

Chapter 13

Sexual Abuse Among Individuals With Disabilities

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ABSTRACT

The chapter addresses the concept of sexual abuse among individual with disabilities across lifespan, barriers to reporting of sexual abuse, its impact on the psychological and physical health, characteristics of perpetrators of sexual abuse, importance of family in prevention and protection of individuals with disability.

INTRODUCTION

Defining Sexual Abuse

“Sexual abuse” is addressed by different terms such as “sexual exploitation”, “sexual violence” or “sexual assault”. Different theorists defined it in varied ways. Sexual abuse is referred to as “bad touch with little or no emphasis on the sexual nature of the abuse.” Children may not be aware about that the physical action associated with “bad” touch is bad (Sandra, 1995). Sexual abuse or assault is any unwanted act (verbal and/or physical), which violates a person’s trust and/or safety, and is sexual in nature which includes but is not limited to rape, sexual penetration (digital, penile, or foreign objects), oral / genital contact, indecent exposure for the purpose of sexual gratification of the offender, incest, fondling for the purpose of sexual gratification of the offender, sexual exploitation/manipulation, coercing or forcing someone to participate in, or be exposed to a pornography and/or sexual behavior. (Kaufman et al., 2003). Sexual abuse is similar to sexual assault, but the difference lies in the “pattern” as sexual assault constitutes a single episode whereas sexual abuse is ongoing (Davis, 2009)

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According to World Health Organization (2002), Sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.” Sexual contact becomes assault when a person is unable to consent to an activity, does not consent, and/or when a service provider engages in sexual contact with a client. Adults with disabilities who have been sexually assaulted may have experienced sexual assault/abuse as an adult or they may be adult survivors of childhood sexual abuse.

Child Sexual Abuse

Childhood sexual abuse is a subtype of physical abuse defined as sexual contact between an adult and a child under the age of 18 years of age in which the child is used for sexual gratification. A parental figure who allows sexual contact with a child is also a sexual offender (Green, 1995)

Features that characterize child sexual abuse include:

- Physical force/violence is very rarely used; rather the perpetrator tries to manipulate the child’s trust and hide the abuse.
- The perpetrator is typically a known and trusted caregiver.
- Child sexual abuse often occurs over many weeks or even years.
- The sexual abuse of children frequently occurs as repeated episodes that become more invasive with time. Perpetrators usually engage the child in a gradual process of sexualizing the relationship over time (i.e. grooming).
- Incest/intrafamilial abuse account for about one third of all child sexual abuse cases (WHO, 2003)

Defining Disability

The concept of disability has evolved overtime. It has been viewed from different perspectives and models over the decades. The earliest model of disability to name it, is the “Moral model” which views an impaired body as the result of sins or misdeeds of this or previous life, as a consequence of either one’s own misdeeds or those of close relatives, particularly of the mother.

This model associates a disabled person as a shame to the entire family, outcome of which is hiding of or social ostracism and self-hatred. In India, disability is seen as a result of bad karma (Kaplan, 2000).

The next model to come up is the “Charity or welfare model of disability” which viewed the disabled person as the problem and dependent on the sympathy of others to provide assistance and support, which is still being followed in many of the disability organizations in India even today (World Bank Report, 2007).

“The medical model” views disability as a defect or sickness with bodies that are damaged, broken and being unable to match or fit the norm or ‘ideal’ body type which has to be cured only through medical intervention with focus on repairing the body part to make it fit the prevalent notion of the body in society, often disregarding what disabled persons themselves feel or want. (Khanna et al. 2004)

By mid-1980’s disability right movement shifted its focus from individual impairment and started recognizing disability as a socially created problem and not at all an attribute of an individual. “The social model” makes a distinction between ‘impairment’ and ‘disability’ (Technical Advisory Committee Disability Tax Fairness, 2004). It defines impairment as ‘lacking part or all of a limb or having a

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