

PRIMARY PREVENTION OF SEXUAL VIOLENCE AMONG PEOPLE LIVING WITH DISABILITIES

People living with disabilities (i.e., physical or mental impairments that substantially limit one or more major life activities) are at a much higher risk for sexual victimization than the general population (Casteel, et al., 2008; Martin et al., 2006; Rand & Harrell, 2009). The high rates of victimization may have several causes: perpetrators may feel that those they are victimizing are powerless to resist because of the severity and circumstances of their disabilities; survivors may be easier to manipulate because of cognitive disabilities; and communication difficulties may make it more challenging to disclose perpetration. In addition, because perpetrators are often family members or caregivers, those living with disabilities may fear having no one to take care of them if they disclose an assault or of being forced to move from their own home (Balderian, 1991).

According to the NM Youth Risk and Resiliency Survey (Green et al., 2015), 21.4% of high school students in New Mexico had either a long-term physical disability or a long-term emotional problem. Of the school-aged children living with a disability in New Mexico, 41.1% live below the poverty level (U.S. Census Bureau, 2014).

In 2013, over one-third (37%) of sexual assaults reported to law enforcement in New Mexico were committed against people with some type of disability. Most of these victims (71%) were mentally or emotionally disabled. Almost half the survivors (46%) were 18 years of age or older; the others (52%) were children or adolescents (Caponera, 2014).

- Children with disabilities are especially vulnerable because of their extreme dependence on their caregivers. Also, isolation due to their impairments can result in a lack of knowledge about sex or an unawareness that they are being sexually abused (Hershkowitz, Lamb, & Horowitz, 2007).
- Because people with disabilities are often trained by caregiver to be compliant, they are uniquely vulnerable to sexual abuse. The power and control dynamics of institutionalization are almost identical to those that foster sexual abuse (Crossmaker, 1991).
- Women with some type of disability are more than four times as likely to be sexually assaulted as women without a disability (Martin et al., 2006).
- Men with some type of disability are more than four times as likely to have experienced lifetime and past-year sexual violence victimization as men without disabilities, and past-year rates of victimization exceed those for women without disabilities (Mitra et al., 2011).

Research has shown that survivors
with disabilities know their
perpetrators **92%** of the time,
and they are most often family
members, caregivers or others
with disabilities.

(Balderian, 1991)

Lifetime incidence of rape among
physically disabled youth is
2.2 times higher than among
their non-disabled counterparts
in New Mexico.

(Green et al., 2015)

Lifetime incidence of rape among
mentally or emotionally disabled
youth is **3 times**
higher than among their
non-disabled counterparts
in New Mexico.

(Green et al., 2015)

Social determinants: Social determinants of health include societal factors that contribute to health. For example, poverty may make it more difficult to avoid unsafe environments; social norms around gender roles, inequality, and expression are directly related to sexual violence (Bott, 2010); and norms of secrecy and privacy contribute to spousal sexual assault and child abuse (Davis et al., 2006). Community responses of disbelief and victim-blaming not only cause harm to survivors, but also perpetuate a permissive environment that allows future perpetration. Programs that focus on victims protecting themselves, especially child victims, do not reduce victimization (Finkelhor, 2009). Only by changing the societal factors that permit sexual violence will we be able to substantially reduce sexual violence.

Evidenced-Based and Promising Practices: Research shows that the best way to stop sexual violence is through primary prevention strategies – preventing sexual violence before it occurs. Successful prevention efforts combine multiple strategies aimed at reducing risk factors for sexual violence perpetration and victimization related to cultural norms, beliefs and behaviors at the individual, relationship, community and society levels (Davis et al., 2006). Strategies may include programs, policies and environmental changes. Effective prevention programs are comprehensive; employ a variety of teaching methods; provide multiple sessions; are based in behavior-change theory; foster the development of positive relationships; are appropriately timed; and are developed in conjunction with the targeted community so practices are culturally and socially relevant (Nation et al., 2003).

So far, no specific sexual violence prevention curriculum for people living with disabilities has been shown to be effective in preventing sexual violence victimization or perpetration. Prevention program planning, development and implementation for those living with disabilities is often heterosexist. Barger, et al. (2009) recommend addressing this

bias in prevention programming developed for this population. Policy recommendations include mandating criminal background checks for caregivers and decreasing opportunities for isolating clients in care facilities (Higgins, 2010). Research continues on effective sexual violence prevention programming and policies. Go to <http://www.cdc.gov/violenceprevention/sexualviolence/index.html> for the most up-to-date information.

Gaps:

- Sexual assaults within the disability community are under-reported for many reasons, including communication issues, fear of reprisal, and concern over loss of the living situation and access to caregivers and family members.
- There is a need for improved surveillance related to sexual violence within the disability community.
- There is a need for more research developed in collaboration with members of the disability community that is aimed to reduce both victimization and perpetration of sexual violence, including evaluation of existing programming.

Community Resources:

NM Aging & Long-Term Services Department, Adult Protective Services Division: Contact: 866-654-3219 or 505-476-4912, http://www.nmaging.state.nm.us/Adult_ProtectiveServices.aspx

Disability Rights New Mexico: Contact: 1-800-432-4682, <http://www.drnm.org/index.php>

NM Children, Youth and Families Department: Contact: 1-855-333-7233, <http://cyfd.org/child-abuse-neglect>

New Mexico Rape Crisis Centers and Mental Health Center Sexual Abuse Program Coordinators: Contact for individual centers can be found at the New Mexico Coalition of Sexual Assault Programs website: <http://nmcsap.org/>

“[People with disabilities] are isolated and marginalized within our own deeply marginalized community, [which is] also layered by multiple identities because we too are trans, we too are of color, and we too are immigrants....When we think about violence and queerness and disability, it’s impossible not to recognize the profound isolation we face and the complete lack of credibility we have.”

- Focus Group Participant