Sexual Assault of the Disabled:  
A Survey of Human Service Providers

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In a culture in which the sexuality of the disabled is largely denied, except to prevent pregnancy, it is impossible to consider the disabled individual as a victim of sexual assault. As we all know by now, however, sexual assault has very little to do with sex. It does have a lot to do with anger, and the opportunity it provides someone who feels weak and powerless to exert power over someone perceived to be even weaker.

A teacher of the deaf, teaching a small class of late adolescent inner city students, talked about sexual abuse and asked if they knew what she meant. They all signed yes. She asked if they knew anyone who had been molested. They all signed yes. She asked if any of them had been molested. Most signed yes. Horrified, she asked her questions again, using different signs. And again they all signed yes to her questions. When she was sure they understood, she asked if they would describe what had happened. Each one in turn told of being molested, of seeing friends molested, by siblings, older relatives and adult friends of the family. Most of their assailants had normal hearing. Clearly, these youths were perceived as easy victims, people who couldn’t tell anyone. For the most part they did not tell. Because of the language barriers to sex education, many of the youngsters who had witnessed and experi-
enced sexual assault did not know it was abuse until that day in class.

As a result of that incident, the New England Sex and Disability Coalition decided to examine the incidence of sexual assault of the disabled in the Boston Area. It was out of such grass-roots efforts that the Task Force on Sexuality and Disability of the American Congress of Rehabilitation Medicine undertook a half day workshop to address the problem.

INFORMAL SURVEY

An informal survey of human service providers was conducted in the Boston area, to get a sense of the size of the problem, to discuss some of the cultural aspects which make this population particularly susceptible and to better understand the psychological circumstances that predispose a disabled person to victimization.

A record of the incidence of sexual assault of people with disabilities was not available from the police, the District Attorney's office, shelters for battered women, agencies serving abused elders, or the State Division of Child Protective Services. The only people who keep any records are the state hospitals for the developmentally disabled who are required by the State Department of Mental Health to provide sex education and to establish protocols for dealing with physical and sexual abuse.

Providers who work with the developmentally disabled state that only a small number of rapes or other assaults were reported. Out of that small group, only a handful of assailants were ever prosecuted. Out of that group only a handful were found guilty. Part of that may stem from the difficulty of clients to provide reliable testimony in court and part may be the public disbelief in the possibility of such abuse.

Comparing the results of the informal survey in Boston with figures from the Seattle Rape Relief Project, Boston appeared to be free of all sin. In Seattle 700 cases of sexual assault of children and adults with developmental disabilities were reported over a seven year period. Where the issue is not addressed, few people bother to report. What is banned in Boston is any discussion of the problem. Even in Seattle, where