Opening The Doors

Addressing the Sexual Abuse of Women with an Intellectual Disability

by Miriam Ticoll and Melanie Panitch

In the spring of 1988 in a rural maritime community, Lori Jones’ parents were invited to dinner by friends in a nearby village. They arranged to have Jim, their elderly next door neighbour whom they had known for many years, stay with Lori while they were out.

The next day, Jim knocked at the Jones’ door. He explained that he had misplaced his eye glasses and wondered whether he had left them at their house the previous night.

Lori’s mother looked through the house carefully, but could not find them anywhere. Later that afternoon, while cleaning Lori’s room, Ms. Jones discovered the glasses under Lori’s bed.

But that was not all she found there. Beside the glasses lay Lori’s nightgown; the very nightgown Lori had been wearing when her parents went out. Examing the clothing, she discovered a blood stain. Lori’s mother was filled with mounting fear. Panic overtook her as she threw the stained nightgown in the washing machine. She ran to find her daughter to find out what happened the previous night.

Lori began to cry. Slowly and with some difficulty she explained how and where the neighbour touched her; where and how he hurt her. Her mother tried to comfort her but she was in great pain herself.

Lori’s mother immediately called the police, who arrived quickly and went to talk to Jim. Under questioning, he admitted not only to having touched Lori, but to having attempted vaginal penetration as well.

And then? One would think that Lori herself might have been questioned by the police. One would think, on the basis of all the evidence, that Jim would have been charged. Similarly, one would have expected that a doctor with the training, skill, and sensitivity required for such cases would have gently examined Lori, respecting her feelings, recognizing that the examination could activate feelings of re-victimization.

Furthermore, one would have expected that the police or medical staff would have referred Lori to a counsellor to help her begin to heal. And that she would have received the counselling and support that she required.

But none of these things happened in this case. Instead, every response system usually in place for a victim of abuse failed Lori. She was not questioned about the incident because the officer made the assumption that she would not be able to communicate. The neighbour was not charged. The examination by the doctor resulted in further feelings of fear and abuse. And no one suggested a counsellor or support person for Lori. The system failed because the young women who was abused happened to have an intellectual disability.

The inadequate response by the police, the medical profession, and the social service system in this particular case are by no means unique. We now know much more about sexual abuse than we did fifteen or twenty years ago. While we are still clearly a long way from eliminating the systemic causes of sexual abuse—causes which are deeply rooted in patriarchal institutions—much has been learned in the past decade about prevention and about responding to abuse when it happens. Thanks to the efforts of grassroots women’s organizations over the past two decades, many communities have access to the services of crisis centres, transition homes, women’s counselling services, and legal services. Child welfare agencies and many police departments have specialized staff to deal with incidents of sexual abuse.

Yet, when a woman or a child with an intellectual disability is sexually abused, there seems to be a diminished capacity to respond to the abuse. For example, a sexual
assault centre might respond that they don't have the expertise to provide counselling to a woman with an intellectual disability; an agency which provides services to people with an intellectual disability may feel they do not have the expertise to deal with sexual assault; a police officer, because of perceived communication difficulties, may fail to question a potential witness who has an intellectual disability; a Crown Attorney may feel that a woman will not make a credible witness because of her disability. In the vast majority of cases involving the sexual abuse of people with an intellectual disability, the responses required are not significantly different than they would be for a person who does not have an intellectual disability. The perception, however, is often that something quite different, quite out of the ordinary, is required.

Ironically, it is the fears of and prejudices against people with an intellectual disability that can make them more vulnerable to abuse in the first place. The failure to respond appropriately in these instances not only denies survivors access to the services and the redress to which they are entitled, it also serves to reinforce their marginality and put them at risk of further victimization.

It is difficult to determine the prevalence of the sexual abuse of women who have an intellectual disability. No one maintains statistics on these incidents of abuse. However, a compilation of national prevalence studies suggests that from 39 to 68 per cent of women with an intellectual disability will be sexually abused before they reach the age of 18 (The Roehler Institute, 1986). A number of studies on the abuse of women with disabilities generally would support the suggestion that this population, which includes women with physical as well as mental disabilities, is highly vulnerable to sexual abuse (Stimpson and Best, 1991; Sobsey, 1988). Furthermore, anecdotal evidence strongly suggests that not only have many women with an intellectual disability been abused, but there has been little, if any, opportunity for them to talk about what has happened to them or to get the support they require to deal with their experiences.

This gives rise to two questions: 1) What makes women with an intellectual disability so vulnerable to abuse? 2) What needs to happen to change this situation?

One of the important insights coming out of research in this field is that having a disability does not, in itself, make a person vulnerable to abuse. Rather, the vulnerability of women and children generally to sexual abuse has been linked to the presence of a number of factors. The likelihood that women, children (as well as men) with an intellectual disability are living in situations where several of the following factors are present makes people who have an intellectual disability especially vulnerable to abuse.

Segregation/isolation. Segregation, whether in education, employment or housing, means that people have limited opportunities to participate in ordinary social settings and to meet other people. This increases dependency on family members and service providers for support and advocacy. The isolation and loneliness in which many women live may leave them longing for any expression of care and intimacy. This can make them more vulnerable to sexual assault and emotional abuse.

Lack of decision-making power. Often people with an intellectual disability are thought to be unable to make decisions affecting their well being. They are rarely given the information they need to make decisions, and frequently decisions are made on their behalf. For example, people with an intellectual disability are rarely provided with information about their own sexuality. This limits their ability to report incidents of sexual abuse.

Lack of self-esteem. When people are not given adequate opportunities to make decisions about their own lives, they may not develop a strong sense of self-esteem. In addition, people may feel that they have failed when they cannot adapt themselves to fit social norms and they experience rejection from others. Self-blame may reinforce patterns of being a victim which may leave people with disabilities at risk for abuse.

Lack of access to community-based services. People with disabilities often do not have access to community services available to the non-disabled population. When people do not obtain the support and services to which they are entitled, they are more likely to continue to be the victims of abuse.

Poverty. Lack of access to financial resources also contributes to violence. Because people with disabilities may have very limited financial resources and little choice with regard to services, they may continue to live in environments which leave them vulnerable to abuse. They may be unable to leave a violent relationship due to the lack of money and accessible housing. Without options, people may continue to live with caregivers or in service settings where they are abused.

Representation of people with intellectual disabilities within the culture

Positive images of people with an intellectual disability are rare in popular media. People with an intellectual disability are likely to be portrayed as dependent, as oddly different, or as victims of unfortunate circumstances. The reinforcement of negative stereotypes such as these can suggest that people with an intellectual disability are "easy prey" to violent attacks and that they would not be believed if they reported an abusive situation.

The factors outlined above suggest the need for some fairly significant systemic changes to reduce vulnerability to sexual abuse. When individuals are not impoverished, when they have employment and education options, when they have a network of friends, when they live in safe housing conditions, and when they can develop a positive sense of self and self-image, they are much less likely to be abused. What is true for other vulnerable populations is no less true for women who have an intellectual disability. To state it rather simply, women with an intellectual disability will be less vulnerable to abuse in environments which do not foster abuse.

These systemic changes are needed to make our society a safer place for all those...
women with an intellectual disability, as well as to respond to it more effectively when it happens.

Fundamental to dealing effectively with the issue of the sexual abuse of women with an intellectual disability is the recognition that this is a community problem. The community includes families, friends, social service agencies, the police, medical profession, and the legal profession. All have expertise or information which can play a critical role both in preventing sexual abuse and responding to it when it happens. The importance of a coordinated community effort cannot be overemphasized.

Over the past five years, the Roeher Institute has held a number of workshops dealing with the issue of sexual abuse and people with an intellectual disability. These workshops are designed to bring together a variety of people from the communities in which they are held. They have included people with an intellectual disability, counsellors, social workers, teachers, parents, the police, lawyers. In addition to providing an opportunity for people to share information about the issues, they have helped people become aware of the expertise in their own communities, and how they can make use of existing resources. The need for more public and professional education about this issue is clearly apparent.

Interest in these workshops themselves has been high, but even more encouraging has been the number of opportunities for further training they have stimulated. Opening the doors has opened the floodgates. The demand for information is growing, creating a climate for a discussion of this issue. Opening the doors has also generated a demand for more sex education and self-defense training. The vast majority of cases of sexual abuse are not laid. Only 14 per cent of the respondents to Toronto's questionnaire (on violence and women with disabilities) said that charges were laid. The Roeher Institute, 1992), a series of training manuals for social workers and counsellors, the police, families, and the legal profession to address the issue of the sexual abuse of people with an intellectual disability.

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This story is based on a true incident, but the names of the individuals involved have been changed to protect their identity.

Other terms which are sometimes used to describe persons with an intellectual disability include: mentally handicapped, intellectually impaired, developmentally delayed, and developmentally disabled. This article addresses some of the issues faced by women who have been so labelled. It should be noted that, while many of the issues are common to women who have been labelled mentally ill, the particular concerns of psychiatric survivors are not addressed in this article.

It is clear as well that the resources available to prevent and respond to sexual abuse in general are inadequate. Sexual assault centres, for example, are struggling to remain open in a number of communities.

While this article pertains primarily to issues affecting women, it is important to recognize that boys and men with an intellectual disability are also at significant risk of sexual abuse. There are very few support services for male survivors of sexual assault who have an intellectual disability.

Research has shown, for example that, in the vast majority of cases of sexual abuse involving women with disabilities, charges are not laid. Only 14 per cent of the respondents to Toronto's questionnaire (on violence and women with disabilities) said that charges were laid (Stimpson and Best). Research conducted at the University of Alberta found that 80 per cent of offenders were never charged (Sobsey, 1988).

It is not enough to suggest that women with an intellectual disability just need more sex education and self-defense courses. While these are clearly needed, it must be recognized that the responsibility for prevention and effective response cannot rest on the shoulders of those vulnerable to abuse.
References


Resources


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Manuscripts will not be returned. Enclose a SASE for announcement of winners. (If you want to be notified of receipt of your manuscript, also include a self-addressed, stamped postcard.) Manuscripts must be typed. Winner will be announced in Spring 1994.

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