

# Sexual Violence Awareness Fact Sheet

## *People with Disabilities*

# Overview

*The Americans with Disabilities Act defines a mental health disability as “a mental impairment that substantially limits one or more major life activities”, such as self-care, learning, working, or performing manual tasks. The disability may or may not be related to a person’s experience of sexual violence.*

Numerous nationwide studies consistently show prevalence rates of sexual abuse histories at 50-70% among women in inpatient psychiatric facilities. *On Record: Facts about Mental Health & Physical and Sexual Abuse. 1994. U.S. Department of Health and Human Services, Center for Mental Health Services.*

The total annual cost of mental health care for victims of attempted or completed rape is estimated at \$863 million. *Victim Costs and Consequences- A New Look 1996. Ted R. Miller, Mark A. Cohen, Brian Wiersama. U.S. Dept. of Justice, Office of Justice Programs, National Institute of Justice.*

Almost 1/3 (31%) of all rape survivors develop Posttraumatic Stress Disorder (PTSD) sometime during their lifetimes. *Rape in America: A Report to the Nation. 1992. National Victim Center and Crime Victims Research and Treatment Center, University of South Carolina, Charlestown.*

Women with disabilities are raped and abused at a rate at least twice that of the general population of women. *Sobsey, D. 1994. Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance. Baltimore, MD: Paul H. Brooks Publishing Co, Inc.*

*These statistics clearly show that people with mental health disabilities experience sexual assault at a very high rate, and often are victimized by someone they know and trust. Yet, due to a variety of factors, it is often difficult for them to get the services they need. It is critical that sexual violence victim advocates in Virginia understand the needs and barriers of people with mental health disabilities so they can provide appropriate and sensitive outreach and services to this community.*

*Note: There has been very little research done in the area of people with mental health disabilities and sexual violence, particularly in recent years, making it difficult to provide current statistics.*

Support for this fact sheet provided by Virginia Department of Criminal Justice Services Grant 05-F3476SA04 and Office on Violence Against Women-Sexual Violence Grant 2004-SWAX0060.



# Ableism

*Beliefs about mental health disabilities can make it more difficult for sexual assault survivors with mental health disabilities to access and receive appropriate services if they have experienced sexual violence. They may fear being stereotyped based on these myths, or they may have internalized the myths and believe these things are true themselves. As advocates, it is important to understand when ableism prevents us from providing appropriate services.*

***Belief:*** *I am not qualified to work with survivors of sexual violence who have a mental health disability.*

***Truth:*** *Advocacy can be effective whether or not someone has a mental health disability.*

**Belief:** *I am not/My program is not qualified to work with survivors of sexual violence who have a mental health disability.*

**Truth:** **Advocacy can be effective whether or not someone has a mental health disability. Your training and professional experience have equipped you to address their experience of sexual violence.**

**Belief:** *Advocates cannot address the sexual violence a person has experienced until the person's mental health disability is addressed.*

**Truth:** **As is the case with all survivors, it is important that those with mental health disabilities decide when they are ready to address their experience of sexual violence. The survivor knows best when s/he is ready and how s/he wants to go about receiving support.**

**Also, the mental health disability may be due to or aggravated by an experience of sexual violence, so addressing the sexual violence can be a critical component of treating the symptoms of a mental health disability.**

**Belief:** *People with mental health disabilities are not capable of participating in their own healing process.*

**Truth:** **People with mental health disabilities are capable of engaging and participating in their own healing process. This can be achieved most readily when the person is supported and empowered by an advocate who is focusing on her or his strengths and ability to heal rather than on her or his limitations.**

# Barriers

## *Lack of access to services*

People with mental health disabilities may be segregated from the general public in education, employment, or housing, which limits their participation in common social settings. Therefore, people with mental health disabilities are often not aware of community services that are available to them after an assault, such as medical and legal services, victim advocacy, and counseling.

Make sure that brochures and resources about local services are available at a variety of places used and visited by people with mental health disabilities, including local Centers for Independent Living, community service boards, and the offices of service providers. Provide training and build relationships with local programs that help people with mental health disabilities. Continue to do outreach to these communities so they are aware of the services that you provide.

## *Stigma and prejudice*

The stigma generally associated with mental health disabilities may greatly decrease the perceived credibility of the victim. Further, previous experiences or awareness of prejudice against people with mental health disabilities can make it even more difficult for survivors with mental health disabilities to speak out about abuse. When a survivor of sexual violence is not believed or is viewed as not credible, it reinforces that person's sense of isolation, self-doubt, and reluctance to report or seek help after an assault.

Let the survivor know that you believe her or him and that you support her or him. Provide positive reinforcement and advocate on her or his behalf, when appropriate, if s/he is being treated differently because s/he has a mental health disability.

## *Lack of awareness among responders*

A lack of education, training, and awareness in mental health issues for advocates, law enforcement and other responders to sexual assault could result in inappropriate services and/or referrals. For example, when crimes are reported to authorities, they may be considered incidents of abuse and neglect, not as crimes, and as such may be handled by group homes and institutions administratively, rather than going through the law enforcement system or referring the victim to an advocate.

Provide training and resources to all responders to sexual violence. Educate them on issues of sexual violence and work with local mental health providers to educate responders on mental health issues. Continue to follow up so that these responders know when and who to contact if they suspect sexual assault.

## *Limited resources to accommodate needs*

The limited resources of non-profit and state agencies responding to sexual assault make it increasingly difficult to provide safe and appropriate services and/or accommodations for people with mental health disabilities.

Consider forming partnerships with local disability service providers to serve people with mental health disabilities victimized by sexual assault in a continuum of service. These partnerships could reduce the time-intensive nature of responding to a person who has been sexually assaulted and who also has a mental health disability, while still providing the best care.

*When a survivor of sexual violence is viewed as not credible, it reinforces that person's sense of isolation, self-doubt, and reluctance to report or seek help after an assault.*

# Helping

## What Crisis Centers Can Do to Make a Difference

- Provide all survivors a safe place to address their experiences of sexual violence.
- Ask the survivor what accommodations or resources would be helpful to her/him.
- Have an understanding of how service systems designed to help people with mental health disabilities work.
- Have an understanding of the barriers that people with disabilities face every day.
- Understand and respond to an individual's need rather than relying on stereotypes or preconceived notions to determine the services needed.
- Address the issues of sexual violence using your advocacy skills and make appropriate referrals as needed to help the survivor receive appropriate services for her or his mental health disability.
- Work together with allied professionals to expand the availability of services available to victims with mental health disabilities.
- Build partnerships with human services community groups, Centers for Independent Living, mental health professionals, substance abuse treatment facilities, law enforcement, Commonwealth's Attorneys, and medical personnel in order to best help individual survivors and end the isolation of this large number of "silent" victims.

## Resources

**Non-offending family support** can be a very powerful way to encourage people with mental health disabilities. Just knowing that they are cared for and have someone they can go to for support can make all the difference to their overall well-being.

**National Alliance for the Mentally Ill (NAMI)** provides support, education, advocacy and research on mental illness to mental health consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorder, and anxiety disorders. [www.nami.org](http://www.nami.org)

**Community services boards** may provide counseling and case management for people with mental health disabilities. [www.vacsb.org](http://www.vacsb.org)

Local **consumer-managed mental health support groups** provide peer support and often can encourage and give moral support to one another in ways that people without a mental illness could not do. [www.vocalsupportcenter.org](http://www.vocalsupportcenter.org)

**National Mental Health Consumers Self-Help Clearinghouse** connects individuals to self-help and advocacy resources, and offers expertise to self-help groups and other peer-run services for mental health consumers. [www.mhselfhelp.org](http://www.mhselfhelp.org)

**Virginia Sexual and Domestic Violence Action Alliance (VSDVAA)** provides training, technical assistance and resources for advocates and allies on working with people with mental health disabilities. VSDVAA also promotes and supports collaborations among the different service providers and responders who work with people with mental health disabilities who are victims of sexual violence. [www.vsdvalliance.org](http://www.vsdvalliance.org)



Virginia Sexual and Domestic Violence  
**ACTION ALLIANCE**

1010 North Thompson Street, Suite 202 • Richmond, VA 23230  
Phone: 866.3.VSDVAA • Virginia Family Violence & Sexual Assault Hotline: 1.800.838.8238 (v/tty)