Abstract

Handicapped individuals have many obstacles in their lives that often require the assistance of rehabilitation counselors and other rehabilitation agencies. Their handicaps do not set them apart from the rest of the population in that they too may be the victims of sexual assaults. The authors have worked with hundreds of sex offenders and have found that in some cases offenders selected handicapped persons as their victims because they are more vulnerable. The professional who works with handicapped individuals should be sensitive to this issue, and be understanding of the type of life trauma the victim may experience.

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Sexual Assault of Handicapped Individuals

Overview of the Problem

According to national statistics, one out of every three women risks being the victim of a sexual assault during her lifetime, and estimates runs as high as one out of every five children, both male and female, face similar risks. Forcible rape, child molestation and incest are increasing at an alarming rate in our country. Unfortunately handicapped individuals, especially the mentally and emotionally handicapped, are also susceptible to this degrading experience. Shuker (1980) reports that rapist often chose victims because of some "special vulnerability such as youth, old age, physical deformity or handicap." The plight of the victim is often worsened when they are not believed. In the case of an individual suffering from a mental or emotional illness, their report of a sexual assault may be viewed as a "manifestation of their illness" or a contrived story in-order to gain attention.

Clinical Case 1

An elderly woman committed to a State hospital because of her mental illness reported being the victim of a rape. Her story was ignored because it was believed that it was fabricated to help her fulfill unmet needs. Three similar rapes were reported on the hospital grounds before authorities were convinced that maybe there was some truth to the reports.

Individuals suffering from physical and perceptual handicaps are also targeted as victims in sexual assaults. In some instances the individual who is assaulted may still be recovering from a disabling event in their life. One needs to be alert to the complicating factor of a compounded trauma reaction when a handicapped person is raped. (Burgess, Groth, Holmstrom, & Sgroi, 1978).

Clinical Case 2

A seventeen year old young woman, blind from an injury at an early age, was learning to manage some areas of her hometown by herself. One afternoon, as she was near a park area of the town, she was pulled into a wooded area by a man and raped. There was conversation during the assault.

While this woman was believed, it was difficult to prove the assault had occured in the following court trial. The victim was able to make a positive identification through the use of voice tapes and the offender was convicted, (Burgess, Note 1). In other instances the victim may not be able to offer enough evidence for a conviction.

Clinical Case 3

An eighty-four year old woman who was almost totally deaf and blind was raped in her home. Unable to identify the offender by sight or voice, the case was dropped as non-prosecutable (Culton & Moore, Note 2).

A significant number of rapes (47%) occur in outdoor, public locations and 32% occur in or near the victim's home, as in the case mentioned above, according to a rape victimization study (McDermott, 1979). At the time of the assault, the victim is reduced to an object that is the focus of the assailant's anger and aggression. The offender's primary motive at the time of the offense is to meet needs of power and control and to release the rage that has been building inside (Groth, 1979). Despite many types of tactics to deter the assault, once offenders have gained control of the situation, victims often have no choice but to submit to the assault in order to save their own lives.

Clinical Case 4

Brian was twenty-one years old when he was arrested and convicted of sexual battery. His victim was a twenty year old woman who had just recently returned home from a mental health facility. Brian knew she would be an easy target and felt no one would believe her since everyone in the neighborhood knew she was "crazy". During the assault the victim tried to get Brian to stop but he smacked her in the face to force her to be quiet.

There are three ingredients necessary for the offender to commit a sexual assault: (1) the initiative to do the act, (2) the ability to perpetrate the act, and (3) the opportunity. In our work with offenders we found that sexual desire was not an issue in most cases at the time of the offense. The offenders report that the victim could have been anyone and physical appearance was not important. The act is often times impulsive, the opportunity presents itself, and the potential victim looks vulnerable.

Clinical Case 5

Joan is a nineteen year old black female. She had received burns on over 80% of her body as a result of an accident. Her face was badly scarred and she had lost almost total use of one arm. While walking near her home she was picked up by an assailant who forced her into his car, drove her to a secluded area and raped her. (Varnes, Note 3).

Clinical Case 6

Everett is a thirty-two year old white male, blinded in one eye. During the course of his military career he was raped three times while in the Army. He has been raped twice in civilian life. His most recent victimization was when hitchhiking. To conceal his handicap, Everett wears dark glasses. In each assault, the offenders were males. (Culton & Moore, Note 2).

The Child Victim

Many children are also the victims of sexual assault. The handicapped or disabled child is no exception. The child molester is a inadequate personality who turns to children to meet needs of control, acceptance, and to cope with the stress of life. The child molester, like the rapist, looks for the child who is vulnerable. Often handicapped children are unable to join in the neighborhood activities with other children and have to stand on the side-lines and watch. Their need for attention and acceptance after a disabling event may be increased. In many instances, the offender may be an individual known to the family, and may spend a significant amount of time with the child in order to gain the child's trust.

Clinical Case 7

Martin is a ten year old black male child who has been attending a special school for retarded children. One day he was enticed by an older male to go to an abandoned building. He was then forced to undress and submit to anal intercourse. The offender was a teenage boy known to the family, who lived in the neighborhood. (Culton & Moore, Note 3)

Clinical Case 8

John is a forty seven year old single white male interviewed in the prison system. He reports never being involved in a relationship

where he felt adequate with women. His victim was a twelve year old female who suffered from cerebral palsy and severe speech impairments. John was the live-in boyfriend of the victim's mother, and gradually accepted responsiblity for bathing, dressing and assuring that the victim arrived at and returned from school safely. He reported that as he felt more inadequate with the mother, he turned his attentions more toward the victim. He began by fondling the victim during her baths. At some point, he began to perform cunnilingus on his victim. This assault continued for over three months, due primarily to the victim's inability to express to others and her own lack of understanding of what was being done to her. The offender's rationale was that the victim had no peer contacts outside of school, and he was only teaching her about sex.

There are an untold number of cases where the helper has unmet needs and the patient's dependence on others is distorted/manipulated in order to satisfy those unfulfilled desires.

The following reports are three such cases:

Clinical Case 9

Teresa is fifteen years old and lives at a residential home for emotionally/mentally disturbed adolescents. Art is one of her primary caretakers. Teresa displays love and caring only through sexual acts. Art has no girl friends that satisy him and he responds to Teresa's advances. She engaged in various forms of sex with the understanding that Art was her boyfriend/lover. After several months, Art broke off the relationship. Teresa informed other staff of their relationship. Art was terminated but no charges were filed, due to the possibility of detrimental effects on the hospital. It was later discovered that Art had lost two other jobs for the same behavior and is currently employed at another residential community and suspected of similar activities, but has not been caught engaging in these acts.

Clinical Case 10

Jeff is a seventeen year old white male who was a patient interviewed at an adult residential community for the emotionally disturbed/mentally retarded. During the interview he revealed that his compulsive showering and vigorous scrubbing over the past year was an attempt on his part to "wash away" the dirty feelings (guilt and shame) of being anally raped by a staff member.

Clinical Case 11

Dean is a twenty-one year old male who was housed in an institution for the mentally retarded. He complained that a female nurse had forced him to have sex with her. He related that he never told anyone, until after she quit, because he was afraid of what his parents would think. He also was embarrassed and stated that peers laughed at him for not being a man. Why should a man complain about "getting laid?".

With the tendency to misunderstand others acts or intentions, the sex offender may and does utilize this condition as an advantage. Since the victim often views the offender as a helper, there appears to be a lack of awareness that the assault is inappropriate. The emotionally disturbed client may already be experiencing many problems.

To paraphrase Douglas (1980):

"Despite diversity in diagnosis, the disabled client (emotionally disturbed) usually displays the following traits: anxiety, heightened sensitivity, feelings of inadequacy, communication problems, and a tendency to misunderstand others."

These conditions, in conjunction with a sexual assault, only tend to intensify and further complicate the handicapped individuals problems.

Victim Intervention

The professional who works with a client that has been the victim of a sexual assault should understand how this type of traumatic experience can effect the victim's life. As in the case of a physical handicap, victims of a sexual assault face the social stigma of rape and experience anger, guilt and trauma as a result of the assault. The crisis brought about by the attack may impose a crippling, though invisible handicap on the victim, (Carrow, 1980). The psychological response of victims defined as the "rape trauma syndrome" by Burgess and Holmstrom (1974) consists of an acute phase in which victims are disorganized and may experience denial of the incident. Victims initially must deal with the various disruptions in their lives. The second phase, which follows, is one which occurs over time. This is a long term reorganization process in which victims settle the disruption in their lives, and make major life adjustments which may include moving to a new home, selecting a new job, and making new friends. For child victims, support from family members and professional intervention is important, as they may feel a severe amount of guilt, in association with the incident. Children who are victims of incestuous relationships may experience rejection from the other parent and siblings if the parent involved in the incestuous behavior is pulled out of the home environment and/or arrested and subsequently incarcerated. In either case, if the victim of a sexual assault is handicapped, this may increase any existing feelings of inadequacy, lower self esteem and contribute to a poor self concept.

The emotionally and/or mentally handicapped patient must be informed that even though a portion of the act my have been physically pleasurable, the act is a violation of their rights (Geist, Knudson, & Sorenson, 1979). This lack of connection between pleasure and

assault is fully abused by the offender, whether intentional or not. Victims lacking in understanding as to why the assault occured seem to intensify their feelings of guilt and confusion, "How can something that feels good be bad?" In many cases, the victim does not understand why the offender is performing these acts and the victim often feels guilty for engaging in an act in which they had no choice. This tends to increase their feelings of helplessness and decreases their self concepts. This appears common to most victims of sexual assault (Burgess & Holmstrom, 1974).

In an article, "Psychotherapy with Rape Victims", Forman (1980) describes some effective forms of intervention during the five phases of victim response outlined by Rogers (1978). These phases are initial phase, denial, symptom formation, anger and resolution. Handicapped persons who become the victims of a sexual assault have to deal with this trauma and work through the various phases in addition to coping with a disabling condition. The therapist must be sensitive to this situation and be prepared to deal with both of these discontenting areas in the client's life. In the initial phase, victims are in a state of shock and lucky to be alive. Crisis counseling may be an effective form of intervention at this time although not totally adequate. The therapist must try to establish trust and develop a good therapeutic relationship during this phase. Failure to achieve therapeutic relationships while assisting the victims in regaining control over their lives, may detain thereapeutic interaction for a lenghty period of time. the remaining four phases, denial symptom formation, anger and resolution, are similar to the phases the handicapped individual goes through right after the disabling event occurs in their lives.

Burgess, Groth, Holmstrom, and Sgroi (1978), suggest several techniques that may be helpful when working with handicapped individuals who have been sexually assaulted.

1. **Identify the handicap.**
2. **Determine if the handicap will interfere with the interview.**
3. **Assess the impact of the rape on the victim's behavior.**
4. **Proceed with the usual protocol, adapting it to meet the stress level of the victim. Be prepared to take extra time with the victim and the family.**
5. **Be alert to avoid projecting sterotyped labels onto the victim and, instead, carefully observe, assess, and talk with the victim and family in a respectful and kind manner, fully acknowledging the impact of the victimization.**
6. **Record the interview in language that respects the victim and the family but still objectively reports your findings.**

Individuals who have suffered a communicative handicap may require specialized attention, as they tend to experience problems socially and psychologically, as well as experiencing frustration with this type of disability (Torkelson & Lynch, 1979). As mentioned earlier, this type of case is hard to prosecute and the victim may experience a lot of shame, difficulty and insecurity trying to describe the assault.

Sexual assault is an extremely traumtic experience that may effect victims and their lives indefinitely, as in the incidence of an accident or birth deformity that renders an individual handicapped. The professional encountering the handicapped person who has been the victim of a sexual assault has an intense situation to deal with. With a clearer understanding of some of the issues involved in sexual assault, therapists can provide more effective treatment and services to their clients.

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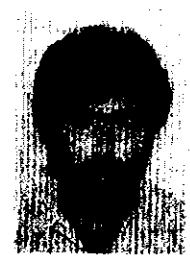

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