

Disabilities and Sexual Violence

Prevalence statistics consistently show a high incidence of sexual victimization among people with disabilities. In spite of this fact, people with disabilities are not significantly represented as clientele of traditional sexual assault delivery systems. This issue of the Research and Advocacy Digest provides specific information about sexual violence within various communities of people with disabilities. Furthermore, this digest highlights resources that explore socio-political factors that contribute to the marginalization of communities of people with disabilities.

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Sexual Violence Against People With Disabilities

Center for Injury Prevention and Control
www.cdc.gov/ncipc/factsheets/disabvi.htm

This factsheet from the Center for Disease Control website outlines the definitions of sexual violence and disability. It goes on to discuss the magnitude of the problem of sexual violence against people with disabilities by focusing on prevalence statistics of subgroups such as women (51%-79%), those with cognitive disabilities (25%-67%), adolescent boys (4%-6%), and adolescent girls (24%). The article also focuses on the characteristics of victims including the overall victimization of people with disabilities (72%-82%), and more specifically citing the levels of cognitive impairment (52%-76% had mild to moderate impairment whereas 24%-48% had severe impairment). The factsheet ends by delivering the following recommendations:

1. Conduct scientific studies to determine the magnitude of violence against people with disabilities.
2. Research the causes and risk factors associated with this public health problem.
3. Use the findings from these studies to develop prevention programs for at-risk populations.
4. Improve the availability, accessibility, and timeliness of sex education and self-protection training for people with disabilities.
5. Make services for victims of sexual violence accessible to people with disabilities, and inform people with disabilities of such service.
6. Train people who serve victims of violence in how to communicate and respond to the special issues of people with disabilities who have experienced sexual violence.

“We define disability as “limitations in physical or mental function, caused by one or more health conditions, in carrying out socially defined tasks and roles that individuals generally are expected to be able to do.”

CDC
Center for Injury
Prevention and
Control

Letter from the Field

Each issue of the digest usually includes a letter from the editor. My goal in writing the letter is typically to place the topic of the issue in context and highlight any service delivery or research trends. This issue is a departure. I have chosen to substitute “a letter from the field.” Sexual assault services for people with disabilities as well as research on the efficacy of those services have occurred primarily within a mainstream, able-bodied, feminist structure. Providing the forum of “a letter from the field” is my attempt to begin to shift that paradigm.

*Lydia Guy
Advocacy Education Director*

Focusing on Survivors Rather Than Barriers: Fear, Disability and Sexual Assault Services

By Joelle Brouner

Sexual assault services are inaccessible to survivors with disabilities. This is not an oversight; it's a reflection of whose experiences are valued and how we approach the work of supporting survivors.

Sexual assault service providers adhere to a service model informed by a feminist movement that has little awareness of disability. Two values that are central to our service model are independence and self-determination. The able-bodied feminist interpretation of these values has created barriers for survivors with disabilities.

Able-bodied feminists interpret independence in a very narrow literal sense; an individualistic, do-it-yourself spirit marks this understanding. As a result the sexual assault service model is built on bad assumptions. The assumption is that the survivor must take the initiative to seek our services. It assumes that (s)he can call a crisis line, that (s)he can physically leave the perpetrator without assistance, and that while having a rape exam is not a good experience, there's no reason to fear the hospital. For many survivors this isn't true.

The disability rights movement is also informed by independence and self-determination but the interpretation of these values in a disability context is quite different. Independence doesn't necessarily mean doing it yourself; instead, it means identifying how to get it done, identifying people to assist with the task, and defining your relationship to these people. This means that a person can be simultaneously independent while asking for assistance. This difference in interpretation turns our service model on its head.

We've become attached to our service model. If we discuss disability at all, we continue to dwell on barriers. Thirteen years after the ADA became the law of the land we use the energy we need to change our service model, avoiding the meat of the work we need to do to develop an adequate response to survivors with disabilities. This is a disservice and it is time to change. Now.

Making services accessible to survivors with disabilities is critical but it isn't the ultimate goal. Accessibility is a visible outcome of the larger effort to foster anti-ableist organizational cultures. Fostering an anti-ableist organizational culture means admitting that we are uncomfortable with people with disabilities. Disability forces us to recognize that our own health is not guaranteed and this realization is threatening. If we learn to use a TTY or construct a ramp without examining our attitudes, and the way that those attitudes inform our policies and procedures, we haven't made a meaningful commitment to serving survivors with disabilities.

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The Dynamics of Sexual Assault and People with Disabilities

<http://danenet.wicjp.org/dcccrsa/saissues/disable.html>

Seattle Rape Relief Project Action: Sexual Assault and People with Disabilities.

This factsheet consists of 18 statements that address some of the underlying conditions that put people with disabilities at a greater risk for sexual assault. These statements focus on how people with disabilities are treated in society, some of the physical challenges they have that the non-disabled do not, and some of the emotional issues which leave people with disabilities at a greater risk. It ends with some basic facts about sexual assault and people with disabilities mostly focused on Dane County Wisconsin.

Seattle Rape Relief Disabilities Project and the Wisconsin Coalition for Advocacy provided the following information:

- People with disabilities (PWD) are not taught to assert themselves but rather to trust others.
- PWD are seen as “less than” thus are easily objectified.
- PWD are infantilized and patronized and therefore are often not taken seriously.
- PWD do not “own their bodies.”
- PWD often depend upon the offender for personal care.
- PWD, due to a lack of education, may have a harder time distinguishing between appropriate and inappropriate behavior.
- PWD are usually taught and reinforced to comply with authority figures, thus setting up interactions in which they are eager to please.
- PWD choices are often not respected, thus “no” doesn’t always mean “no.”
- PWD may fear punishment as often threats or demands for secrecy are made.
- PWD fear disbelief due to perceived credibility.
- PWD encounter offenders who think that it is safer to commit sexual abuse due to communication difficulties.
- PWD may be physically less capable of resisting or getting away from an offender.
- PWD are often isolated, creating a heightened desire to meet people and spend time with them. This isolation also often includes a lack of a support network and friends.
- PWD often experience a few opportunities for affection.
- PWD may fear a loss of needs or services while acknowledging the limited alternatives that may seem worse.
- PWD face negative social values of being inferior or disposable which can lead offenders to think it is permissible.
- PWD experience both caregivers and offenders who believe that they will not be able to understand or feel the impact of sexual abuse.
- PWD may have many caregivers, which increases the possibility of one being an offender. This can happen in a living situation where there are multiple staff and a high staff turnover rate.

Abstracts

Abuse of Women With Disabilities

Dena Hassounch-Phillips and Mary Ann Curry

This article reviews both the qualitative and quantitative research that has been completed in the area of disabilities and sexual assault over the past 15 years. The purpose of the article is to call attention to the abuse of women with disabilities and critically evaluate the existing information in this area.

The quantitative research investigating the abuse of person with disabilities has primarily focused on describing victim and perpetrator characteristics, prevalence, and types of abuse. The main focus of this work has been on the victimization of children and persons with developmental disabilities. Building on earlier studies, other authors have conducted research on women with physical disabilities (*Young, Howland, Chanpong, and Rintala*), abuse of adults with learning disabilities (*Brown, Stein, and Turk*), and abuse of person with disabilities by hired attendants (*Ulin, White, Bradford, and Matthews*). The authors noted that the quantitative research that has been done thus far has, while providing some good information, been methodically weak.

In evaluating the worthiness of qualitative research, the authors considered the trustworthiness and transferability of qualitative studies that have been conducted to date. The authors pointed to a number of key studies conducted within the past 15 years which had differing levels of methodological inaccuracies.

The authors also noted that although past studies have had methodological weaknesses, it is important to recognize that these studies have generated a consensus among the research community. It concludes that the incidences of sexual assault of women are higher than those found in the general population, that most often assaults happen in places of residence, and that the perpetrators can be from family, friends, caregivers, transportation employees and others who have frequent contact with people with disabilities.

Rehabilitation Counseling Bulletin, 45:2 (2002): pp. 96-104.

“Experiencing disability-specific abuse cannot be separated from the context of disability in society because the marginalized social status of women with disabilities compounds their vulnerability to abuse in all settings.”

Letter from the Field continued from page 2

Building relationships during a time of crisis is not ideal. Intellectually every provider understands that no single advocate or program can meet the needs of a survivor. In practice the policies, procedures, and cultures of our organizations often discourage collaboration between agencies. Working with survivors of sexual assault with disabilities requires that we challenge the thinking that our resources are too scarce to share with other agencies. We must abandon turf battles and instead seek out the expertise of survivors, community members, and non-profit organizations with disability-related missions. We have an important choice to make—we can either continue to focus on barriers and what is difficult about serving survivors with disabilities, or we can collaborate to undermine sexual assault against people with disabilities by investing in relationships, by learning and developing more effective service models.

Joelle Brouner has been the Disability Pride Organizer with Communities Against Rape and Abuse for three years. She has been working against domestic and sexual violence since 1998. Brouner is widely involved in the Disability Rights Movement. She is interested in advancing a more complex understanding of the social, political, and cultural aspects of disability. She is the Chair of the Board of Directors at Total Living Concept, a South King County nonprofit agency; a member of the National Steering Committee for the Committee on Women, Population and the Environment; ADAPT; Not Dead Yet, and has a degree in English Literature from Seattle University.

How and Why the System is Failing Victims with Disabilities

Melissa Hook

The failure of the mental health, justice, and social services to serve people with mental impairments is the central theme of this article. The author discusses the importance of all members of the criminal justice team being well educated with a collaborative approach (law enforcement, CPS, etc) and how this approach is a key to successful prosecutions.

Misunderstandings and misperceptions from police officers often times create barriers for people with mental illness. Numerous negative experiences and fear of revictimization cause people with mental impairments and their caregivers to shy away from interactions with the criminal justice system. Many police and other law enforcement officers reinforce negative stereotypes about people with disabilities. This article cited numerous incidents in which the “first responder” failed to file a report because they believed that the victim “was so crazy” that the incident would never be investigated. The attitudes of prosecutors towards people with disabilities are also a very important aspect of the criminal justice response. Many prosecutors question the credibility of someone with developmental disabilities and choose not to prosecute crimes because they perceive the survivor as lacking credibility.

The author focused on the prevalent trauma issues for someone with developmental disabilities and noted that often recovery from the trauma is a greater concern for someone with developmental disabilities than is seeking justice in the judicial system. Furthermore, the author cited numerous issues of greater importance to survivors with disabilities than dealing with violence, such as living independently, putting food on the table, having access to buildings, and having equal access to services.

Citing model programs from throughout the United States, the author discussed the need for further training on issues such as mandated reporting, risk reduction initiatives, and personal safety planning.

The Crime Victims Report, Vol. 4: 6 January/February 2001: pp.81-92.

Critical Race Theory, Feminism, and Disability: Reflections on Social Justice and Personal Identity

Adrienne Asch

This article discusses how feminist philosophy and Critical Race Theory (CRT) apply to a disability and disability rights model. Critical Race Theory is the belief that because racism is such an engrained feature of our culture it appears as ordinary to the persons in the culture and that white society will only encourage racial advances when doing so promotes white self-interest. Both CRT and feminist writings have held that the perspectives of the discriminated against must be better understood by the society at large. Asch draws comparisons to the disability rights movement and contends that more would have been done prior to legislative action if the belief that people with disabilities do not contribute to the economic life of society were not so prevalent.

Many different social models of disability exist including the “minority group model”. Under this model, the physical, cognitive, sensory, and emotional make-up is not the problem but the problem lies in social institutions and structures that are created and operated without taking into account the characteristics of all people. The author however contends that this model is inadequate in affording people with disabilities the conditions to turn legal rights into realities, and recommends that we replace this model with language that speaks of disability as a form of human variation.

Adrienne Asch believes that disability is largely a social construct and this belief guides much of the discussion in the paper about the equality of individual impairments. Asch suggests that instead of saying that some members of society are disabled we should look at what activities they cannot perform and decide how to alter the environment to make it not disabling. As a practical example of societies narrow construction of disabilities the author also cites recent court cases in which people are determined to be not sufficiently impaired to claim ADA protection.

In the discussion of integration as a goal the author cites Critical Race Theorists who believe in the importance of community controlled, strong institutions within a particular community. The author draws connections between this belief and the struggle of the disabilities community to keep people who need personal assistance in their own families and out of nursing homes and institutions. Asch also extols the benefits of community-based associations and institutions for political, social and educational purposes that are controlled by people with disabilities.

The paper closes with a discussion about the different dynamics of group identity. She questions whether people with disabilities see themselves as part of a cultural community with common shared experiences. Furthermore she questions how strong of a connection there is between a person's identity and his or her disability. Tying back to earlier discussions, the author closes by advocating that we adopt the human variation approach so more environments will become accepting of people with disabilities. Greater inclusivity will lead to a greater appreciation of humanity in all its complexity.

Sexual Maltreatment of Children and Adults with Developmental Disabilities

Nora J. Baladerian, Ph.D.

This article examines some of the after effects a victim of sexual assault experiences and how they relate to a person with disabilities. It also looks at strategies and practices employed in prosecuting and preventing sexual assault.

Dr. Baladerian addresses the fundamental challenges of victims with disabilities who have needs that are neither recognized nor cared for. The author contends that the social impact of sexual assault against people with disabilities remains unrecognized because the victims remain underserved by mainstream crisis agencies. The response to the abuse is often devoid of serious penalties, which contributes to the appearance that people with developmental disabilities are unequal in the eyes of the law. Treatment modalities are frequently inadequate or not undertaken at all. Oftentimes additional disabilities are generated from the trauma of an assault and frequently not recognized. These unrecognized traumas increase costs of treatment of sexual assault trauma.

In acknowledging the differences in treating someone with a disability, the author advocates a treatment regime that is personalized for the victim and based on his/her needs, and does not rely on merely what is available. While the author recognizes that there may not always be a qualified practitioner available, she recommends that an interested party receive supervision and support as is delineated in the Ethics Code for psychologists and other health providers. She furthermore recommends involving family members as a crucial element of treatment.

The author provides an overview of services that can be accessed by the survivor. Programs such as Crime Victims Compensation provide funding for psychological counseling for crime victims in every state but are rarely accessed by survivors. Other services are also discussed including Vertical Prosecution Units, which consist of individuals with special training who work on cases from arrest through to the judge for convictions. The third tool for victims is the Victim Impact Statement and Victim Assistance Programs. According to the author, victims with disabilities who participate in their cases through Victim Impact Statements have found these very helpful.

Barriers to access include physical barriers to a site, inaccessible materials and services and a lack of community services that are adequately communicated to victims with disabilities. Although these physical barriers are very harmful, the most damaging remains the prejudicial attitudes and belief systems that underlie all physical barriers. The article concludes with a recommendation of greater education and a developed standard of best practices.

Victimization of the Elderly and Disabled Journal Sept/Oct 2001 39-43.

The Investigation of Abuse and Women with Disabilities

Margaret Nosek, Carol Howland, and Rosemary Hughes

This article delineates issues that should be considered by investigators endeavoring to conduct empirically sound research on abuse and women with disabilities. It begins by discussing problems in the design of research, focusing particularly on a lack of concrete definitions, non-standardized measurement instruments, little attempt to document or categorize specific incidents by the perpetrator, heterogeneous subcategories, prevalent convenience sampling, rare comparison samples of people without disabilities, and limited statistical analysis.

The combined cultural devaluation of women and people with disabilities is a major factor contributing to abuse, and devaluation grows when you consider society attitudes towards aging. The high rate of overprotection and internalized societal expectations on women with disabilities creates a high rate of vulnerability. Another critical risk factor for increasing one's vulnerability is a lack of economic independence, and women with disabilities can be more economically vulnerable. It was noted that many survivors suffer from secondary conditions related to their disability and it is important to note that many of these conditions are more prevalent among people with disabilities.

The importance of adhering to standards and best practices of identifying and recruiting participants in a study was a focus of this article. Because the most frequently used sampling population in studies of abuse are gathered from police reports, studies on sexual assault and disabilities become problematic because there is not a place on a police report to indicate disability status. According to the authors, the larger population based sampling is preferred in empirical research.

Nosek, Howland and Hughes focused on the role of the study participants and project staff. The authors noted that for many women participation in a study can be emotionally disturbing and for some, participation can put them at risk for further violence. Participants should be asked about the safest means for making contact. Women participating in the study should be assured of complete confidentiality. Project staff may also be at risk and if an abuser finds a name or business card, he or she may stalk or commit violent acts in retaliation. The authors recommended that all project staff receive training on safety measures that should be taken when interacting with women in abusive situations. The article also discussed rules around informed consent.

The article authors believe that we must know more about interventions that are effective for women with disabilities because the work that has been done remains impractical for women with disabilities.

Violence Against Women Journal 7:4 (2001): 477-497.

Health and Wellness: People with Disabilities Discuss Barriers and Facilitators to Well Being

Michelle Putnam, Sarah Geenen, and Laurie Powers

This article addressed a study with the purpose of exploring how people living with long-term disabilities define and conceptualize health and wellness, and discovering what they perceive to be barriers to health and wellness for themselves and other individuals living with disability.

Participants in the study identified four characteristics of health and wellness: 1) being able to function and to do what they wanted to do, 2) being independent or self-determining, 3) having both a physical and emotional state of well being, and 4) an absence of pain. Some participants also defined health and wellness as being able to work or contribute in some way that they perceived as meaningful and manageable and recognized that health and wellness encompassed both physical and emotional well being. Participants' comments about health and well-being could typically be placed into three categories: person, community, and systems.

On the person level, three major categories surfaced: 1) emotional well-being, 2) personal attitude, and 3) health behaviors. Participants discussed emotional well-being in a broad sense as it relates to their general emotional outlook, and emphasized the significance of negative emotions on health and wellness. Several of the participants mentioned the importance of staying busy as a way of enhancing their emotional state, while others discussed the importance of seeking support as a way to bolster their emotional well-being. In the article, the participants talked about strategies to improve one's attitude including practicing self-determination, being a contributor to society, and attending to one's spiritual life.

At the community level, two main factors emerged: 1) the social support in achieving health and wellness, and 2) the significance health care providers play in facilitating or hampering health. Participants spoke broadly of social support as a positive factor and the importance of this social support in coping with stress and emotional difficulties. Most of the participants expressed frustration with the lack of knowledge health care providers have about disabilities. That said, those who had a doctor they liked and trusted commented on the importance of that in their healing.

Increased health behaviours at a systems level was influenced by two main factors: 1) access and accommodation 2) institutions, regulations, and financing. All of the participants spoke of accessibility and accommodation as a critical element to health and wellness. Participants also made a direct link between financial status and health and wellness promotion, and were generally dissatisfied with insurance systems.

“To facilitate health and wellness behaviors and activities among people with disabilities requires intervention at the person, community, and institutional level to address issues of opportunity, accessibility, and accountability.”

Sexual Abuse and People with Developmental Disabilities

Nora J Baldaderian, Ph.D, C.S.T

The purpose of this article is to explore the problem of sexual abuse of children and adults who have developmental disabilities. The author begins by defining disability and stating that 12% of children have some form of disability. She also discusses society's historical limited response to abuse of people with disabilities and how society has recently begun to address such issues.

Abuse is defined as a non-accidental injury of a person by another or the committing of acts that could result in injury. She further breaks abuse down into six subcategories: 1) physical abuse- any non-accidental physical injury or injuries to a child by a care provider 2) physical neglect- failure to provide adequate food, shelter, clothing, protection, supervision, or medical and dental care 3) emotional abuse- a pattern of verbal assaults or coercive measures toward a child 4) emotional neglect- a failure to provide the nurturance or stimulation needed for the child's social, intellectual, or emotional growth 5) sexual abuse- and sexual contact between an adult and a child 16 years or younger 6) financial abuse- the misuse of funds of another including the keeping of funds from it's recipient.

When discussing incidence and prevalence of abuse, the author presents statistics showing wide disparities in the prevalence of sexual violence (39%-80% in girls, 16%-32% in boys before the age of 18). The author also focused on another study in which 50% of females were victims of multiple assaults while 80% of males reported a single incident.

Baldaderian recognizes the difficulty in

identifying victims of abuse and postulates that some of that difficulty is related to the fact that social service agencies do not have day-to-day contact with clients and families. The author recommends four guidelines for social service agencies to follow: 1) Direct involvement beginning at intake with specific questions asked about sexual activity, physical discipline practices, and verbal discipline practices 2) Indirect Involvement by having informed training on abuse identification, reporting guidelines, and requirements 3) Social service and mental health agencies to collect data 4) Staff should be knowledgeable about clients rights and what they mean.

In conclusion there are four recommendations from the author on best practices: 1) Begin to add developmental disability to all intake forms for child abuse 2) Create and implement training programs 3) Create an awareness among your colleagues 4) Use resources that are available locally and nationally.

Sexuality and Disability 9:4 (1991) 323-335.

Bashing the Disabled: The New Hate Crime

Kathi Wolfe

This article from the Progressive Magazine gives concrete examples of vicious discrimination towards people with disabilities. Attacks on the service dog of a blind women, a man with M.S who was shoved in a garbage can, and harassment of a couple who use wheelchairs clearly demonstrate the types of harassment taking place. Fear of the perpetrators retribution is cited as a leading cause as to why offenses are not reported. Wolfe also claims much of the research on disability and hatred calls on disabled people to organize against disability based hatred.

The Progressive Magazine (1995) 24-26.

Patterns of Sexual Abuse and Assault

Dick Sobsey Ed.D. and Tanis Doe Ed.D.

This article reviews a study from the University of Alberta that focuses on 162 reports from victims with disabilities. Of the 162 victims who participated in the study, 114 (70.3%) had an intellectual impairment, 33 (20.4%) had a mobility issues, 21 (13%) had a hearing impairment, 17 (10.5%) had a psychological impairment, 7 (4.3%) had a visual impairment, 6 (3.7%) had a neurological impairment, 3 (1.9%) had autism and 2 (1.2%) had learning disabilities. Most of the victims were women (81.7%) and most offenders were men (90.8%).

Offenses vary with 53.1% of the survivors reporting vaginal or anal penetration, 41.4% reported fondling or masturbation, and 24.7% reported oral-genital contact. Most of the victims experienced more than one incident of abuse. Single offenses were reported 20.4%, 2-10 incidents were also reported 20.4% of the time, while more than 10 incidents were reported 49.6% of the time. The report also noted that 2 of the participates showed no emotional harm; however the authors hypothesized that since these were 3rd party reports of victims with severe communication deficits, that the response may reflect their inability to communicate about a violation rather than its lack of existence.

The average age of the offenders was 32.8 with a range from 10 to 87 years old. 56% of the time the victims had a relationship with the offender, which for the most part follows typical patterns of abuse. The study did find that 44% of the time the abuse was somehow connected to the victim's disability (service providers -27.7%, specialized transportation providers- 5.4%, and specialized foster parents-4.3%).

Sobsey and Doe also discussed numerous treatment modalities sought by victims. Counseling was the most frequently sought service (41.8%), although other services included

support from current caregivers (14.1%), medical treatment (14.1%), legal guidance (7.3%), and protective services (7.9%).

In the discussion of this study, the authors analyzed some of the aspects that contribute to sexual abuse of individuals with disabilities including issues of power and control as well as caregiver issues.

Sexuality and Disability 9:3 (1991) 243-259.

Access Some Area Shannon Washsler

There are both negative and positive portrayals of people with disabilities in american popular culture. This article outlines and discusses a number of different stereotypes along with some of their incarnations in pop culture.

One of the stereotypes was of a "Poster Child" which according to the author "represents people with disabilities as tragic, needy and endearing in their pathos". Also Poster Children provide a sense of superiority and objectification for the able-bodied based on the perceived powerlessness of the disabled.

The second stereotype is that of "The Faker" which is evidenced when a character pretends to have a disability for their personal benefit, such as getting away with a crime, or getting sympathy. The third stereotype is disabled people represented as victims, freaks or as part of a fetish.

The final stereotype is that of the "The Bitter Crip or Super Crip". The Bitter Crip is portrayed as someone with "thwarted ambitions and frustrated desires" according to the author. Where Bitter Crips are seen as angry Super Crips are seen as the ones overcoming everything to become almost Super Human.

Bitch Magazine (2003) 47-51.

Barriers and Strategies in Addressing Abuse: A Survey of Disabled Women's Experience

Laurie Powers, Mary Ann Curry,
Mary Oschwald, Susan Maley

This article addresses a study conducted regarding abuse by personal assistance services (PAS). Abuse by PAS providers has been identified in the past as a particular problem. The purpose of this study was to investigate women's experience of abuse, PAS behaviors women considered most harmful, barriers women perceived as impeding their response to PAS abuse, and strategies women perceived as most helpful for preventing PAS abuse.

To what extent do women with disabilities experience abuse, including abuse by PAS providers? Behaviors that were reported as occurring quite commonly (<20%) are poor job performance, threatened or actual neglect, verbal abuse, exerting control or denying women's choices, threatened physical abuse, and financial abuse. Physical abuse and alterations of medication were also cited as patterns of abuse (14%). In answering this question there was not a significant amount of difference in incidence of abuse between women with cognitive and physical disabilities. When asked about their experience over a lifetime, 67% of the women said that they had experienced physical abuse, while 53% of the women had experienced sexual abuse.

When addressing hurtful PAS behavior the participants identified physical, sexual, verbal, and financial abuse, threat of physical abuse, neglect, and withholding or destruction of equipment, and inappropriate medications. According to the women these abuses had significant effects on their daily lives. 29.9% reported that the abuse behaviors impeded them maintaining or gaining employment, 64.4 reported that the behaviors impeded taking care of their health, and 60.9% reported that the behaviors impeded their independent living.

The women indicated numerous barriers to PAS abuse management including low provider wages, lack of clarity around whom to call, shortage of qualified providers, and embarrassment and fear of provider backlash. The women also highlighted a number of strategies for preventing PAS abuse including having back up providers, freedom to choose one's own provider, having access to abuse resources, having information and support necessary for clarifying and managing the PAS relationship.

Health Care Providers' Perceptions of the Vulnerability of Persons with Disabilities

Patricia B. Mullen, Ph. D and Sandra S. Cole, Ph.D

This article discusses a study that explored health care providers perceptions about their professional responsibility for people with disabilities. The study examines the professionals' perceptions of the level of vulnerability of people with specific disabilities. It also examines the assumptions about the consequences of such perceptions on people with disabilities.

The participants ranked 6 populations in order of most vulnerable to the least vulnerable (mental retardation and physical disability, mental illness, physically disabled, mentally retarded, intellectually impaired, and learning disabled) but recognized that each population was to some extent vulnerable. Many respondents reported needing further and/or up to date training in sexual abuse prevention. The 53.7% of respondents reported that they frequently encountered a person with a disability who had been sexually exploited, while 47.5% thought the person with the disability might not be aware that they were exploited. Professionals reported greater confidence in their ability to report and conduct follow up of abuse.

Sexuality and Disability 9:3 (1991) 221-241.

Hate Crimes Against People With Disabilities

Mark Sherry

Statistics indicate that people with disabilities are more likely to be the victim of a hate crime than people without a recognized disability. In this paper the author argues that hate crimes against people with disabilities often go unrecognized because the act is often referred to as something else, such as “abuse”, “neglect”, or even “therapy”. The author further argues that “such euphemisms deny the validity of disabled persons lived experience”.

The article begins with a discussion on the definition of a hate crime. The author’s belief that crimes against people with disabilities should be viewed as hate crimes is reinforced by a parallel definition used by Australian researcher Gelber who argued that hate crimes are directed towards women because of the power imbalances between men and women and that the violence is neither “random nor circumstantial”. The author goes on to cite literature that shows that people with disabilities are at a greater risk of violence and that this violence is because of their disability.

The author asserts that acts such as theft and assault are minimized by the language that surrounds them, and by society’s failure to identify them as crimes. For example, the author compares crimes against people with disabilities to crimes against people without disabilities by saying “women with learning disabilities are sexually abused—other women are raped, men with learning disabilities are physically abused—other men are assaulted, and when something is stolen from a person with disabilities it is considered financial abuse—when it is stolen from others it is called theft”. This linguistic inequality both minimizes and marginalizes people with disabilities.

There are numerous underlying economic, social, cultural, and psychological factors that contribute to a climate in which people with disabilities are

victims of crimes at a much higher rate than the rest of the population. The article closes with recommendations for improved service provider practices, increased support for victims of crime, and an overall change in attitudes toward disability.

Social Alternatives 19:4 (Oct 2000) 23-30.

Gender, Disability, and Abuse

Dick Sobsey, Wade Randall, and Rauno K. Parrila

In this article, the authors discuss how sexual abuse affects both male and female children, and analyze their findings by exploring how society’s socially constructed norms reinforce such statistics.

The study conducted by the authors found that children with disabilities were at a greater risk of being maltreated. Boys were more frequently abused than girls and disabled boys were sexually abused more frequently than girls. It is also noted that disabled girls are sexually assaulted more frequently than any others. These patterns of abuse among the disabled population are due to the fact that more boys had been identified as having disabilities compared to girls. A second hypothesis to explain some of the data is that sexual abuse among boys is underreported. A third hypothesis is centered on the fact the most of the caretakers of young boys are men, and men are more likely to be abusive. In addition, children have a devalued status in our society and in particular the value our society places on people with disabilities and children.

Child Abuse and Neglect, Vol 21, No. 8

Hatred: The Unacknowledged Dimension in Violence Against Disabled People

Barbara Faye Waxman

The passage of the Americans With Disabilities Act happened concurrently as Congress was passing the Hate Crimes Statistics Act. While the latter piece of legislation was groundbreaking, it did not address hate crimes against people with disabilities. This article focuses on the relationship between disability and violence, and discusses how society's construction and definition of disability exclude people with disabilities from hate crimes legislation.

The article begins by discussing the perceptions of the crimes committed against people with disabilities. The majority of crimes committed against people with disabilities are seen as "personal issues", especially in situations where the caregiver is the perpetrator. The author debunks the commonly held misconception that abuse from caregivers results from stress related to caring for a person with disabilities and instead is caused by the offender's characteristics. Hate Crime legislation creates protected classes and makes attacks against those people an attack against the entire class, as opposed to attacks against the disabled which are frequently seen as a random incident not connected to the person's disability.

Waxman discusses how the construction of vulnerability determines policy. The author claims that an essential factor in the denial of hatred as a motivation for violence against people with disabilities is because they are not perceived as a separate group in society. The author cites two opposing models that create opposing policy. The first model is a medical

model that creates legislation based on a dependency system and primarily defines disability as an individual problem stemming from functional limitations. The second is a socio-political model that is reflected in legislation such as hate crimes statutes and sees the major problem for people with disabilities as disabling physical and social environments rather than any defects in the person.

Following a short analysis of gender based violence as it relates to disability-based violence, the author concludes by discussing the positive effect of people with disabilities stepping out of place and challenging perceptions of disability. Until violence against people with disabilities has the full attention of the federal government, people with disabilities will not have full protection under the law.

Sexuality and Disability, Vol. 9, No. 3, 1991

Abuse and Violence in the Lives of People with Low Vision

Susan Kelley, Elton J. Moore

This article examines a survey that studies the perceptions of individuals with low vision about their personal experiences with abuse, with the goal of using the findings to design training in violence intervention. The study asks five questions:

1. What has been the experience of people with low vision with abuse and violence?
2. Do they perceive that people with disabilities are at greater risk of abuse and violence?
3. Do men and women with visual impairments have differing opinions about the risk for abuse and violence?
4. Do perceptions about violence differ among age groups?

-
5. What interventions and services do people with visual impairments believe are necessary and important for themselves and for other people with disabilities?

Of the one hundred and sixty-nine people who participated in the survey, 35% of the respondents reported being either physically harmed or abused, but 33% had witnessed family violence and 23% witnessed peer violence. Of the 64% that had not been harmed, 72% would seek help from attorney or law enforcement, 43% would seek help from a care provider, and 11% said they would seek help from a counselor.

When asked about intervention services, slightly more than half thought it was very important that information be available on legal matters, the location of safe accessible shelters, counselors, and education about violence prevention.

RE:View, Vol. 31, Issue 4

Behind Locked Doors-Institutional Sexual Abuse

Maureen Crossmaker, MSW

This article discusses the connections between institutionalization and sexual abuse. Both institutionalization and sexual assault are based on the use and abuse power and control. The article discusses the prevailing attitudes towards people labeled 'disabled', the dynamics of sexual assault, and the environments where people with disabilities are at the greatest risk. It discusses how the vulnerability of people with disabilities aids offenders in choosing potential victims. The article quotes researchers who argue, "It may not be the actual disability that contributes to the increased risk, but rather a function of society's expectations and treatment of disabled people."

Crossmaker also focuses on the dynamics of institutionalization and the lack of appropriate response from the medical community. The author quotes Stark and Flitcraft who write "traditional

mental health views violence as symptomatic of underlying psychiatric or behavioral problems". The article continues to discuss institutions' inability to address to socio-political aspects of sexual assault and institutionalization. Included in this is the limited amount of choices for people with disabilities who are being sexually abused.

The author recommends that services identified by clients as useful be delivered with respect replicated, monitored, and evaluated. The article stresses that everyone has the responsibility for weaving solutions into the fabric of our culture.

Sexuality and Disability, Vol 9, No 3, 1991

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Americans with Disabilities: Exploring Implications of the Law for Individuals and Institutions by Ed. Leslie P. Francis & Anita Silver
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