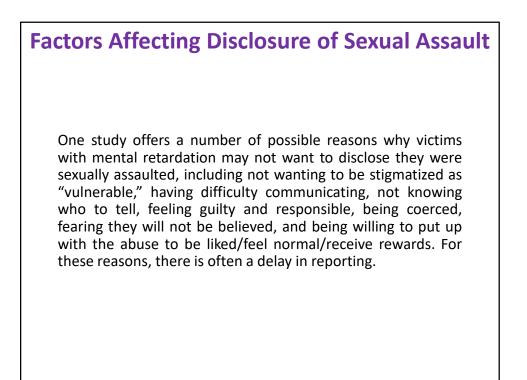
The overarching ethical dilemma facing members of the Sexual Assault Response Team (SART) in responding to people with cognitive disabilities is protecting them from sexual abuse and exploitation while still enabling fulfillment and expression of their sexuality. The trend to fully integrate people with 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 selfsufficiency. 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.

#### **People with Cognitive Disabilities (Mental Retardation)**

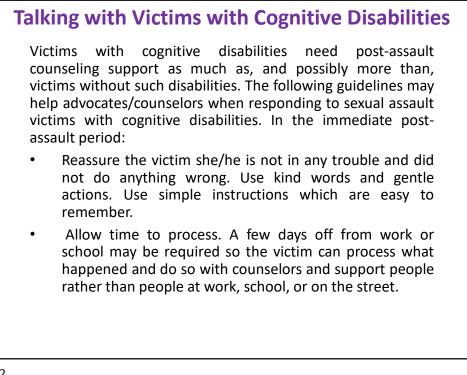
Young people with cognitive disabilities are at an especially high risk for sexual abuse. Youth with cognitive disabilities are aware of cultural norms surrounding coupling and dating. They watch the same TV programs as other youth and have the same desires to fit in, to be valued and accepted, and to 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.



### **Factors Affecting Disclosure of Sexual Assault**

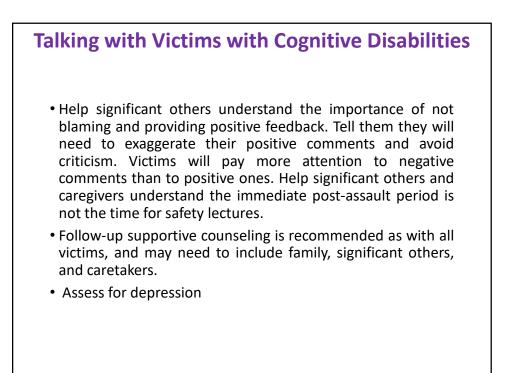
If made comfortable by an investigation style following developmentally sensitive procedures, victims with cognitive disabilities usually can provide reliable evidence leading to the prosecution of offenders. Investigators may need to be reminded people with cognitive disabilities usually have no impairments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



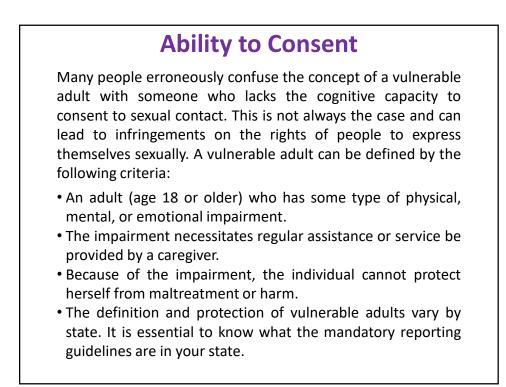
### Talking with Victims with Cognitive Disabilities

- 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."

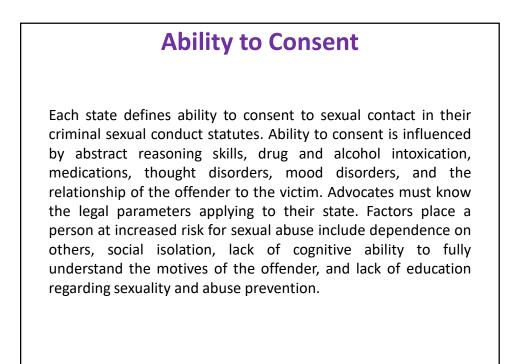


When responding to victims of sexual assault, issues often arise surrounding the victim's ability to consent to sexual contact, investigative interviewing, counseling, and medical treatment. Some people lack the cognitive capacity to consent and are considered more vulnerable to sexual abuse and assault. 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.

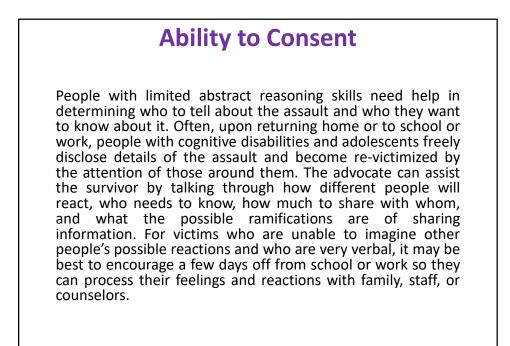


The first step in assessing a person's ability to provide consent involves listening to the victim to determine what the sexual encounter in question meant. When a person who is vulnerable has been used by someone they liked and trusted, coming to terms with the fact they were exploited involves not 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.

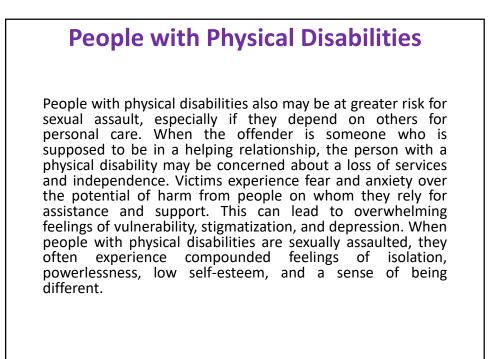


In determining decision making competence, two very important ethical values are balanced: protecting and promoting the individual's well-being, and respecting the individual's selfdetermination. A first consideration is discerning whether the person is her own guardian and whether she functions independently 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.

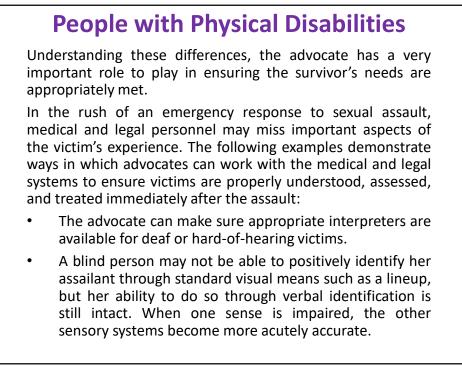


In deciding whether to share information about the assault with other professionals in the victim's life, the advocate considers the victim's well-being, her right to confidential care, and her need to be in control of who is told. When staff from group homes or other social service agencies is present, 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.



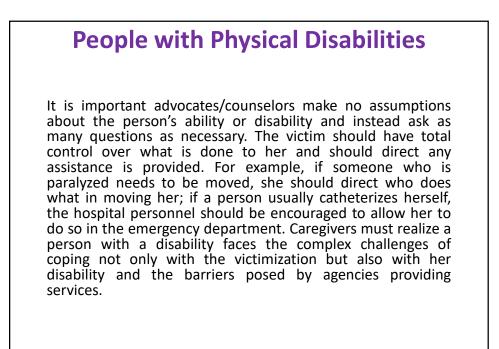
## **People with Physical Disabilities**

After having been sexually assaulted, people with physical disabilities respond emotionally in all the same ways as ablebodied 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.

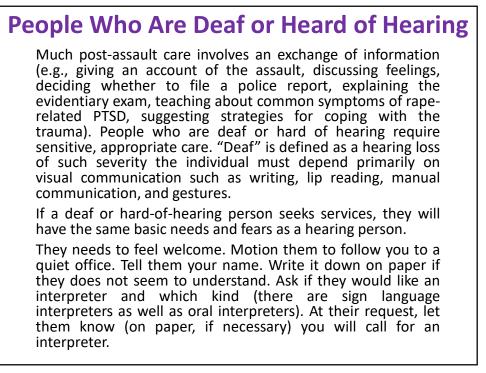


### **People with Physical Disabilities**

- 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.



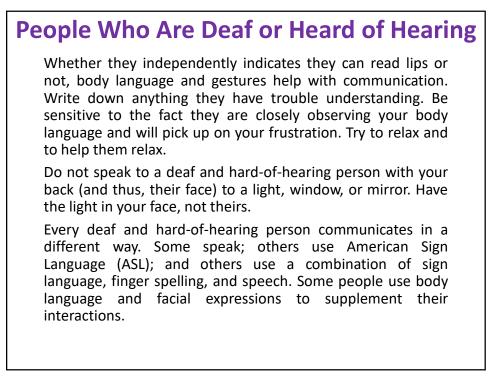
"Hard of hearing" is defined as a functional hearing loss, but not to the extent the individual must depend primarily on visual communications. Deaf and hard-of-hearing people are further handicapped by the limited number of services provide sign-language interpreters. Advocacy programs must have a way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



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.



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.

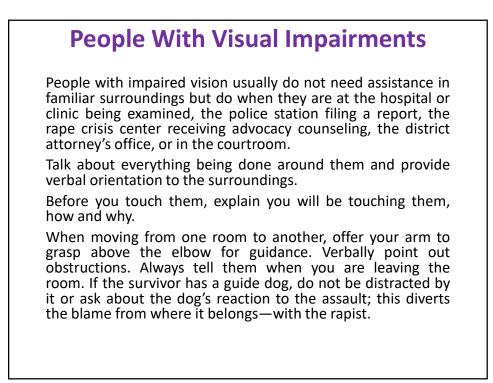
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## **People Who Are Deaf or Heard of Hearing**

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.

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.



#### **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. availability of • 24-hour 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).

