Professional Responsibility: Confronting Sexual Abuse of People with Disabilities

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ABSTRACT: Confronting sexual abuse of people with disabilities has recently become a challenge for health professionals. This paper discusses issues of professional responsibility in three areas; clinical, management, and personal issues. Prevention of sexual assault is seen as a primary professional obligation. An outline is offered for development of a systematic approach to deal with the problems of sexual abuse within an institutional setting.

Health providers are facing a new challenge; confronting the sexual abuse of people with disabilities. Health professionals have a primary responsibility for prevention of sexual assault, reporting cases of abuse and treating those who have been abused. The incidence of sexual abuse can be reduced by putting the spotlight on the problem rather than accepting silence and secrecy.

From 1977 to 1983 the Seattle Rape Relief Disabilities Project and Sexual Assault Center reported over 700 cases of sexual assault involving disabled children and adults. Reyer-son estimates that over 3,500 cases of sexual abuse actually occurred in the Seattle area during this period. A major factor causing low reporting of abuse among the disabled is the relationship between the abuser and the victim. Most sexual abuse is committed by caretakers, people who are known to the victim, seldom by strangers. Fear of retribution then becomes a barrier to reporting abuse.

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Sexual abuse is an issue loaded with conflict and confusion. Loyalty to colleagues may conflict with the professional's responsibility to protect clients. New learning is needed to confront the sexual abuse of people with disabilities. It is necessary to identify the victims, define abuse, delineate ethical issues and develop community and institutional programs to deal with the problem. The purpose of this paper is to assess the health professional's obligations to both patients/clients and colleagues regarding sexual abuse.

**ISSUES FOR PROFESSIONALS**

Issues of professional responsibility fall into 3 categories: clinical, management, and personal issues. Among the clinical issues for the health professional to consider are the needs and characteristics of their client population. Professionals need to recognize and acknowledge that disabled clients are vulnerable to sexual assault. They are less powerful in protecting themselves, more socially isolated, often lacking support networks and friends. They are often dependent upon professionals and other caretakers, which can be a double edged sword. Dependency can put patients in a position where pressure to comply with the demands of authority make them vulnerable to abuse. Some clients lack credibility. People don't believe them.

Disabled children and adolescents receive less basic sex education than their able-bodied peers and are at greater risk for sexual abuse. Many sex educators believe that lack of sex education is an important component in the sex abuse problem. Learning how to talk about sex, acquiring a vocabulary and understanding the concepts of positive sexuality will help individuals to confront, resist and report sexual abuse.

Management issues concern ways of dealing with sexual abuse. Institutional policy is an important consideration in facing sexual assault issues. It is hard to change institutional policies. In the sexual arena traditional policy has been based on respect for privacy. Sex has been seen as a personal matter. Unfortunately, this policy has also promoted the secrecy which allows sexual abuse to flourish, hidden under a rock of silence.