Sexual Violence Against People with Disabilities: Examining the Problem from a New Lens, Part 1

FCASV Sexual Violence Training Summit 2012
Wednesday, May 9, 2012 – 10:45 am to 12:15 pm

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Defining Disability

- Legal definitions
  - Americans with Disabilities Act (federal)
  - Vocational Rehabilitation Act (federal)
  - state statutes
  - SSDI/SSI (federal benefits)

- Medical definitions
  - International Classification of Diseases, Functioning and Disabilities (ICD-10)
  - Diagnostic and Statistical Manual (DSM-IV TR)

- Educational definitions
  - Individuals with Disabilities Education Act (IDEA)
  - Categorical vs. functional vs. social model
Broad Categories of Disability

Physical
- Typically involve the motor system and place some limitations on the person’s ability to move his/her body.

Sensory
- Impacts the senses of sight, hearing, balance, smell, taste or touch.

Cognitive
- Impacts a person’s thinking, learning, reasoning, problem-solving, information processing, or memory.

Psychiatric
- A mental health condition that significantly interferes with a person’s ability to perform major life activities.
Magnitude of the Problem

- Violent crime 1.5 times higher
- Rape/sexual assault 2 times higher
- Females with disabilities higher rate than males with disabilities
- Males with disabilities higher rate than females without disabilities
- **Persons with cognitive disabilities higher rate than people with any other type of disability.**


- Violent crime 2 to 3 times higher
- Rape/sexual assault 2 times higher
- Females with disabilities higher rate than males with disabilities
- Males with disabilities higher rate than females without disabilities
- **Persons with cognitive disabilities had the highest rate of violent victimization.**

MUCH OF THE MATERIAL FOR THIS PRESENTATION IS COPY WRITTEN, BASED ON MATERIAL FROM THE BOOK:


- The book was written for people with disabilities and allies (family, friends, advocates, people working in criminal justice, disability services, victim services, adult protection services)

Use of presentation materials should clearly credit in writing the author of these training materials.
Focus of Workshop

1. Personal-Professional Lens
2. Jeopardy
3. Ecological Theory
4. Vulnerability
Personal and Professional Lens

• What do you think of when you hear the words:
  • Special needs
  • Disabled
  • Handicapped
  • Mentally retarded
  • Brain damaged
  • Non-verbal
The Power of Language

• *What other words commonly used to refer to people with disabilities?*
Dissecting “Words”

• Disabled
• Confined to a wheelchair
• Suffering from ...
• Special ________________
• Non-verbal or non-communicative
• Birth defect
• Brain damaged
• Case manager
The devaluation or marginalization of a person or group begins with language (Snow, 2005, p. 112).
Dehumanization Cycle (Fitzsimons, 2009; Sobsey, 1994, p. 316)

**Observation**
Confirmation of dehumanizing belief

**Belief**
Belief that people with disabilities are less than human

**Action**
Inhumane treatment justified by belief

**Outcome**
Atypical behavior as a result of inhumane treatment

5/18/2012
The “R” Word

- *Offense Taken: A Community Response to the “R” word.*
  - www.offensetaken.org
http://www.disabilityisnatural.com
Competence vs. Humility  
(Illinois Images Project, 2010; Tervalon & Murry-García, 1997)

Disability Competence
- Staff need extensive training beforehand
- Staff are viewed as the “experts.”
- Tends to identify people with disabilities as a uniform group.
- Never say, “I don’t know.”
- Mindset: “I know what is best for you.”

Disability Humility
- Staff do not need extensive training
- Individuals viewed as experts on themselves & own needs
- Treat each person with a disability as a unique individual
- Be willing to say, “I don’t know.”
- Mindset: “I am open, curious, honest, ready and willing to learn.”
Multiple Jeopardy

Intellectual Disability
Lesbian
Older Adult
Woman
Native American
## Integrated Ecological Theory of Abuse
(Originally proposed by Sobsey, 1994; adapted by Fitzsimons, 2009; Fitzsimons, 2010)

<table>
<thead>
<tr>
<th>Higher Risk Individuals</th>
<th>Higher Risk Carers/Offenders Characteristics</th>
<th>Higher Risk Environment Characteristics</th>
<th>Societal Culture, Policies, Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Less able to physically defend self</td>
<td>- Need to exert control over others</td>
<td>- Emphasizes control</td>
<td>- Devalues people with disabilities</td>
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<tr>
<td>- Uses alternative forms communication</td>
<td>- Lack of control over own life</td>
<td>- Teaches/reinforces compliance</td>
<td>- Laws &amp; policies that disempower people with disabilities</td>
</tr>
<tr>
<td>- Lack critical information</td>
<td>- Authoritarian</td>
<td>- Attracts abusers</td>
<td>- Teaches/reinforces compliance</td>
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<tr>
<td>- Learned helplessness</td>
<td>- Low self-esteem</td>
<td>- Eliminates non-abusers</td>
<td>- Emphasizes vulnerabilities</td>
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<tr>
<td>- Learned compliance</td>
<td>- Displaced aggression</td>
<td>- Provides awarded models of aggression</td>
<td>- Reinforces control, power imbalances, aggression</td>
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<tr>
<td>- Underdeveloped sense of personal space/boundaries</td>
<td>- Don’t respect confidentiality, right to privacy &amp; autonomy</td>
<td>- Covers-up reports of abuse</td>
<td>- Denies problems</td>
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<tr>
<td>- Greater dependence upon others</td>
<td>- Exposed to abusive models</td>
<td>- Many / transient carers</td>
<td>- Supports institutional &amp; segregated systems of support and care</td>
</tr>
<tr>
<td>- Desire to please or be accepted by others</td>
<td>- Little attachment to service recipients</td>
<td>- Dehumanizing policies and practices</td>
<td>- Discourages solutions targeting root cause</td>
</tr>
<tr>
<td>- Few alternative to exploitation</td>
<td>- Devaluing attitudes towards people with disabilities</td>
<td>- Clusters people with greatest risk</td>
<td>- Promotes “them” and “Us” mentality</td>
</tr>
<tr>
<td>- Viewed negatively by others</td>
<td>- Impulsive behaviors</td>
<td>- Discourages attachment</td>
<td>- Limits right to autonomy</td>
</tr>
<tr>
<td>- Engage in “problematic” behaviors</td>
<td></td>
<td>- Isolation</td>
<td></td>
</tr>
<tr>
<td>- Multiple carer</td>
<td></td>
<td>- Fails to protect reporters</td>
<td></td>
</tr>
<tr>
<td>- Multiple service settings</td>
<td></td>
<td>- Closed culture – little input from outside</td>
<td></td>
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<tr>
<td>- Not viewed as credible reporter of abuse</td>
<td></td>
<td>- Justifies abusive practices as “behavior management”</td>
<td></td>
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</table>

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Learned Helplessness

• “The belief that one’s actions have no influence on future outcomes” (Sobsey, 1994, p. 164 as cited in Fitzsimons, 2009, p. 91)
The ‘**Rules**’ people with disabilities (particularly people with ID/DD) often have to live by.

- Don’t ask for much
- Don’t get anyone else in trouble
- Obey the rules...don’t be a troublemaker
- Always obey anyone who acts “in charge”
- Act nice
- Don’t get angry
- Don’t ask for much
- Other’s opinions are important – not yours
- It is bad, dangerous, noncompliant to:
  - Be assertive
  - Have an opinion
  - Say “no”
  - Assert one’s right

Can result in being labeled as having a “BEHAVIOR” or being a “BEHAVIOR PROBLEM”
Gatekeeping

- Individuals and institutions that control access to information, resources, opportunities...
Diminished Recognition of Impact on Victims

Excerpt from *Rape Poem*

“There is no difference between being raped
And going head first through a windshield
Except that afterward you are afraid
Not of cars
But half the human race.”

by Marge Piercy
## Impact of Sexual Violence & Other Traumatic Experiences

(Alifi et al., 2010; CDC, 2009; Cohen & Swift, Coker et al., 2002; Corso et al., 2007; Dutton et al., 2006; Matich-Maroney, 2003; Matich-Maroney et al., 2007; Ryan, 1994; Sequeira, 2006)

<table>
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<th>Physical</th>
<th>Psychological</th>
<th>Social</th>
</tr>
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<tbody>
<tr>
<td><strong>Physical injuries</strong></td>
<td><strong>Posttraumatic Stress Disorder (PTSD)</strong></td>
<td><strong>Difficulty in re-learning trust</strong></td>
</tr>
</tbody>
</table>
| **Stress-induced physical health problems** | • Depression  
  • Borderline Personality Disorder  
  • Dissociative Disorders  
  • Somatization Disorders  
  • Self-Mutilation  
  • Eating Disorders  
  • Panic & Anxiety Disorders  
  • Phobias | • Involuntary fear, mistrust of “care providers”  
  • Strain on or disruption of relationships |
| • Headaches, stomach ailments, ulcers, irritable bowel syndrome, colitis, high blood pressure, heart palpitations, allergic skins reactions | | |
| **Increased presence of negative health behaviors** | • Anger/Hostility  
  • Suicidality  
  • Anxiety  
  • Low self-esteem  
  • Fear of physical safety, intimacy, retaliation, re-victimization  
  • Emotional detachment | • Reluctance to enter into new relationships  
  • Avoidance of crowds  
  • Voluntary social isolation |
Diagnostic overshadowing (Burke & Beford, 1995; Matich-Maroney et al., 2007; Razza & Tomasulo, 2005)

• Attribute “symptoms” or “behaviors” to the “disability” rather than:
  • Mental health concern
  • Indicator of sexual victimization or other abuse
  • Response to sexual victimization or other trauma
  • Psychological crisis in relation to developmental milestones
Reasons for Increased Vulnerability

- Often dependent on others for care and support (varying degrees) – compounded by systemic barriers
- Communication challenges (varying degrees) and barriers
- Greater challenges in taking risk-reducing precautions or resisting abuse compounded by systemic barriers
- Often lack economic independence (varying degrees)
- Stereotypes and negative attitudes
- Less risk of discovery of as perceived by offender
- Failure to be believed when a report is made
- Lack of participation in sexuality education, interpersonal relationships, personal safety
- Fewer opportunities to engage in healthy interpersonal & intimate relationships
- Social isolation - segregation
- Overprotection
- Physical barriers to accessing supports and services (Fitzsimons, 2009, p. 29)
Vulnerability and People with Disabilities

- Do not assume that every person with a disability is...
  - Equally vulnerable
  - Unable to assess her or his own risk
  - Unable to protect his or her self
  - Unable to make informed decisions about his or her life and future
  - Unable to make choices about what is in her or his best interest
  - Dependent upon other for physical and financial care and support
Examining “Disability” and the Problem of & Solutions For Sexual Violence from a “New” Lens
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