

SEXUAL ASSAULT SERVICE DELIVERY IMPLICATIONS

**FOR
PEOPLE WITH DISABILITIES**



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END SEXUAL VIOLENCE IN OUR COMMUNITIES

WASHINGTON COALITION OF SEXUAL ASSAULT PROGRAMS

**ACCESS
SERIES**

**THIS PUBLICATION WAS DEVELOPED UTILIZING
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gatheringplace, a 501 (c)(3) nonprofit organization provides community based activities for people with developmental disabilities. Through communication and interaction, we endeavor to create a nurturing environment encouraging each individual's independence, self-esteem and productivity. Art is playing an increasing role at gatheringplace. "Outsider Art" is a term used to describe art by the untrained artist, many of whom are poor, institutionalized or face disabilities that isolate them. Our work embraces the Outsider Art movement, which supports the development of creative expression outside of accepted cultural norms.

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Purpose

Providing advocacy services for victim/survivors of sexual violence is integral to the goal of ending sexual violence. Over the last three decades sexual assault advocates have developed common strategies and best practices standardized services such as: crisis intervention, information and referral, intake, medical advocacy, legal advocacy and prevention. This publication is designed to provide observations and give suggestions to advocates to increase the accessibility of these standardized services to people with disabilities.

UNDERLYING PHILOSOPHY

People with disabilities are extremely diverse. Simply put, they are people whose lives have been impacted by disability. In addition to whatever disability they may have they are multi-faceted human beings. A person's experience of the world **can** be greatly affected by their disability including but not limited to mobility, communication, learning styles, cognitions and sensory input (touch, hearing, taste, sight and smell). Disabilities can be visible or invisible.

Sexual violence is experienced by people with disabilities

- A study conducted in the year 2000 reveals that among adults with developmental disabilities, as many as 83% of the females and 32% of the males are the victims of sexual assault.¹
- Perpetrators often target people with disabilities because they are perceived to be easy targets. Between 88% and 98% of the perpetrators are known to the victim, and the perpetrators are often family members, acquaintances and health care or other service providers.²
- Only 3% of sexual abuse cases involving people with developmental disabilities are ever reported.³

People with disabilities have been historically marginalized and experience discrimination on a daily basis. In order to address the issue of sexual violence adequately it is necessary to create sexual violence service delivery structures which seek to correct these inequities not replicate them.

ACCESSIBILITY

Survivors with disabilities cannot be denied access to services based on disability.⁴ The underlying intent of this rule is to make people feel welcome.

Accessibility includes but is not limited to:

Physical

Are there appropriate access devices, such as sidewalks, ramps, rails, so that people with disabilities can get into and move around the building independently?

Services

Are the services appropriate and accessible for a survivor with a disability?

Transportation

Are there bus routes, taxis or other forms of transportation that will allow the survivor to travel to the location where the service is offered?

Communication

Are sign language interpreters and forms of assisted communication available to allow the survivors and advocate to speak to one other?

Material

Are materials printed in plain terms and available in alternative formats such as large print?

INFORMATION AND REFERRAL

RESPONDING IN PERSON OR BY PHONE TO DIRECT REQUESTS FOR INFORMATION OR ASSISTANCE RELATED TO SEXUAL VIOLENCE

Agencies tend to maintain a standard referral list. Standard referrals may not be appropriate for some victim/survivors with disabilities, resulting in barriers to access.

Recommendations

- Sexual Assault Advocates should ascertain whether the community programs they use for referral are accessible to people with disabilities and have a list of accessible resources available for easy referral
- Sexual Assault Advocates should be prepared to assist survivors with the referral process. Where possible, the advocate should go with the survivor to the referral and follow-up to ensure appropriate service. If accompaniment is not possible advocates should inform the survivor of any known or potential barriers to access.

CRISIS INTERVENTION

AN IMMEDIATELY AVAILABLE 24-HOUR PERSONAL RESPONSE PROVIDED IN A VARIETY OF SETTINGS TO AN INDIVIDUAL IN CRISIS RELATED TO SEXUAL VIOLENCE

Crisis lines are currently the most common way for survivors to access crisis intervention services. They tend to work best for survivors who have access to a private phone and the ability to communicate effectively over the telephone.

Recommendations

- Train Sexual Assault Advocates on the various ways that survivors with disabilities may present differently over the phone. *For instance an advocate may attribute a caller's difficulty in pronouncing words to intoxication as opposed to a communication issue resulting from a disability.*
- Use existing technology such as TTYs effectively.
- Explore alternative modes for crisis intervention other than crisis lines. *For example: Develop teams of sexual assault advocates with specific expertise in disabilities to provide on-site crisis intervention services at congregate care facilities and other group living situation. Cross train disabilities advocates as sexual assault advocates in order to provide on-site crisis intervention services in their current place of employment.*

GENERAL ADVOCACY

**PERSONAL SUPPORT AND/OR ASSISTANCE IN ACCESSING
SERVICES NEEDED TO RECOVER FROM SEXUAL VIOLENCE**

The fundamental tenant of sexual assault advocacy is to listen to the survivor and advocate for their wishes. Working with a survivor with a disability is no different. However some survivors may have other people such as personal care providers, case workers, guardians, parents, family and friends who will try to insert themselves into the advocate – survivor relationship. One of the ways in which people with disabilities are marginalized is the loss of autonomy. It is extremely important that we remember on whose behalf we are advocating – the survivor

Recommendations:

- **Safety Planning:** Sexual Assault Advocates should be aware that issues of mobility and independence affect the survivors’ decisions. Appropriate safety planning must include a discussion of issues related to the survivor’s disability
- **Confidentiality:** Confidentiality is a complex issue for people with disabilities because of fear of the system, fear of retaliation, etc. There should be an obligation by those working with the survivor to inform the survivor what information may be kept confidential and what may not. Understand your roles and responsibilities as related to mandatory reporting.
- **Continuity of Advocacy:** An advocate specifically for the person with a disability should be available to provide continuity and consistency.

SCREENING & INTAKE

**A PROCESS USED TO DETERMINE APPROPRIATE SERVICES FOR
AN INDIVIDUAL EXPERIENCING SEXUAL VICTIMIZATION**

Screening and intake procedures are developed to ensure a good match between the service being offered and the survivor. It is important to remember this fact when developing intake procedures and protocols. Overcoming barriers, (communication and otherwise) related to disabilities may require a flexible approach.

Recommendations

- Always allow for intakes to take as much time as necessary in order to meet the needs of each individual survivor, including those with disabilities.
- Streamline paperwork where possible.
- As part of the regular screening/intake process advocates should:
 1. Inform all survivors of the agency's intent to be accessible.
 2. Ask survivors if there are any pertinent disability issues.
 3. Work with the survivor to determine reasonable accommodation as necessary.

MEDICAL ADVOCACY

PROVIDING INFORMATION AND SUPPORT TO SURVIVORS OF SEXUAL ASSAULT AS THEY NAVIGATE THE MEDICAL SYSTEM WHILE HELPING TO ENSURE APPROPRIATE RESPONSES FROM INDIVIDUAL SERVICE PROVIDERS

People with disabilities are often perceived as less credible in a variety of ways. People with cognitive disabilities are often dismissed. People with psychiatric disabilities are often disbelieved. Communication barriers can prevent reporting or seeking help. Additionally, the medical system may impact the lives of people with disabilities in ways which sexual assault advocates are not accustomed: Issues such as the Involuntary Commitment Act (***laws authorizing forced hospitalization and mental health treatment for people who are dangerous to themselves or to others***) and the Guardianship Act (***laws which allow court-appointed representatives to take control over all or part of a person's affairs when a person is incapacitated***) are additional factors to consider when helping a survivor navigate the medical system.

Recommendations:

- Sexual Assault Advocates should utilize the expertise of Disability Rights Advocates in determining the best course of action for an individual survivor.

LEGAL ADVOCACY

PROVIDING INFORMATION AND SUPPORT TO SURVIVORS OF SEXUAL ASSAULT AS THEY NAVIGATE THE CRIMINAL JUSTICE AND CIVIL LEGAL SYSTEMS WHILE HELPING TO ENSURE APPROPRIATE RESPONSES FROM INDIVIDUAL LEGAL SYSTEM PARTICIPANTS

The legal system provides a series of complex challenges for people with disabilities. The challenges exist in both the civil and criminal arenas. People with disabilities may be seen as less credible within the criminal system. They may also fear civil action that could result in reduced autonomy (such as placement in a more restrictive living environment). Specific strategies for legal advocates are available in the WCSAP publication ***Supporting People with Disabilities: Advocacy Strategies for Advocates of Sexual Assault Programs.***

Recommendations:

- Sexual Assault Service providers should review their current legal advocacy protocols for barriers to access. *It is not the job of the survivor in crisis to teach a crash course in disability.*
- Utilize the expertise of legal professionals and disability rights organizations familiar with disability specific issues as soon as possible when working with survivors with disabilities.

PREVENTION

PROMOTING ATTITUDES, BEHAVIORS AND SOCIAL CONDITIONS THAT WILL REDUCE AND ULTIMATELY ELIMINATE FACTORS THAT CAUSE OR CONTRIBUTE TO SEXUAL VIOLENCE

There are several factors to consider in developing prevention strategies for people with disabilities; cultural issues, sexuality issues and access issues. People with disabilities are often socialized in a “Culture of Compliance.” Encouraging compliance may make it more difficult for people with disabilities to establish appropriate boundaries. In addition to the culture of compliance there is the societal tendency to see people with disabilities as being asexual. This results in a lack of education regarding appropriate sexual behavior, making individuals less able to identify inappropriate sexual behaviors and ultimately causes them to be more vulnerable to sexual abuse.

Recommendations

- Ensure that people with disabilities have the same access to community training on sexual violence as the general population. Sexual Assault Advocates should actively outreach to people with disabilities, and agencies that provide service and advocacy to people with disabilities
- Self-defense training for people with disabilities should include empowerment tools and prevention strategies to counteract forced compliance and learned helplessness. It is important to provide concrete strategies rather than oppression strategies, such as “You’re vulnerable; don’t go out.” Strategies should include situational awareness, assertiveness and physical techniques modified as a way to empower.

Do not assume a person has the skills to say no, or make a phone call.

Do not assume they can’t do it either.

Ask how they do it , and practice as needed.

- Education for the community- The first priority is to inform girls and women that their choices should be honored, which is not yet the prevailing value in a culture that rewards compliance.
- Educate girls and women with disabilities to understand inappropriate touch. Include information on medical settings as well as how to recognize and avoid or resolve abusive situations in the family and in the community. Important elements in this training are informing women that they do not need to tolerate abuse.
- Advocates should link people with disabilities to community resources that may be able to help them expand their options for removing violence from their lives.
- There is an extraordinary need for materials on positive sexuality, as well as on sexual assault. Wider distribution of institutional policies regarding consensual sexual activity is also necessary. Sex education must also include strong, reliable and accurate information regarding consensual sexual activity. Without this an individual is open to exploitation, targeting and grooming by a perpetrator
- Education to parents with disabilities. Helping parents address their fears and acquire additional skills for protecting themselves and their children.

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- 1 Johnson, I., Sigler, R., 2000. Forced Sexual Intercourse Among Intimates. *Journal of Interpersonal Violence*, 15 (1).
 - 2 Centers for Disease Control, *National Center for Injury Prevention and Control*. November 2000.
 - 3 Valenti-Hein & Schwartz, 1995. The Sexual Abuse Interview of Those with Developmental Disabilities.
 - 4 Chapter 49.60, Revised Code of Washington prohibits policies and practices that deny people with disabilities the full enjoyment of services offered by social service agencies. Service agencies cannot treat people with disabilities as unwelcome or unaccepted. See **RCW 49.60.040(9)**



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