

Prevention Strategies, Sexual Assault and Disabilities

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PREVENTION STRATEGIES

Perhaps the most important aspect of addressing sexual assault against **persons with disabilities** is a committed effort to prevent such assaults from occurring in the first place. Rape crisis centers have been leaders in the field of sexual assault prevention for the last several decades. The curriculum and approaches currently used can be adapted to include prevention education to **persons with disabilities**, caregivers, service providers and other professionals

that work with **persons with disabilities**.

Preventing sexual assault must include more than mere avoidance techniques or behavioral changes on the part of potential victims.

Comprehensive prevention of sexual assault incorporates education about gender stereotypes, forms of oppression, social norms, and sexist behaviors and

systems. Educating the community about the roots of sexual violence will provide

tools for individuals to change attitudes and behaviors that will bring about a safer community and ultimately prevent sexual assault.

The following prevention strategies will help rape crisis centers to integrate the issue of sexual assault against **persons with disabilities** into current prevention efforts and expand these efforts to reach a larger segment of the community.

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Including Persons With Disabilities In The Community

An important aspect of preventing sexual assault against **persons with disabilities** is changing the dynamic of isolation that increases their vulnerability

to sexual assault. Sobsey indicates that risk reduction through inclusion, thus changing this dynamic of isolation, occurs in three primary ways". First, when **persons with disabilities** live in homes or family residences, it appears that they

face fewer inherent risks of exposure to perpetrators because they do not live grouped together in residential facilities where perpetrators may gather.

Second, **persons with disabilities** that live in their natural environment are less likely to learn skills that are dysfunctional for personal safety. In institutions and residential facilities, **persons with disabilities** are often taught and rewarded

for compliance because this allows staff to manage residents more effectively. Third, **persons with disabilities** are more likely to learn skills and behaviors that improve their personal safety in natural environments. For example, **persons with disabilities** are more likely to be exposed to models of assertiveness, personal space and boundary setting in natural environments than institutions.

Sobsey argues against institutionalization in particular, but his ideas are applicable to the work of rape crisis centers. Including **persons with disabilities** in prevention education, intervention and other services provided by rape crisis centers is important because it allows **persons with disabilities** to be exposed to models of personal safety and empowerment such as **self-defense** and advocacy.

Incorporating The Issue Of Disabilities Into Existing Prevention Efforts

Rape crisis centers in California already provide rape prevention education in their communities. Existing curricula can be adapted to incorporate

issues of sexual assault against **persons with disabilities** for presentations throughout the community. Whether providing prevention education at schools, juvenile halls, law enforcement, faith-based organizations, or other community agencies, it is essential to incorporate the issue of sexual assault against **persons with disabilities**. Not only will it sensitize the audience to this issue, it will

assist in breaking down many of the attitudinal barriers that contribute to discrimination and violence against **persons with disabilities**. Examples include

discussing the cycle of violence that often leads to disability and results in further

vulnerability to sexual violence. Discussing the prevalence of caregiver abuse can illustrate the fact that most survivors of sexual assault know the perpetrator.

Incorporating aspects of the history of institutionalization and sterilization and how such discrimination leads to isolation and exclusion, can help prevention educators demonstrate the connections between oppression and rape.

Expanding Prevention Efforts

Incorporating information about sexual assault against **persons with disabilities** into existing presentations is important, but prevention education must

also expand its scope to include **persons** with **disabilities** and their service providers as primary audiences.

Sobsey, D., Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance? Baltimore,

MD:

Paul H. Brooks Publishing Co., Inc. 1994,

p.

245.

There are numerous agencies that serve the needs of people with **disabilities** in California; many of them are listed in the Appendix B:

Resources of

this packet. Since many of these agencies provide independent living classes or

life skills training to their clients, they are an excellent place to provide primary prevention education to people with **disabilities**.

Independent Living Centers provide resources, training and information to people with **disabilities** to assist them with living independently in their communities. California Regional Centers provide a variety of services including

assistive technology and life skills training to people with developmental **disabilities**. Other recommendations include:

Contacting local service providers and creating a list of disability rights agencies or agencies that serve **persons** with **disabilities**.

Learning what type of services these agencies provide and discuss what services the rape crisis center provides.

Offering to make presentations in independent living skills classes, resident meetings, seminars or other classes at the agency.

Building collaborative partnerships with such agencies to provide rape prevention education is an excellent means of providing sexual assault prevention to **persons** with **disabilities**.

Intervention And Prevention For Survivors And Perpetrators

Perpetrators of sexual assault against **persons** with **disabilities** are often people they know. Providing rape prevention education to staff and volunteers at

assisted living centers, foster care placements, adult care facilities, day programs, independent living centers, regional centers, disability advocacy agencies and others that serve people with **disabilities** is essential to

preventing sexual violence before it occurs. Many centers provide training to their staff and volunteers on a regular or ongoing basis. Offer to provide rape prevention education and information about rape crisis center services. Developing linkages between rape crisis centers and agencies that care for **persons with disabilities** can create an awareness of sexual violence that can lead to intervention should an assault occur as well as deter perpetrators from committing crimes in the first place.

Unfortunately, revictimization rates for survivors of sexual assault are high. Providing intervention services and prevention education to survivors of sexual assault with **disabilities** can help to prevent survivors from being revictimized. It is worthwhile to contact agencies where known incidents of sexual violence have occurred and offer counseling and prevention education to clients and staff.

Self-Defense

Self-defense courses can provide valuable skills and information to **persons with disabilities**. Self-defense generally involves some physical fighting techniques that must be adapted to the abilities of individuals with **disabilities**. Although this can provide a challenge to instructors if unprepared, prior efforts to learn about the abilities of individuals in a class before it takes place can ensure that the physical techniques are appropriate for participants. For example, knowing ahead of time that participants are likely to use wheelchairs or other

mobility aides can help an instructor to prepare a class that focuses on how to use mobility aides to protect oneself. A walker, cane or crutches can be used to strike the face or other parts of the body or block a perpetrator's path.

Motorized

wheelchairs are very heavy and can injure a perpetrator's instep if run over, whereas a person using a non-motorized wheelchair may have a great deal of upper body strength because of the need to propel the chair; thus, a focus on

physical strike techniques may be appropriate.

Although each individual's abilities may vary, **self-defense** instructors are taught a multitude of physical techniques that may merely need to be adapted for

persons with physical **disabilities** to learn. Instructors should review physical techniques before a class and prepare a presentation that will fit the anticipated

abilities of the participants; however, as with all **self-defense** participants, presentations may need to be adapted on the spot. Multiple sessions are an ideal way to both assess the needs and abilities of participants and provide techniques that are useful and appropriate.

Another vital component of **self-defense** programs is assertiveness training. A basic component of assertiveness training is setting boundaries. It is important to ensure that both verbal and physical methods of assertiveness are taught to ensure that all participants learn techniques they can use. Again, techniques must be adapted to the abilities of each individual, for example, a person who cannot speak may find that creating physical distance or putting up their hand may be a good way to set such boundaries. For others, yelling or other

verbal warnings may be the best techniques.

Assertiveness may have been discouraged for certain participants, particularly those with developmental **disabilities**. Thus, **self-defense** courses for

persons with developmental **disabilities** may need to focus on concepts of personal space and the right to personal safety.

As **self-defense** instructors gain experience in teaching classes to people with **disabilities**, their knowledge and confidence will grow. The skills they already

possess can be easily translated to new groups of participants with preparation and commitment. **Self-defense** is a powerful concept to teach, even more so when teaching it to a group that has been denied access to it for so long.

CALCASA encourages your center to utilize and incorporate the information within this packet in training your staff and volunteers. We also invite

you to share effective strategies or approaches with CALCASA staff for future updates on this subject. By working together, we can enhance our efforts in preventing sexual assault for **persons** with **disabilities**. if you require any technical assistance or would more information on this subject, please feel free to

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contact CALCASA staff at (916) **446-2520** for assistance.

