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Behind Locked Doors—Institutional Sexual Abuse

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In exchange for freedom and privacy lost during institutionalization, residents should be provided with reasonable protection from harm. However, the dynamics of institutionalization, factors contributing to sexual abuse, and attitudinal barriers inhibiting the integration of people perceived as disabled, merge to increase the likelihood that sexual abuse will occur in psychiatric hospitals, developmental centers and other places of confinement. Sexual victimization and sexual rights are significant, though largely ignored, disability issues. The vulnerability of institutionalized people labeled mentally ill and developmentally disabled (many of them with histories of abuse) is discussed and recommendations for increased safety offered.

KEY WORDS: handicapped; institutionalization; sex-offenses; abuse; disabled

"Dependence upon the institutions of caring establishes—for millions of people—a condition of fragility against encroachments of power, and benevolence is the mask that hides it. . . . We have traditionally been seduced into supposing that because they represented charity, service professionals could speak for the best interests of their clients. By now we should know better. Power is the natural antagonist of liberty, even if those who exercise power are filled with good intentions."

Ira Glasser, in Doing Good, The Limits of Benevolence, p. 123

Power and its use or abuse are pivotal issues in both sexual assault and institutionalization. Sexual assault dynamics, prevailing attitudes toward people labeled disabled, and the dynamics of institutionalization merge to create an environment where institutionalized citizens are at significant risk for sexual abuse. This article discusses these three areas as they relate to the sexual victimization of institutionalized citizens labeled mentally ill (MI), mentally re-

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tarded and/or developmentally disabled (MR/DD) and suggests recommendations to increase their safety.

SEXUAL ASSAULT DYNAMICS AND THE TRADITIONAL MENTAL HEALTH AND MR/DD SYSTEMS RESPONSE

Sexual assault is motivated primarily by a need for power and control expressed through sexual violence.(1,2) Estimates of child sexual abuse indicate that one in three girls(3) and one in six to ten boys(4) are sexually abused, although researchers generally believe the problem is underreported for both girls and boys. While more reports of economically disadvantaged people may reach the authorities, sexual abuse occurs in all social classes, and racial and ethnic groups.(5) Offenders are usually known to the victim and are primarily male. When males are victims, the assaults are generally same-sex—not homosexual—assaults, perpetrators often have lengthy heterosexual histories; many are married.(4,6)

Offenders choose potential victims who are unlikely to resist or report, increasing the risk of victimization of people perceived as disabled. Increasingly, people labeled disabled are recognized as being at greater risk for sexual victimization than the general population. The California Department of Developmental Services, Office of Human Rights, estimates that 50% to 90% of people with developmental disabilities are sexually abused (cited in Mullins(7)). Brookhouser, Sullivan, Scanlon and Garbarino(8) found sexual abuse of 53 of 55 (96%) of children with hearing impairments, many with multiple handicapping conditions, who were being evaluated and treated at Boys Town’s Center for Abused Handicapped Children. Eighty-one of 100 (81%) psychiatric inpatients reported major physical or sexual abuse prior to institutionalization,(9) while in another sample 51% of 105 women inpatients reported a history of childhood sexual abuse.(10) Emslie and Rosenfeld(11) found a significant rate of incest (38%) among 16 adolescent inpatient girls considered nonpsychotic.

Sexual abuse is recognized as occurring frequently and having the potential for causing serious or long-term problems in many aspects of victims’ lives.(2,5,6,12,13) Relationships between physical abuse and developmental disabilities(14-16) and sexual abuse and mental illness(17-19) are also emerging. Although we do not know exact proportions of people perceived as disabled who are sexually abused, or those who are labeled disabled because they were abused, sexual victimization appears to be a significant disability issue.

However, communication is often lacking between people who can assist in preventing abuse and in meeting the needs of victims labeled MI or MR/DD. Experts in victimology, generally workers in domestic violence or rape crisis