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Perspective

Reframing the Problem of Sexual Victimization of People with Disabilities

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INTRODUCTION

In January of 2018, National Public Radio aired a six-part series, abused and betrayed, exposing the epidemic of sexual violence victimization of people with intellectual disabilities. The investigative reporter discovered unpublished Bureau of Justice Statistics (BJS) data indicating that people with intellectual disabilities experienced sexual assault at *seven times* the rate of people without disabilities [1]. For those of us working at the intersection of sexual violence and disability, this statistic was not particularly surprising. The BJS has been tracking crime victimization perpetrated against people with disabilities aged 12 or older living in non-institutional settings since 2007, with the first report published in 2009, and has consistently found much higher rates of violent victimization for people with disabilities in all disability categories (i.e., cognitive, independent living, ambulatory, vision, self-care, and hearing) than people without disabilities [2,3].

How is it possible that among the most closely monitored people in our society, people with intellectual and developmental disabilities (IDD), are victims of sexual violence at such alarming rates? Perhaps the problem is rooted in the single story of vulnerability of people with disabilities, with this thinking resulting in the single solution of protection? In her critical consciousness raising TedTalk, *The Danger of the Single Story*, Chimamanda Ngozi Adichie proclaimed: "The single story creates stereotypes, and the problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the only story. [...] How they are told, who tells them, when they're told, how many stories are told, are really dependent on power. Power is the ability not just to tell the story of another person, but to make it the definitive story of that person. [...] A single story is created by showing people as one thing, as only one thing, over and over again, and that is what they become. The single story robs people of their dignity"[4]. This paper is framed in the concept of the *single story*.

The Individual-is-the-Problem Way of Thinking about Disability and Vulnerability

The single story at the intersection of sexual violence and disability is that people with disabilities are inherently vulnerable because they have a disability. This prejudicial belief, equating disability with *vulnerability*, is perhaps the most pervasive, destructive, and debilitating assumption at the intersection of sexual violence and disability [2,5]. The universal practice of labeling people with disabilities as vulnerable, automatically implies that people with disabilities— individually and as a group—are weak, defenseless, helpless, dependent, and need protection from others by others [2,5-7]. These *trusted others* are typically family members or professionals—most often *special* professionals, who work in *special* systems, with *special* people,—otherwise known as *disability world* [8].

In disability world, vulnerability to sexual violence is part and parcel with having differences in brain and body functioning (i.e., impairment), even though vulnerability to sexual violence is part of the human experience. Vulnerability is, and should be understood to be universal and constant, — inherent to the human condition [2,5-7]. All people, to varying degrees throughout their lifetime, are vulnerable to sexual violence victimization. Failure to recognize this vulnerability as part of the human experience reinforces the notion that the vulnerability for people with disabilities is universally different than the vulnerability of so-called able-bodied people [2,5-7]. This recognition of the universality of vulnerability to sexual violence victimization does not negate the enhanced vulnerability for people with disabilities. However, the conventional understanding of enhanced vulnerability offers a simplistic and erroneous explanation that essentially holds people with disabilities responsible for their own victimization. It is imperative that we challenge and change conventional wisdom about the signal story of vulnerability at the intersection of sexual violence and disability.

As a society, past and present, we tend to take an individualized notion of vulnerability based on brain and body impairment and incapacity, ignoring that vulnerability is a direct result of peoples' interactions with external factors, with such factors beyond their direct control. Sexual violence in disability world is almost universally associated with *individual factors*, —attributes or characteristics that reside within the person as a direct result of impairment in cognitive, physical, sensory, or psychological functioning [2,5-7]. Risk factors, coming from this kind of thinking, focuses on the personal attributes of people

with disabilities. The ways that the risk factors are worded may vary. However, the typical list focuses on deficits associated with individual attributes, such as: 1) dependent upon others for personal care or assistance with other activities of daily living, 2) difficulty or an inability to assess risk, 3) difficulty or an inability to physically defend oneself, 4) impaired communication, 5) impaired thinking or learning abilities, 6) lack of personal boundaries, 7) readily willing to comply with the direction of others, and 8) not a reliable reporter [9-11]. From this way of understanding vulnerability, the person with *deficits in ability* is the source of the problem. Let us be clear, people with disabilities are not sexually victimized because they have disabilities. This way of thinking is akin to blaming the person for their own victimization.

Furthermore, most of the individual attributes believed to be the source of vulnerability are not fixed, rigid characteristics of a person. Rather, they are socially mediated effects of disability [2,7]. For example, *helplessness*, another word for dependent, is an attribute believed to make people with disabilities more vulnerable [10,11]. The ability to be assertive is connected to most, if not all, of the individual-based deficits. *Assertiveness* and helplessness are interconnected opposites. People are not born helpless in the sense that all human beings strive to be heard and have their needs met, referred to as *wanting energy* [8]. Through communicating the things, interactions, and experiences that we want, and those we do not want, we assert ourselves, —we are expressing our wanting energy. Helplessness, an inability to assert oneself as an autonomous human being with one's own preferences, wants and needs, is learned, —fittingly referred to as *learned helplessness* [10,11].

The problem is not an innate inability to be assertive, rather it is the failure to respect, understand, teach, support, and reinforce the assertiveness of people with disabilities. Assertiveness, along with the myriad of other *ring of safer* information, skills, opportunities, and experiences, all components of sexual violence risk reduction, are typically not afforded to people with disabilities [7,10-13]. Rather, the common practice within disability world is to systematically train children and adults to be compliant and to behavior-manage noncompliant behavior away [7,10-12], —referred to as contributing to a *culture of compliance* [12]. This is a very dangerous practice. Working to get people "to master the lessons of compliance can make them more vulnerable. The person who learns to comply is more likely when someone says *to get in the car*—to get in the car. A person who is taught to be compliant is already partially groomed for a perpetrator. When people don't understand healthy relationships, they might not recognize [sexual misconduct]" [12]. It is not that people with disabilities are unable to be assertive. Rather, it is that they have learned helplessness, reinforced by compliance training, resulting in *learned compliance* [7,10,11].

Reframing Vulnerability Using a Systems Perspective

The antidote to the individual-is-the-problem approach, at the intersection of sexual violence and disability, is understanding the problem from a systems perspective using the *Socio-Ecological Model* [2,7,10,11]. From a systems perspective, causes are associated with the perpetrator and the social-cultural conditions that allow a sexual attack to succeed [7], to go undiscovered or without consequence to the perpetrator and so-called protectors—both people and systems. Vulnerability exists in *relationships*, within social *environments*, and within the *macro* context (i.e., historical, social, political, economic and cultural) [2,7,10,11]. Vulnerability and risk are best conceptualized as four concentric circle, moving from the individual/micro level out to the societal/macro level, with each level interconnected to the other levels.

Relationship-based vulnerability to sexual violence stems from a culture of compliance, whereby assertiveness is thwarted, behavior is managed, compliance is learned, [7,10-12], and people with disabilities are often denied the right to have their own *point of view* [12], heard, respected, and honored. Connected to denial of a point of view, is not being believed when a disclosure of sexual violence is made, especially when the perpetrator is a trusted other [2,7,10-12]. When disbelief is the default response, even if later believed, the damage to the person has already been done, —trusted others cannot be trusted to help. The failure to believe is associated with our *failure to imagine* [12]. Having difficulty imagining that someone would sexually assault a person with a disability increases the likelihood that warning signs will go unnoticed, and reports or discovery of sexual violence victimization will be discounted [7]. *Diagnostic overshadowing* refers to the tendency to see people only through the lens of a person's impairment or disability label [2,13,14]. Every behavior, every symptom, is attributed to the disability diagnosis. The practice of diagnostic overshadowing leads to warning signs of sexual violence being ignored or misattributed, and reports of sexual violence being discounted. Related to the practice of diagnostic overshadowing is the practice of *behavior and injury generalization*, whereby because a person engages in one perceived *disruptive* or *self-injurious* behavior or patterns of behavior, all injuries of an unknown origin are presumed to be the direct result of the known *problematic* behavior [15]. If we cannot imagine people with disabilities being sexually victimized, especially by trusted others, then we cannot possibly begin to create more safety in the lives of people with disabilities.

Vulnerability in environments is associated with the characteristics and qualities of the places where people with disabilities live, learn, work, play, access services, and worship. The role that environment plays in understanding vulnerability receives too little attention. No place is immune from sexual violence being perpetrated within its confines or under its domain. There is always some degree of risk rooted in place. Among the characteristics or qualities of place believed to contribute to increased vulnerability are places where people are socially isolated, segregated, or separated from mainstream society and helping systems; places that group people together with high support needs; and places that teach, reinforce, and require compliance [7,9-11]. Perhaps, the most dangerous characteristic of place are people in positions of power over people with disabilities who *fail to imagine* the possibility that sexual violence could occur under their watch, within the confines of their jurisdiction, or by trusted others within their domain. Even when sexual violence victimization is discovered, reported to the authorities, and investigated, it is too easy to focus on the individual perpetrator, while ignoring the larger context that contributed to the success of the sexual attack [7].

Vulnerability within Society. Very little attention is paid to the societal context that contributes to vulnerability, such as laws, polices, institutional practices, cultural norms, and media influences [2,7,9,10]. Perhaps this is because we live in a very individualistic society, whereby social problems are largely attributed to the failings of the individual, not the result of policy, institutional, structural, or systemic failings. Or, perhaps this is because the causes, —for example *ableism*, seem far removed from the effects, making it is easy to ignore the role of the social, political, economic, policy, and cultural context. Perhaps it is because too few people know or care about how oppression, segregation, and discrimination rooted in ableism, past and present, creates hardships and disadvantages for people with disabilities [2,6,10]. One such societal and culture-based vulnerability is the common practice of directing calls about the sexual victimization of people with disabilities to abuse hotlines, rather than directly to local law enforcement [2]. This practice perpetuates the notion that sexual violence perpetrated against people with disabilities is an *abuse* problem better attended to by state licensing or adult protective systems, rather than responded to as a crime in the criminal justice system, and as sexual violence victimization requiring support through the community-based victim advocacy system.

CONCLUSION

It is essential that we reframe *vulnerability* of people with disabilities to the Socio-Ecological Model way of thinking in order to shatter the dangerous, debilitating, and dehumanizing single story of vulnerability at the intersection of sexual violence and disability. This way of thinking has perpetuated the single solution of protection. In 1995 Dave Hingsburger coined the term *prison of protection***,** explaining that when we see someone as *being vulnerable* because of who they are, we become their protectors [13]. More than two decades later, we still believe that we can protect our way out of the problem. Our public policy approaches focus on regulating so-called safety through states' vulnerable adult statutes and through complex federal-state licensing requirements for disability services providers [2,13]. Protection, in disability world, almost universally focuses on assessing risk, closely watching people and constraining their lives, teaching trusted others how to recognize and report abuse, investigating reportable offences, moving victims or removing offenders, and penalizing service providers—all under the guise of *prevention*. Gatekeepers, from parents to public policy makers, control access to vital information and experiences based upon their own misguided notion of how to best protect people from harm. While well-intended, the outcomes are disastrous for people with disabilities classified as *vulnerable people*, most notably people with IDD. Talking about respectful relationships, within the larger context of sexual health, and about sexual violence does not make people more vulnerable to sexual violence victimization [7]. Not talking about it, or only talking about it in very constrained ways, makes people more vulnerable. In the words of Dr. Nora Baladerian, clinical psychologist with almost 40 working with sexual assault victim/survivors with IDD: "The perpetrator has a plan, but potential victims tend to walk around without a plan and get caught off guard" [15].

When we see v*ulnerability* differently, we will think about *vulnerability* differently, we will define the problem of sexual violence differently, and as result of our new ways of thinking, we will move beyond the single solution of protection. *More of the same will NOT produce a different or better outcome*. We will invest in comprehensive prevention grounded in the public health model of prevention, risk reduction education, and community outreach and education [6,9,16]. At the core of our *solution* transformation must be people with disabilities. It is time that we start investing in people with disabilities to be proactively, meaningfully, and equitably engaged in solutions, rather than treated as passive recipients of so-called protective measures that fail to actually protect.

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