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Childhood sexual abuse of people with physical disabilities

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**CHILDHOOD SEXUAL ABUSE
OF PEOPLE WITH PHYSICAL DISABILITIES**

**A Thesis
Presented to
The Faculty of the Department of Occupational Therapy
San Jose State University**

**In Partial Fulfillment
of the Requirements for the Degree
Master of Science**

**by
Kaya Anne Brown
May, 1996**

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APPROVED FOR THE DEPARTMENT OF OCCUPATIONAL THERAPY

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Abstract

CHILDHOOD SEXUAL ABUSE OF PEOPLE WITH DISABILITIES

By Kaya Anne Brown

This study investigated the attitudes and experiences of people with and without physical disability regarding sexuality, especially childhood sexual abuse. The study found a statistically significant relationship between physical disability and childhood sexual abuse ($p = .01$). This relationship was weak ($\Phi = .196$). On a self-administered questionnaire utilizing a scenario approach, 30.5% of 59 respondents with disability reported contact sexual abuse compared to 13.8% of 138 respondents without disability.

More than a third (35.7%) of respondents expressed confusion or doubt that one or more of the scenarios were examples of sexual abuse, including a scenario in which an adult has sexual relations with a disabled child in order to teach the child about sexuality.

Limitations included small, disproportionate sample size, a definition of childhood as 18 years of age or younger, and a definition of sexual abuse that does not control for sibling or peer abuse.

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gentleness and keen perception keeps me strong.

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This paper is dedicated to the memory of my mother, Mildred Smith Brown. Her passion for life and irrepressible humor is her legacy to me and I hope to honor that until the end of my days.

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CHAPTER 1

INTRODUCTION

Statement of Purpose

The purpose of this research was to examine the data from a questionnaire created by Dr. Gordon U. Burton that investigated the attitudes and experiences of people with and without physical disabilities regarding sexuality, especially childhood sexual abuse.

Statement of the Problem

There is controversy in the literature as to whether physical disability itself constitutes a risk factor for childhood sexual abuse. There is little research investigating the sexual abuse experiences of children with physical disabilities compared to research about this phenomenon in the general population. With the exception of Brown (1988), the few articles found in the occupational therapy literature were general in nature and do not include information gained from direct questioning of the disabled population.

No formal studies have investigated attitudes or beliefs in disabled and non-disabled populations that may affect tolerance of sexual maltreatment of disabled children.

There is a need to examine the dimensions of sexual abuse of children with disabilities because there may be a particular vulnerability in this population. Research of

this kind can be the point of departure for prevention efforts.

Research Questions

The research questions examined by this study were:

1. Is there a statistically significant relationship between presence of a physical disability and childhood sexual abuse?
2. Among physically disabled subjects, is there an increased occurrence of childhood sexual abuse when there is moderate to severe language impairment present?
3. Among all subjects, is there an observable association between childhood sexual abuse and medical vulnerability i.e. history of a medical condition or therapy that required consistent disrobement in the presence of others?
4. Among subjects who have not been sexually abused as children, is there an observable association between presence of a physical disability and age of first a) sexual activities, b) sexual intercourse?
5. Among all subjects, is there an observable association between presence of a physical disability and definition of childhood sexual abuse?
6. Among all subjects, is there an observable association between presence of a physical disability and perception that physically disabled children are more vulnerable to childhood sexual abuse than non-disabled children?

Hypothesis

The hypothesis tested for this study was: there is no statistically significant relationship between presence of a physical disability and childhood sexual abuse.

Definitions

Adolescent: This term was used at times to distinguish children 13 years old and older from younger children.

Adult: An adult was defined as a person who is 19 years old or older.

Child: For the purposes of this study, a child was a person who is 18 years or younger (See Appendix A).

Childhood Sexual Abuse\Sexual Abuse: For this study, sexual abuse was defined as an act perpetrated by an adult onto a child. These acts included uncomfortable sexual touch in private places of the body; sexual touch when assisting a child in personal care; sexual relations with a child under the guise of teaching the child about sexuality; forcing a child to have sexual relations. This definition did not specifically include sexual abuse perpetrated by a child or adolescent onto another child, e.g. sibling abuse (See Appendix A).

Degree of Physical Involvement: This was a self-defined choice by the respondent. The physically disabled respondents were asked to indicate level of mobility impairment during childhood. Mild physical disability was defined as little or no limitation in any extremity.

Moderate involvement was defined as the lower extremity affected with ambulation possible. This category also included people who used a wheelchair and had good upper body use. Moderately severe disability was defined as wheelchair dependency with some upper body limitation. Severe disability was defined as the limbs and neck being severely affected (See Appendix A).

Degree of Speech Involvement: This was a self-defined choice by the respondent. The physically disabled respondents were asked to indicate level of speech impairment during childhood. Mild or no speech limitation was defined as speech being mildly affected or not at all affected. The moderate category included those whose speech was moderately affected. The severe category included those whose speech was severely affected and those who were unable to speak (See Appendix A).

Inclusive Definition of Sexual Abuse: For this study, respondents were surveyed regarding five scenarios of sexual encounter and were asked to decide if each scenario respectively was an example of sexual abuse. Those who answered that all of the scenarios presented were examples of abuse were considered to have an inclusive (or broad) definition of sexual abuse.

Limited Definition of Sexual Abuse: If a respondent answered "no" or "I don't know" when asked if any one of the five scenarios were examples of abuse, then that

respondent was considered to have a limited definition of sexual abuse.

Medically Vulnerable: All subjects who reported having had therapy or a medical condition that required them to consistently disrobe in the presence of others were considered to be medically vulnerable.

Non-disabled: This was a self-defined choice by the respondent and was determined by whether or not the respondent reported physical limitations and/or language impairment.

Physical Disability: Conditions included cerebral palsy, spina bifida, spinal cord injury and others. These conditions may or may not have included language impairment. The sample reflected a number of individuals with cerebral palsy due to the agencies through which the surveys were distributed. Only respondents disabled on or before the ninth year of life were included in this study (See Appendix A).

Sexual Activities: For this study, sexual activities were defined as masturbation and sensual exploration (See Appendix A).

Sexual Intercourse: For this study, sexual intercourse included genital, oral, anal, and other forms of coitus (See Appendix A).

Significance of the Study

Occupational therapists are often in the position of working with people who have been disabled since childhood. If the prevalence of sexual abuse is even moderately comparable to that of the general population, it is probable that they are commonly working with survivors who are currently being or have been sexually abused in the past. It is important that they be aware of the special circumstances that may make their clients with disabilities uniquely vulnerable. It is an ethical imperative that all health professionals mitigate their role in reinforcing harmful attitudes that may make people with disabilities more vulnerable to sexual abuse (Burton & Umphred, in press; Fifield, 1986). Also, occupational therapists may be called upon to serve as expert witnesses in cases of child abuse (Semmler, 1983) or they may be part of a team that seeks to prevent or respond to sexual abuse (Brucki, 1986; Farrell; 1989; Wright, 1981).

The findings of this study should contribute to the literature in this field and to the effort of people with disabilities, and their allies, to prevent sexual abuse.

Assumptions

Assumptions held for this study were that:

1. Participants would respond as truthfully and completely as possible.
2. Participants would remember sexual abuse and other

sexual experiences and that if they did not remember these, they would report that they did not remember rather than reporting that these things did not happen to them.

3. Participants would complete the questionnaire without coercion or fear of retribution from those upon whom they were dependent or to whom they felt vulnerable.

4. Respondents would have the appropriate cognitive functioning to understand what was being asked of them and that they would respond with their own personal experiences and opinions.

5. Each questionnaire reflected the experiences of one person.

6. If the respondent was assisted to fill out the questionnaire, the nature of the assistance provided would not interfere with the respondent expressing his or her own opinion and experiences, unless the respondent indicated otherwise (See Appendix A, Questionnaire Item 27).

Limitations

There were a number of limitations to this study. There was a disproportionate difference between sample sizes as 59 disabled and 138 non-disabled participants were included in the study. Also, the disabled sample size was small when compared to the number of subjects included in the literature investigating prevalence of sexual abuse in the general population. In those studies, sample sizes often numbered in the upper hundreds.

Furthermore, the samples were not as comparable as was optimal. Originally, the questionnaire was to be distributed to university students who were disabled and non-disabled. All of the non-disabled subjects were university students. However, few questionnaires were returned from university students who were disabled, so outreach into the disabled community was attempted through community resource organizations. This procedure increased the number of questionnaires completed and returned from people with disability, but may have diminished the similarity of the two samples.

The author of the present study was required to rely on representatives of community organizations to distribute the questionnaire, therefore no guarantee of consistent sampling procedures could be made. Instructions to representatives were consistent, but follow-through could not be assured (See Chapter 3 for details).

The study was further limited by a narrow cross section of the population in both samples. Responses may not have represented the attitudes, experiences, or knowledge about these issues that a study representing a broader socioeconomic range of both populations might have shown.

A problem with validity was found in the derivation of the variable Non-Sexually Abused. This category included respondents who indicated that they had not experienced any

of the five sexual abuse scenarios presented on the questionnaire, and those who were not sure. Respondents who were unsure might have been sexually abused, but were counted in this study as not sexually abused (See Chapter 3 for details).

The instrument was also limited in that the specific disabilities of the sample were not requested. In lieu of this, respondents who considered themselves to be physically disabled were requested to describe their degree of mobility impairment. This might have compromised the certainty that the sample of physically disabled respondents was undiluted (See Appendix A, Questionnaire Items 2 through 4).

Furthermore, a conceptual flaw in the instrument was found in the fact that the questionnaire defined the term "child" as a person 18 years or younger. This combined the childhood stages of sexual development with the adolescent stages. Respondents may have had different responses on the questions regarding what constitutes sexual abuse had these stages been separated.

CHAPTER 2

REVIEW OF THE LITERATURE

This chapter first reviews the history and current status of general research in the areas of sexual abuse and disability. Secondly, a frame of reference is proposed to organize the complexities of the issues. Finally, the risk factors that make people with disabilities uniquely vulnerable to sexual abuse are delineated and discussed based on a distillation of relevant literature. The risk factors are grouped into two sections: the child at risk and the environment of the child with disability.

Prevalence Research

The field of research on child abuse is comparatively young. Studies were found scattered among the medical literature as early as the late 1920's (Hamilton, 1929). In the early 1960's, Kempe (1962) coined the phrase "the battered child syndrome," focusing the concern of the medical community on the physical abuse of children. However, it was not until the late 1970's that national attention was drawn to the area of sexual abuse of children.

Since the 1970's, a wealth of literature has produced conflicting statistics on prevalence of sexual abuse in the general population. This estimate varies from 6% to 62% for females and from 3% to 31% for males (Peters, Watt & Finkelhor, 1986; Starr, Dubowitz & Bush, 1990)). These and

other authors have investigated the variation and cite several factors that may in part account for the differences. For instance, methodology of research and definitions of sexual abuse vary widely from study to study.

Wyatt and Peters (1986a, 1986b) discussed this variation with an analysis of four major studies. Finkelhor (1979) found a prevalence of sexual abuse in 19% of a sample of 796 New England university students and 15% in a later study of 521 parents in Boston (Finkelhor, 1984). Russell (1983) found a prevalence rate of 54% in a San Francisco sample of 930 women. Watt (1985) found a prevalence of 62% in her sample of 248 women in Los Angeles. Wyatt and Peters (1986a) recalculated the data based on matching definitions across the four studies to a more restrictive, contact only definition. The prevalence rate only dropped 14%.

Wyatt and Peters (1986a) postulated that the most significant factors that account for the wide discrepancy in the numbers were associated with the method of data collection. Face to face interviews revealed higher prevalence versus self-administered questionnaires. Also, higher prevalence rates were obtained when inquiries were very specific including clear examples of the kind of behavior in question and leaving little retrospective guesswork for the respondent (Wyatt & Peters, 1986b).

Much of the investigation of prevalence in the general population has been fraught with inconsistency in design and definition. These problems were compounded in the literature examining abuse of the disabled. Results varied widely depending on a constellation of factors, including the definitions of abuse (by age of child and perpetrator as well as the act itself), severity and type of disability, as well as differences in research methodology. These were often poorly defined and seriously limited the generalizability of the studies (Ammerman, 1990; Garbarino, 1987; Sobsey, 1988; White, Benedict, Wulff & Kelley, 1987). Some authors suggested that the methodological shortcomings of the research are so severe that the literature is simply inconclusive as to whether disability is a risk factor for child abuse (Starr, Dietrich, Fischhoff, Ceresnie & Zweier, 1984). Newer research, however, showed a general trend supporting the hypothesis that the risk of sexual abuse is at least the same for people with physical disabilities as for the general population, and probably higher, although the circumstances and characteristics surrounding the abuse may be unique.

Factors Impeding Research

A major impediment to gathering data on the topic of sexual abuse is that a great many cases of sexual abuse go unreported in both the general population (Brucki, 1986; McPherson & Garcia, 1983, Waterman & Lusk, 1986) and in the

disabled population (Corin, 1986; Krents, Schulman & Brenner, 1987; Ryerson, 1981). The reporting rate is especially low for people with disabilities. Sobsey and Varnhagen (1988/1991) surveyed a large sample of North American community service providers in the fields of sexual abuse and/or disability. They reported that 80% of 90 cases of sexual abuse of the disabled known to their sample never resulted in official charges primarily due to the lack of reporting on the part of the person with a disability. Another 22% were not prosecuted as the victim was deemed not to be a credible witness. Many researchers discuss the fact that when a disabled person succeeds in reporting the crime despite the many physical and attitudinal barriers, it is likely that the person will not be believed (Cole, 1986; Stuart & Stuart, 1981; Zantal-Weiner, 1987).

Another hindrance to collecting data on incidence and prevalence is the fact that systematic reporting of special characteristics of abused or neglected children, such as disability, varies widely from state to state with little precision or clear definitions (Camblin, 1982). Few state and local agencies such as Child Protective Services record these statistics (Cohen & Warren, 1990; Corin, 1986).

General Research on Sexual Abuse and Disabled Children

The research literature is substantial with regard to the increased risk of sexual abuse of people with cognitive

disabilities (Sobsey, Wells, Pyper, & Reimer-Heck, 1991). Increased risk in the developmentally delayed population has also been well established, including one study spanning seven years (Seattle Rape Relief, 1991). However, this diagnosis is often an umbrella term that includes people with both physical and cognitive disabilities and is inconclusive as to the risk physical disability itself poses. However, when frequently referenced authors in the field discuss risk of sexual abuse to people with disabilities, it is often this literature to which they refer (Berkman, 1986; Corin, 1986; Morgan, 1987; Soeffling, 1975; Watson, 1984; Zirpoli, 1986). In one study that distinguished the two populations, Sobsey and Varnhagen (1988/1991) found that 67% of the sexually abused, disabled adults and children known to their sample of experts and community service providers were intellectually impaired and 18% were physically disabled.

Much of the existing research literature does not directly focus on children with physical disabilities, but includes broader categories of disabled populations including adults and children with various types of disability. For instance, Ammerman and colleagues (1989) found sexual abuse in 36% of 150 psychiatrically hospitalized, multihandicapped children. This abuse was severe, and perpetrated primarily on female children by multiple assailants.

The University of Alberta Abuse and Disabilities Project, a comprehensive study spanning 4 years, from 1989 to 1991, was funded by the Family Violence Prevention Division of Health and Welfare Canada (Sobsey, 1989; Sobsey, Mansell & Wells, 1991). Phase one included a review of the literature and analysis of case reports. Based on this, the authors reported a rough estimate that people with disabilities are 150% more likely to be sexually abused than non-disabled people.

In another Canadian study, Doucette (1986) surveyed 30 disabled female delegates to the provincial conference of the Dis/Abled Women's Network (DAWN), an advocacy and support organization. She also surveyed 32 non-disabled female attendees of a women's sexuality conference. She found that 47% of the women with disability compared to 34% of women without disability were sexually abused as girls. Samples were self-selected. The disabled sample included women with a variety of disabilities, some who were not disabled at the time of abuse and some who were disabled by the abuse.

This study also examined medical assault. Results indicated that 13% of the women with disability and 9% of the women without disability had been sexually abused during a medical examination. In yet another Canadian study by members of DAWN-Toronto, Stimpson and Best (1991) used taped interviews and a self-administered questionnaire to

investigate the experiences of 85 disabled women from urban and rural Ontario. Asked if they had been victims of violence, 73% of the women answered affirmatively and 96.5% of these respondents described this violence as sexual. In this study, age of the victim at the time of assault was not elicited. Respondents were given "Yes/No" choices and no "Unsure" option was available.

Research on sexual abuse is difficult to find as it is sometimes included but not the main focus of research on people with physical disability. For instance, Brown (1988), using an interview format, found sexual abuse experiences in 19% of a small sample of 26 adults with congenital disabilities. Little is known about the circumstances of this abuse because the study had a broader focus.

Two landmark studies in the general area of abuse and/neglect of children with cerebral palsy (Diamond & Jaudes, 1983; Jaudes & Diamond, 1985) found that children with this disability were significantly at risk for abuse and neglect. In the 1985 study, 2% of their small sample of hospitalized children had been sexually abused post-onset of Cerebral Palsy. This was discovered by physical clinical evidence and therefore includes only contact sexual abuse that left conclusive clinical evidence. When the lack of clinical evidence, the youth of the subjects (median age 4), and under-reporting rates are considered together, this

estimate must be considered low.

In two separate studies, Sobsey and Varnhagen (1988/1991) surveyed a total of 107 agencies all over Canada and parts of the United States dealing directly or indirectly with sexual abuse and/or Disability. They surveyed experts and service providers working in these community agencies dealing with prevention or consequences of sexual assault. All of the experts who responded were unanimous in their belief that people with disability were more at risk for sexual abuse than their non-disabled counterparts.

Frame of Reference

The literature enumerates hypotheses and suggestions as to why people with disabilities may be especially at risk. These must be understood within an organizing frame of reference in order to reflect the true complexity of the phenomenon. This study conceptualizes the topic of sexual abuse and disability within the person-environment-performance and developmental frames of reference.

The developmental frame of reference is foundational for occupational therapists in their work with children and adolescents. It is necessary to have a thorough background in normal development in order to evaluate and help remediate challenges such as disability, or sexual abuse, that may interrupt or change the course of typical development. Llorens (1976) expressed the developmental

frame of reference as it relates to occupational therapy:

"The human organism develops simultaneously in the areas of neurophysiological, physical, psychosocial and psychodynamic growth, and in the development of social language, daily living, sociocultural, and intellectual skills during the life span. As the human organism ages, it develops chronologically in each of these areas as well. Mastery of particular skills, abilities and relationships in each of these areas, both simultaneously and chronologically, is expected for successful achievement of satisfactory coping behavior and satisfactory adaptive relationships" (Llorens, 1976).

The person-environment-performance frame of reference as outlined by Christiansen (1991) presents a synthesis and expansion of general systems theory (adapted for occupational therapy) and the occupational performance frame of reference (Hopkins, 1988). This approach is well integrated with the developmental frame of reference (Llorens, 1991). In this conceptualization, the human being and all that makes up a human being, are parts of an integrated whole. This whole is more than the sum of its parts and cannot be reduced to its parts. Change on any level of the system affects the functioning of the whole. The human being can be thought of as a whole nested within larger wholes that are profoundly interconnected with one another. These systems as they relate to human beings are

open, living systems in which there is a constant flow of input, throughput, adaptive output and feedback. These systems are hierarchically arranged and interdependent (Christiansen, 1991). Thus, it is understood that no person or event exists in isolation. The phenomenon of the sexual abuse of children with physical disabilities must be considered within a matrix of variables that probably do not lend themselves to simple, linear cause and effect analysis. The interaction of the larger cultural milieu, the legal and governmental system, service systems for the disabled, the family system as well as the child as a system, must all be considered in the study of childhood sexual abuse.

The Child at Risk

Some of the literature attempted to describe the special characteristics of the disabled child that may figure into the risk factor for sexual exploitation. In the general population, sexual abuse very often happens with the same or multiple perpetrators over a period of years. The majority occur between 8 and 12 years of age and the risk decreases as the person reaches middle adolescence (Finkelhor, 1984). Some authors suggested that the risk does not decrease with age for people with disabilities (Glaser & Bentovim, 1979; Sobsey & Varnhagen, 1991).

Risk Factor: Bonding Deficits

Disabled, abused children are considerably over-represented in foster care and other institutions (Ammerman, Van Hasselt, Hersen, McConigle & Lubetsky, 1989; Barsh, Moore & Hamerlynck, 1983). In site visits and using a 1980 survey of child welfare institutions across 48 states, Rindfleisch and Rabb (1984) found that the rate of child abuse reports for residents of these institutions was twice the rate reported for families. The authors suggested that this estimate was low, citing a tendency of reporters to note only more serious offenses.

A variety of researchers in the field postulate that there is a protective and inhibitive factor in stable parent/child bonding that may partially explain why children living in institutions and multiple foster homes are considered more at risk for physical and sexual abuse (Conte & Schuerman, 1987; Finkelhor & Baron, 1986; Garbarino, 1987; Gordon, 1989; Jaudes & Diamond, 1985; Rindfleisch & Rabb, 1984; Whittaker, 1987).

Furthermore, the literature cites premature and low-birth-weight babies as particularly at risk for abuse in general (Johnson & Morse, 1968; Trout, 1983; White, et al., 1986). Several writers have suggested that this is in part due to bonding deficits between parents and children with congenital illnesses and disabilities (Tyler & Kogan, 1977; Zirpoli & Bell, 1987).

Risk Factor: Physical Challenge

Many writers outline the hypothesis that children with disabilities are more at risk for abuse as a direct effect of their physical challenges. Some have suggested that the disabled child's inability to physically defend his or herself, or run away, put disabled children at extreme risk (Burton & Umphred, in press; Rinear, 1985; Sobsey & Varnhagen, 1988/1991; Zantal-Weiner, 1987). However, in the research on children under 12 that does not control for disability, these factors do not play a strong role in prevention as most children can be physically over-powered and are usually psychologically coerced (Finkelhor, 1986).

This may, however, partially explain why the risk decreases for non-disabled adolescents yet remains consistent for disabled persons throughout adolescence. Older disabled children and adolescents continue to have difficulty physically defending themselves. It is important to note that a danger lies in the notion that people with physical disabilities are helpless to defend themselves. There are many degrees of disability and much resourcefulness on the part of disabled people of all ages. One anthology of women's successful self-defense stories includes several stories by disabled women who warded off attackers with ingenuity and knowledge of their own strengths (Caignon & Groves, 1987).

According to one major sourcebook dealing with sexual

abuse prevention, the child's ability to confide and tell someone about the abuse is cited as paramount to prevention and often stops the abuse from continuing (Finkelhor, 1986). Physically disabled children may be impeded in their ability to tell others about inappropriate sexual experiences due to physical challenges. This, coupled with the likely possibility that others may be unwilling to listen and believe, constitutes a risk factor.

Risk Factor: Language Impairment

Not surprisingly, in light of Finkelhor's study (1986), language impairment is considered a major risk factor as disabled children may have difficulty communicating their experiences. Communication impairments were cited by 11% of service providers as contributing to sexual abuse according to the Sobsey and Varnhagen study (1988/1991).

Brown's (1986) subjects who were sexually abused described great difficulty in telling others about the incident especially when communication impairment was a factor. Many studies enumerated the frustrated attempts of disabled persons to procure services related to the abuse as a result of their speech impairments (Aiello, Capkin, & Catania, 1983; Doucette, 1986; Sobsey & Varnhagen, 1991, Sobsey, Mansell & Wells, 1991; Stimpson & Best, 1991; Stuart & Stuart, 1981).

The research suggested that many young children do not

have the vocabulary to express appropriate nor inappropriate sexual acts, and that this is an important issue to address in prevention programs (Finkelhor, 1986). Children and adolescents with disability do not generally learn the words or signs for positive sexual experiences, nor those describing traumagenic sexualizing experiences (Finkelhor & Browne, 1983) until much later in life than those without disability (Ziff, 1986). Communication boards rarely include pictures, symbols, or words related to sexuality. One study found that children with severe speech challenges rarely initiate conversation even when given ample opportunity during verbal interaction with primary caretakers. In fact, they tend not to speak unless they are obligated to do so (Light, Collier & Parnes, 1985).

These factors, combined with any fear imposed by the perpetrator, bewilderment, or self-blame, makes the odds unfavorable that information about sexual abuse would be easily discovered in cases where the child has a significant language impairment.

Risk Factor: Learned Helplessness

Many authors cite a problem with learned helplessness among congenitally disabled people. It's contribution to risk for sexual abuse is frequently discussed and often assumed (Berkman, 1986; Cole, 1986; Davis, 1985; Longo & Gochenour, 1981). Indeed, it has been illustrated in research on this phenomenon in general that prolonged

dependency with little control over events related to one's daily life, can contribute significantly to learned helplessness (Kelley, 1986; Mal, Tain & Yadev, 1981). This would seem to describe the situation in which many disabled children find themselves. However, there are many degrees and types of physical disability. Simplistic stereotypes do not do justice to the resourcefulness that can develop over years of living with a disability.

The research suggested that learned helplessness is an attitude that is reinforced in the effort to provide services for many disabled children. They are taught by various professionals to be passive and responsive to the direction of others even if what is being done is painful, uncomfortable and/or confusing (Burton & Umphred, in press; Cole, 1986). The child who has been taught in this manner may be compliant with sexual molestation to a greater degree than children without disabilities (Burton & Umphred, in press; Sobsey & Varnhagen, 1988/1991).

The lack of respect for privacy and modesty on the part of physicians, therapists and other health professionals may also contribute to under-development of personal boundaries and a habit of mental/physical disassociation in their clients (Fifield, 1986; Thornton, 1981). This is of relevant concern to pediatric occupational therapists who may unwittingly reinforce this dynamic during therapy sessions.

The Environment of the Disabled Child

Characteristics of the disabled child, especially qualities of interpersonal interaction, that may play into the special vulnerability of disabled children have thus far been described. Characteristics of the context in which the disabled person interacts is equally important to consider as the developmental and general systems framework makes clear.

Risk Factor: Emphasis on Compliance

A factor related to learned helplessness concerns the emphasis, or overemphasis, on compliance training in special education circles. Sobsey and Varnhagen (1988/1991) surveyed service providers who work with disability and/or sexual assault. Asked how disability contributed to the incidents of victimization, 24% of these experts commented that overcompliance as a result of the current special education focus was a major factor. Respondents suggested assertiveness training would be helpful in decreasing abuse.

Illustrating this detrimental dynamic, one disabled survivor of sexual abuse was asked by a judge why she did not flee or call for help. The victim said simply that the staff person abusing her had told her to stay and be quiet.

Risk Factor: Lack of Appropriate Sex Education

It appears that by the time people with early onset and congenital disability reach college, they have caught

up with their non-disabled peers with regard to sexual knowledge (DeHann & Wallender, 1988). However, much of the literature supported the observation that children with congenital physical disabilities learn about appropriate sexuality, and certainly sexual exploitation, later and in a different manner, than children in the general population (Beckmann, Gittler, Barzansky & Beckmann, 1989; Brown, 1988; Cole, 1986; Cornelius, Chipouras, Makas & Daniels, 1982; Dorner, 1977; Evans & Conine, 1985; MacDougall & Morin, 1979). This may affect the disabled child's ability to judge a situation as inappropriate (Demetral, 1981; Krents, Brenner & Schulman, 1987; Worthington, 1984; Zantal-Weiner, 1987) and it may decrease the possibility that the child will report the abuse to a third party or tell the perpetrator to stop. In fact, 35% of the service providers in the Sobsey and Varnhagen study (1988/1991) believed that sexual abuse was associated with lack of knowledge of appropriate sexual behaviors and/or poor judgment on the part of the person with a disability.

Sobsey, Mansell and Wells (1991) concluded from a survey of 112 disabled and non-disabled experts in the fields of sexual abuse and/or disability that lack of sex education leaves the disabled individual vulnerable to rationalizations of "sex education" by perpetrators. They found cases in which offenders justified sexual abuse as an attempt to teach disabled victims about sexuality. This

kind of rationalization is used by perpetrators to coerce non-disabled victims as well (Marshall & Barret, 1990).

Several researchers conclude that an effective sexual abuse prevention program would include social skills training for sexual situations, assertiveness training, choice making, privacy rights education, as well as specific prevention and response strategies appropriately tailored to the cognitive, language and mobility skills of the student (Sobsey, Mansell & Wells, 1991; Stimpson & Best, 1991). One research group has suggested that training disabled children at young ages to appropriately interact with attendants and personal care assistants would be useful in preventing abuse (Aiello, Capkin & Catania, 1983).

Risk Factor: Service Providing System

Throughout the life span, many disabled people, even those who are not in foster care or institutions, are often in physically intimate contact with personal caretakers for a prolonged period of time. These are a whole class of people that may not have the aforementioned protective and inhibiting bonds with their clients.

Several authors suggested that offenders select into the service-providing system. This increases risk of exploitation for people who must depend on that system for housing, transportation, communication, and personal care (Longo & Gochenour, 1981; Sobsey, 1989). Furthermore, there

is accumulating evidence and concern that a great deal of sexual abuse of people with disabilities takes place by disability service providers. This may be up to 60% for persons with severe disabilities (Sobsey, 1989).

Furthermore, 80 to 99% of assailants are known to the disabled people they assault (Aiello, Capkin & Catania, 1983; Krents, Brenner & Schulman, 1989; Ryerson, 1988). Cupoli and Sewell (1988) found that only 14% of perpetrators are strangers to the sexual abuse survivor in the general population.

The community service provider survey by Sobsey & Varnhagen (1991) reported that sexual abuse of disabled children under 12 is perpetrated by family members (44%) and disability-based service providers (19%). Adolescents, 13 to 17 years of age, were abused by disability service providers (25%) and neighbors/friends (19%).

Risk Factor: Perceived Powerlessness

Sobsey (1989) stated that "perceived vulnerability increases actual vulnerability." When individuals with disabilities are perceived as powerless, they become more likely to be assaulted. Sexual assault, although it has a clear sexualizing element, is not based necessarily on sexual desire (Finkelhor, 1984). Longo and Gochenour (1981), in their work with offenders who have assaulted disabled individuals, found that this kind of abuse is often motivated by dysfunctional power dynamics and the

assailants desire for control. Other researchers and writers regarding sexual abuse of the disabled concur (Aiello, Capkin & Catania, 1983; Cole, 1986; Finkelhor, 1984; Stuart & Stuart, 1981).

Risk Factor: Lack of Credibility

Lack of credibility is one of the major risk factors associated with sexual abuse, for people without apparent disability and especially for people with disabilities. Harmful stereotypic attitudes and shortage of informed service providers can present major barriers to accessing services. Ryerson (1981) has suggested that only 20% of sexual abuse cases involving disabled people are ever reported to police. In the Sobsey and Varnhagen (1988/1991) survey of service providers in the field of sexual abuse and/or disability, they found that 80% of ninety cases of sexual abuse involving a disabled victim never resulted in official charges primarily due to the lack of reporting on the part of the person with a disability.

When people with disabilities do manage to overcome the barriers to reporting sexual abuse, they are often not believed by authorities (Cole, 1986; Stuart & Stuart, 1981; Zantal-Weiner, 1987). Sobsey and Varnhagen (1988/1991) reported that 22% of reported cases of sexual abuse of the disabled were never prosecuted as the victim was deemed not to be a credible witness. Stimpson and Best's (1991) study revealed that 14% of their sample of disabled women who had

been abused reported that legal charges were brought against the perpetrators, 8% of the cases went to court and 6% resulted in conviction. Sobsey (1988) reported that only 10% of sexual abuse cases against disabled people result in conviction. In fact, one disabled survivor of sexual abuse with cerebral palsy was scolded by a judge in open court as he believed her speech impairment to be insolence (Sobsey & Varnhagen, 1988/1991).

The campaign of people with disabilities for fair access, only recently gaining public attention through passage of the American Disabilities Act, has a facet not often discussed in public media. Very real physical and attitudinal barriers keep people with disabilities isolated and without voice, and therefore at high risk for sexual abuse.

Risk Factor: Myths and Stereotypes

In order to remediate risk of sexual abuse for people with disabilities, a realistic assessment must be made of their true vulnerabilities and potential strengths. Much of the literature discussed myths and stereotypes which increase vulnerability and impede appropriate prevention and treatment services (Sobsey, Mansell & Wells, 1991). Based on myths and stereotypes, disabled people have been persecuted, often violently, throughout history (Morgan, 1987).

Both well-meaning people and perpetrators may see

people with disabilities as dependent, helpless, asexual, non-credible, and therefore easy to abuse. (Aiello, Capkin & Catania, 1983; Chandani, McKenna & Maas, 1989; Corin, 1986; Morgan, 1987; Seattle Rape Relief, 1991; Sobsey, Mansell & Wells, 1991; Stimpson & Best, 1991). On the other hand, it is sometimes assumed that disabled children must be protected by "somebody" because of this special need for help.

Dependency

While it is true that many disabled people are highly dependent on others, which may leave them vulnerable for a prolonged period of time, this dependency can develop into a strength that may actually help diminish potential for exploitation. Studies indicated that by the time people with disabilities reach young adulthood, they are often as assertive and as likely to be operating from an internal locus of control as their non-disabled peers. This may be due to a lifelong requirement to be resourceful about their special needs (Brown, 1988; Gambrill, Florian & Splaver, 1986).

Cobb and Hancock (1984) discussed the possibility that traditional theories of development may not be fully applicable to the healthy psychosocial growth of the congenitally disabled child. They cite a study which utilized measures of dependency and achievement needs from the Thematic Apperception Test. The study (Mussen & Newman,

1958) compared norms with scores of 7 to 14 year old children with polio myelitis, cerebral palsy or muscular dystrophy. They found that well-adjusted disabled children had high dependency needs compared to disabled children with strong achievement needs. It is possible that children with disabilities "develop according to a healthy logic of their own" (Gliedman & Roth, 1980, p.58). This creativity on the part of children with disabilities can be recognized and encouraged by professionals and caretakers in order to help prevent sexual abuse.

Vulnerability

While it may be true that a disabled person may be more at risk for abuse, the fact of disability does not imply helplessness, contrary to the image of many perpetrators. Anecdotal research illustrates that given training and determination in concert with developed ingenuity, people with disabilities are capable of proactive self-defense (Aiello, Capkin & Catania, 1983; Caignon & Groves, 1987; Corin, 1986; Longo & Gochenour; Stuart & Stuart, 1981). Development of self-defense skills can begin in childhood with sound information, social skills training and building appropriate prevention and response strategies.

Sexuality

The myth of the disabled person as asexual increases the risk of abuse by negating the need for sex education

and sex abuse prevention efforts. The asexuality of the disabled person is a myth that is thoroughly debunked in the literature (Cornelius, Chipouras, Makas & Daniels, 1982).

Summary

The person-environment-performance and developmental frames of reference were employed throughout the study in order to organize and consider the complexities of this issue in a cohesive manner. As Garbarino (1987) stated, a multifactorial analysis is required when looking at the sexual abuse of disabled children and it is important to determine the cultural expectations and beliefs associated with violence, sexuality and disability in order to fairly assess the situation. Some of the risk factors that may put children with disabilities uniquely at risk are present in the environment or cultural milieu of the disabled child. These include numerous myths and stereotypes held by society regarding disability, corruption in the service-providing system, lack of credibility afforded disabled persons as witness or victim of abuse, perception of the disabled as powerless, as well as lack of appropriate sex education and overemphasis on compliance in educational settings. Risk factors that present as a characteristic of the child include possible difficulty bonding with caretakers for various reasons, learned helplessness, physical challenge itself and language impairment.

This work to empower people with disability against sexual exploitation can begin in childhood when many of the risk factors begin to develop and to affect the disabled person. Occupational therapists working with children and adult survivors can be allies in this process of empowerment given awareness and sensitivity to the how these risk factors unfold.

CHAPTER THREE

RESEARCH METHODOLOGY

This retrospective study, using survey methodology, examined the data from a questionnaire (See Appendix A) that investigated the attitudes and experiences of people with and without physical disability regarding sexuality, especially childhood sexual abuse. This method was chosen in order to gather information from a variety of subjects in an efficient and confidential manner.

Research Questions

The research questions examined by this study were:

1. Is there a statistically significant relationship between presence of a physical disability and childhood sexual abuse?
2. Among physically disabled subjects, is there an increased occurrence of childhood sexual abuse when there is presence of moderate to severe language impairment?
3. Among all subjects, is there an observable association between childhood sexual abuse and medical vulnerability i.e. history of a medical condition or therapy that required consistent disrobement in the presence of others?
4. Among subjects who have not been sexually abused as children, is there an observable association between presence of a physical disability and age of first a) sexual activities, b) sexual intercourse?
5. Among all subjects, is there an observable association

between presence of a physical disability and definition of childhood sexual abuse?

6. Among all subjects, is there an observable association between presence of a physical disability and perception that physically disabled children are more vulnerable to childhood sexual abuse than non-disabled children?

Hypothesis

The hypothesis tested for this study was: there is no statistically significant relationship between presence of a physical disability and childhood sexual abuse.

Data Collection and Sample

Data were gathered in the Spring of 1989, the winter of 1992 and the spring of 1993. Disabled subjects were recruited from the United Cerebral Palsy Association of Contra Costa County, Disabled Student Services of West Valley College, San Jose State University Disabled Student Services, Cabrillo College Disabled Student Services, and the Berkeley Center for Independent Living. Non-physically disabled students were recruited from an undergraduate Humanities class at San Jose State University.

Approximately 500 questionnaires were distributed. Initially few usable questionnaires were returned from the university and community college disabled student associations. Therefore, several community organizations serving the disabled were contacted. Questionnaires were distributed by Kaya Brown, Gordon Burton or by

representatives of the organizations involved. When the authors of the study distributed the questionnaire personally, a verbal reminder of the confidential, anonymous and voluntary method of data collection was provided along with the cover letter.

In the cases in which representatives of the community organizations assisted in distribution of the instrument, instructions were given to leave a stack of questionnaires marked "Questionnaire" on the front desk countertop of the organization's office. Potential respondents could complete the questionnaire, seal it, and return it by mail in the attached pre-stamped, pre-addressed envelope in privacy and at their convenience. Representatives of the organizations were informed of the voluntary, confidential, and anonymous nature of data collection. They were asked to explain this if approached by a potential participant with questions and to direct the participant to the cover letter (See Appendix B) for further information. The cover letter included several telephone numbers for this purpose, and it provided the main source of standardized instructions to the potential respondent, although all organization representatives were asked to present the questionnaire in the manner described above.

For the sample of people with disabilities, data were selected from questionnaires completed by physically disabled respondents with physical and/or language

impairments. Only those who were disabled between birth and the 9th year of life were included in the study. The sample was narrowed in order to investigate the relationship between the presence of a congenital or early onset disability and childhood sexual abuse.

Instrument and Procedure

The cover letter (See Appendix B) and the self-administered questionnaire (See Appendix A) were distributed to potential subjects. The questionnaire was created by Gordon U. Burton, Ph.D., based on his clinical experience and available literature. He conducted a pilot study to examine the face validity of the instrument and consulted with colleagues in the academic and disabled community whom he deemed knowledgeable on the topics of disability, sexuality and sexual abuse. No comparisons with other instruments were conducted to determine concurrent validity and no reliability information was obtained (Oyster, Hanten & Llorens, 1987). The questionnaire was formatted to include a section that was to be completed only by those who considered themselves to have a physical disability. The data from the questionnaire were analyzed using The Statistical Package for Social Sciences.

Demographic Data and Variables

Demographic and other variables gathered from the questionnaire included the following: Gender, Age, Degree of Disability, Degree of Language Impairment, Age of

Disability Onset, Age of Sexual Awareness, Age of First Sexual Activities, and Age of First Sexual Intercourse.

Furthermore, variables were obtained from the responses to Questionnaire Items 9,11,13,15,17. These questions referred to five separate sexual abuse scenarios (See Appendix A). Participants were asked if something similar to these scenarios happened to them with possible responses of "yes", "no" or "I am not sure". Responses to each sexual abuse scenario were tabulated separately.

Participants were also asked to evaluate if these five scenarios were examples of sexual abuse with possible responses of "yes", "no" or "I am not sure" (See Appendix A, Questionnaire Items 9,11,13,15,17). Opinions regarding each sexual abuse scenario were recorded separately.

Additional variables were obtained from the data. The following section describes the derivation of these additional variables and are listed below in alphabetical order.

Definitions of Sexual Abuse: This variable was based on responses to Questionnaire Items 8,10,12,14,16 which asked the respondent to decide if any of the five respective scenarios were examples of sexual abuse. If respondents indicated "no" or "unsure" for any one of the scenarios, that respondent was included in the category of "limited or unsure definitions."

Responses were counted once per subject, so that if a

subject answered "no" or "not sure" more than once on items 8, 10, 12, 14 or 16, the subject would be counted in the limited/unsure definitions category only once.

Respondents who indicated that all five of the scenarios were examples of sexual abuse were considered to have "inclusive, or broad definitions" of sexual abuse.

Language Impairment: To derive this variable, physically disabled subjects with moderate to severe language impairment were selected. Participants who indicated on Questionnaire Item 4 that their speech was moderately or severely involved, or that they could not speak, were included in this group.

Medical Vulnerability: This variable includes all subjects who had therapy or a medical condition that required them to consistently disrobe in the presence of others.

Non-Sexually Abused: This variable excluded the people who were sexually abused in order to more accurately answer research question 4 which seeks information about typical sexual development, i.e. age of first sexual activities and sexual intercourse. Derivation of this variable is described below in the section describing derivation of the variable Sexual Abuse.

Perspectives regarding Vulnerability of Disabled Children: This variable was derived from responses to Questionnaire Item 24 which asked the respondent to indicate an opinion as to whether children with disability are more vulnerable

to sexual abuse than their non-disabled peers. There were three possible responses: agree, disagree or neutral.

Physical Disability: Data used to derive this variable were obtained from Questionnaire Item 3 which is contained in a section of the questionnaire reserved for people with physical disability. Questionnaire Item 3 asks physically disabled respondents to indicate degree of physical involvement. Those who indicated any degree of physical impairment were included in this variable.

Sexual Abuse: Data for this variable were obtained from Questionnaire Items 9, 11, 13, 15 and 17. Each of these questions pertained to a scenario that for the purposes of this study were considered to be sexual abuse scenarios. These questionnaire items asked all respondents to indicate whether or not any of these experiences happened to them.

The Sexual Abuse variable was assigned to all those respondents who indicated that they had experienced any one of these scenarios. Each yes response was counted only once per subject. Therefore, if particular respondents were abused in multiple ways, they would be counted only once as sexually abused.

Respondents who said they had not experienced any of these scenarios, or were not sure, were counted as Non-Sexually Abused. Unsure respondents were counted as not sexually abused rather than sexually abused in order to narrow and strengthen the validity of the Sexual Abuse variable.

Data Analysis Procedures for the Research Questions

Research Question 1

The null hypothesis for research question 1 stated that there was no statistically significant relationship between childhood sexual abuse and physical disability. The relationship was analyzed using the Chi Square statistic to test the null hypothesis. The variables used were Sexual Abuse and Physical Disability. The Chi Square result and p value are reported in the results section. Phi was obtained to evaluate the strength of the relationship between categorical variables. The assumptions for the Chi Square analysis were checked as well.

Research Question 2

Research question 2 asked: Among physically disabled respondents, is there might an increased occurrence of childhood sexual abuse when there is moderate to severe language impairment present. To investigate this question, physically disabled subjects were selected and the Language Impairment variable was crosstabulated with the Sexual Abuse variable.

Research Question 3

Research question 3 stated: for all subjects, is there an observable association between childhood sexual abuse and medical vulnerability i.e. history of a medical condition or therapy that required consistent disrobement in the presence of others?

This question was addressed by crosstabulating the Sexual Abuse variable with the Medical Vulnerability variable for all respondents. None of the non-medically vulnerable subjects, whether disabled or non-disabled, had a medical condition or therapy requiring them to disrobe. Frequencies and percentages were also obtained for this question.

Research Question 4

Research question 4 asked: among subjects who have not been sexually abused, is there an observable association between presence of a physical disability and age of first a) sexual intercourse b) sexual experiences (masturbation and sensuality)?

All subjects who were not sexually abused were included in this analysis. Both non-disabled and disabled respondents who were sexually abused were excluded from this crosstabulation as information about typical sexual development was sought for this question. There were two parts to this question.

Part one sought an observable association between age of first sexual intercourse and physical disability. This was investigated by crosstabulating responses to Questionnaire Item 6, age of first sexual intercourse, with the Physical Disability variable. Frequencies and percentages were obtained also.

The second part used the same method to seek an

observable association between the variables Physical Disability and Questionnaire Item 7 regarding age of first sexual activities. Frequencies and percentages were obtained as well.

Research Question 5

The possibility of an observable association was investigated by crosstabulating the Physical Disability variable with the Definition of Sexual Abuse variable to see if people with and without disabilities had differing definitions of sexual abuse.

Gender and definition of sexual abuse was also examined using a crosstabulation. Frequencies and percentages were obtained for the total sample, and the disabled and non-disabled samples respectively.

Research Question 6

For this question, the variable Physical Disability was crosstabulated with the Vulnerability to Sexual Abuse variable to see if there was an observable relationship between presence of a disability and belief that children with disabilities are more vulnerable to sexual abuse. Frequencies and percentages were calculated as well.

CHAPTER FOUR

RESULTS

This chapter presents the results of the study beginning with demographic information. Following that, each research question will be presented and for ease of reference, relevant procedural information may be briefly reviewed.

There were approximately 500 questionnaires distributed. Three hundred and twenty were returned yielding a response rate of 64 percent. Of these, 197 (39.5 %) usable questionnaires were included in this study. The other questionnaires were unusable because subjects with disability were included only if they were disabled on or before the ninth year of life.

Demographic Data

Gender

Of the 197 respondents, 110 were female, 52 were male and 35 did not answer the question.

Disability

Of the total 197 respondents, 59 were disabled and 138 were non-disabled. Of the 59 subjects with a disability, 48 were disabled between 0 and 4 years of age; 11 were disabled between 5 and 9 years of age.

Of subjects with physical disability, there were 12 (20.3%) who were mildly disabled (little or no limitation in any extremity). There were 25 subjects (42.3%) who

indicated that their legs were involved, but they could still walk (possibly with cane or crutches). There were 7 subjects (11.8%) who described themselves as wheelchair dependent with good upper body use. There were 10 subjects (16.9%) who said they were wheelchair dependent with limited upper body use, and 5 subjects (8.5%) indicated severe head and neck involvement (See Table 1).

Language Impairment

Of the disabled subjects, 29 (52.5%) reported speech impairment as a child. There were 28 subjects (47.5%) who reported no speech impairment, 12 (20.3%) who reported mild impairment, 8 (13.6%) reported moderately impaired speech, 9 (15.3%) reported severely affected speech and no subjects reported that they could not speak at all as children (See Table 2).

Age

Of the total 197 respondents, there were 69 participants (35%) between ages 18-20. There were 52 participants (26.3%) between ages 21-31. There were 40 participants (20.3%) between ages 31-40. There were 18 participants (9.1%) between ages 41-50. There were 6 participants (.03%) between ages 51-60 and 3 participants (.01%) over 60 years of age.

Of the total 197 subjects, there were 65 non-disabled participants (49.2%) and 4 disabled participants (6.8%) who were between the ages of 18-21. There were 46 non-disabled

Table 1Degree of Physical Disability

(N = 59)

Category	Frequency	Percentage
Little or No Limitation (in Any Extremity)	12	20.60
Legs Involved (Can Still Walk with Assistance)	25	42.30
Wheelchair Dependent (Good Upper Body Use)	7	11.80
Wheelchair Dependent (with Limited Upper Body Use)	10	16.90
Head and Neck Severely Involved	5	08.50
Total	59	100.00

Note. This and all subsequent tables are to be read vertically.

Table 2Degree of Language Impairment Among Physically Disabled Subjects

(N = 59)

Category	Frequency	Percentage
Speech Not Affected	28	48.20
Speech Mildly Affected	12	20.60
Speech Moderately Affected	8	13.70
Speech Severely Affected	9	15.50
Missing Data	2	00.03
Total	59	100.00

participants (34.8%) and 6 disabled participants (10.2%) who were between the ages of 21-30. There were 15 non-disabled participants (11.4%) and 26 disabled participants (44.44%) who were between the ages of 31-41. There were 5 non-disabled participants (3.8%) and 13 disabled participants (22%) who were between the ages of 41-50. There were 0 (0%) disabled participants and 6 (10.2%) non-disabled participants who were between the ages of 51-60. There was 1 non-disabled participant (.8%) and 2 disabled participants (3.4%) who were over the age of 60. (See Table 3).

Research Question Data

Research Question 1

The null hypothesis for research question 1 stated that there is no statistically significant relationship between childhood sexual abuse and physical disability. This was the primary investigation of this study. The Chi Square statistic was used to test the hypothesis. In each cell, there was a frequency of at least 5 subjects which met the Chi Square assumption, although distribution across categories was disparate.

The Chi Square analysis showed a statistically significant relationship between sexual abuse and physical disability. Therefore, the null hypothesis was rejected. There is a statistically significant relationship between Physical Disability and the Sexual Abuse variables

Table 3Age and Disability

(N = 139)

Age	Percentage of Disabled Subjects (n)	Percentage of Non-Disabled Subjects (n)
18-20	06.80 (4)	49.20 (65)
21-30	10.00 (6)	34.80 (46)
31-40	44.44 (26)	11.40 (15)
41-50	22.00 (13)	03.80 (5)
51-60	10.20 (6)	00.00 (0)
>60	03.40 (2)	00.80 (1)
Missing Data	03.40 (2)	04.00 (6)
Total	100.00 (38)	100.00 (101)

($\chi^2(1) = 6.53$, $p = .01$). However, the relationship is weak ($\phi = .196$)(See Table 4).

Detailed Frequencies for Types of Abuse

Of 138 respondents without disability, 19 respondents (13.8%) reported sexual abuse. Of 59 respondents with a disability (including mild disability), 18 respondents (30.5%) reported sexual abuse experiences (see Table 4).

Frequency data was also compiled on each separate question regarding sexual abuse scenarios. There were 189 respondents who answered Questionnaire Item 9 including 57 disabled and 132 non-disabled respondents. Of the total, 18 respondents (28.1%) with disability and 14 respondents (10.6%) without disability reported abuse in the following manner: an adult touched them in private places of the body in ways that made them feel very uncomfortable, although they were always clothed (See Table 5).

There were 193 respondents who answered Questionnaire Item 11 including 57 disabled and 136 non-disabled respondents. Of the total, 7 respondents (12.3%) with disability and 9 respondents (6.6%) without disability reported abuse in the following manner: while helping them undress, an adult touched them (touched only) in a sexual manner (See Table 6).

There were 194 respondents who answered Questionnaire Item 13 including 57 disabled and 137 non-disabled

Table 4**Sexual Abuse and Disability**N = 197

Category	Percentage of Disabled Subjects (<u>n</u>)	Percentage of Non-Disabled Subjects (<u>n</u>)
Respondents Sexually Abused	30.50 (18)	13.80 (19)
Respondents Not Sexually Abused	69.50 (41)	86.20 (119)
Total	100.00 (59)	100.00 (138)

n = 37 (18.80%) subjects sexually abused
n = 160 (81.20%) subjects not sexually abused
 $\chi^2 (1) = 6.53, p = .01$
phi = .196

Table 5Disability and Questionnaire Item 9

(N = 190)

Category	Percentage of Disabled Subjects (<u>n</u>)	Percentage of Non-Disabled Subjects (<u>n</u>)
Yes	28.10 (16)	10.60 (14)
No	64.90 (37)	83.50 (113)
Unsure	07.00 (4)	04.50 (6)
Total	100.00 (57)	100.00 (133)

Note. Questionnaire Item 9 asks subjects to indicate if he or she was sexually abused in a similar scenario: an adult touches a clothed child in private places of the body in a way that makes the child very uncomfortable, although the child is always clothed.

Table 6

Disability and Questionnaire Item 11

(N = 193)

Category	Percentage of Disabled Subjects (<u>n</u>)	Percentage of Non-Disabled Subjects (<u>n</u>)
Yes	12.30 (7)	06.60 (9)
No	75.40 (43)	86.00 (117)
Unsure	12.30 (7)	07.40 (10)
Total	100.00 (57)	100.00 (136)

Note. Questionnaire Item 11 asks the subject to indicate if he or she were sexually abused in a similar scenario: while helping a child undress, an adult touches a child in a sexual manner.

respondents. Of the total, 5 respondents (8.8%) with disability and 5 respondents (3.6%) without disability reported abuse in the following manner: an adult had oral sex with them in order to "teach" them about sexuality (See Table 7).

There were 195 respondents who answered Questionnaire Item 15 including 58 disabled and 137 non-disabled respondents. Of the total, 5 respondents (8.6%) with a disability and 6 respondents (4.4%) without disability reported abuse in the following manner: an adult engaged in sexual relations with them in order to "teach" them about sexuality (See Table 8).

There were 196 respondents who answered Questionnaire Item 17 including 58 disabled and 136 non-disabled respondents. Of the total, 6 respondents (10.3) with disability and 5 respondents (3.7%) without disability reported abuse in the following manner: an adult forced the child to have sexual relations (See Table 9).

Research Question 2

Research question 2 asked: When there is a moderate to severe language impairment present, is there an increased occurrence of sexual abuse among respondents with physical disability?

There were 58 physically disabled respondents included in this crosstabulation. There were 17 subjects who were language impaired and 41 subjects who had no language

Table 7

Disability and Questionnaire Item 13

(N = 194)

Category	Percentage of Disabled Subjects (<u>n</u>)	Percentage of Non-Disabled Subjects (<u>n</u>)
Yes	08.80 (5)	03.60 (5)
No	89.50 (51)	95.60 (131)
Unsure	01.80 (1)	00.70 (1)
Total	100.00 (57)	100.00 (137)

Note. Questionnaire Item 13 asks the subject to indicate if he or she were sexually abused in a similar scenario: an adult has oral sex with a child to teach the child about sexuality.

Table 8

Disability and Questionnaire Item 15

(N = 195)

Category	Percentage of Disabled Subjects (<u>n</u>)	Percentage of Non-Disabled Subjects (<u>n</u>)
Yes	08.60 (5)	04.40 (6)
No	91.40 (53)	94.90 (130)
Unsure	00.00 (0)	00.70 (1)
Total	100.00 (58)	100.00 (137)

Note. Questionnaire Item 15 asks the subject to indicate if he or she were sexually abused in a similar scenario: an adult engages in sexual relations with a child to teach the child about sexuality.

Table 9

Disability and Questionnaire Item 17

(N = 194)

Category	Percentage of Disabled Subjects (<u>n</u>)	Percentage of Non-Disabled Subjects (<u>n</u>)
Yes	08.50 (5)	02.20 (3)
No	89.80 (53)	95.60 (129)
Unsure	01.70 (1)	02.20 (3)
Total	100.00 (59)	100.00 (135)

Note. Questionnaire Item 17 asks the subject to indicate if he or she were sexually abused in a similar scenario: an adult forces a child to have sexual relations.

impairment. Of the 17 subjects with language impairment, there were 5 subjects (29.4%) who were sexually abused. This is compared to 13 subjects (31.7%) with no language impairment (See Table 10).

Research Question 3

Research question 3 asked: Among all subjects, is there an observable association between sexual abuse and medical vulnerability i.e. the presence of a medical condition or therapy that required consistent disrobement in the presence of others?

There were a total of 196 subjects included in this procedure in which the Medical Vulnerability and Sexual Abuse variables were crosstabulated. There were 43 medically vulnerable subjects and 153 non-medically vulnerable subjects. In the medically vulnerable category, 5 subjects did not have disability and 38 did have disability. In the non-medically vulnerable category, 138 subjects did not have disability and 20 did have disability.

Of the medically vulnerable subjects, 19 subjects (44.2%) reported sexual abuse compared to 34 (22.2%) of the non-medically vulnerable subjects (See Table 11).

Additional Findings

The 43 medically vulnerable subjects were selected and a crosstabulation was conducted using the Physical Disability variable and responses to Questionnaire Item 11.

Table 10

Language Impairment and Sexual Abuse
Among Physically Disabled Respondents

(N = 58)

Category	Percentage of Subjects With Language Impairment (<u>n</u>)	Percentage of Subjects Without Language Impairment (<u>n</u>)
Respondents Sexually Abused	29.40 (5)	31.70 (13)
Respondents Not Sexually Abused	70.60 (12)	69.30 (28)
Total	100.00 (17)	100.00 (41)

Table 11Medical Vulnerability and Sexual Abuse

(N = 196)

Category	% of All Medically Vulnerable Subjects (<u>n</u>)	% of All Non- Medically Vulnerable Subjects (<u>n</u>)
Respondents Sexually Abused	44.20 (19)	22.20 (34)
Respondents Not Sexually Abused	55.80 (24)	77.78 (119)
Total	100.00 (43)	100.00 (153)

Questionnaire Item 11 asks respondents to indicate if, as children, they had ever been touched by an adult in a sexual manner while being assisted with undressing. The 5 non-disabled subjects (100%) indicated that this had never happened to them. There were 3 disabled subjects (7.9%) who indicated "yes", something like this had happened to them, and 6 disabled subjects (15.8%) who indicated that they were not sure.

Research Question 4

Part One

Part one of research question 4 asked: Among people who have not been abused, is there an observable association between presence of a physical disability and age of first sexual intercourse?

There were 139 respondents who were included in this crosstabulation. Of these, 38 disabled and 101 non-disabled respondents answered Questionnaire Item 6. None of the subjects with disability and 5 (5.0%) of the subjects without disability indicated that they had experienced sexual intercourse for the first time between the ages of 10 and 14. There were 7 subjects with disability (18.4%) compared to 47 subjects without disability (46.5%) who indicated that they had experienced sexual intercourse between ages 15 and 18. There were 24 subjects with disability (63.0%) compared to 20 subjects without disability (19.8%) who indicated that they had experienced

sexual intercourse as an adult. There were 7 subjects with disability (18.4%) and 29 subjects without disability (28.7%) who indicated that they had not yet had sexual intercourse (See Table 12).

Part Two

Part two of research question 4 asked: Among people who were not sexually abused, is there an observable association between physical disability and age of first sexual activities (masturbation or sensual exploration)?

There were 148 respondents included in this crosstabulation, 40 disabled and 108 non-disabled respondents who answered Questionnaire Item 7 (Table 13). There were 12 subjects with disability (30%) and 33 subjects without disability (30.6%) who indicated that they experienced sexual activities for the first time between ages 10 and 14. There were 13 subjects with disability (32.5%) and 31 subjects without disability (28.7%) who indicated that they had experienced these activities for the first time between ages 15 and 18. There were 5 subjects with disability (20%) and 18 subjects without disability (16.7%) who experienced sexual activities for the first time as adults. Finally, there were 2 subjects with disability (5%) and 18 subjects without disability (16.7%) who indicated that they had not experienced sexual activities (masturbation and sensual exploration) as yet (See Table 13).

Table 12Age of First Sexual Intercourse

(N = 139)

Age	Percentage of Disabled Subjects (<u>n</u>)	Percentage of Non-Disabled Subjects (<u>n</u>)
10-14	00.00 (0)	05.00 (5)
15-18	18.40 (7)	46.50 (47)
Adult	63.00 (24)	19.80 (20)
Have Not	18.40 (7)	28.70 (29)
Total	100.00 (38)	100.00 (101)

Table 13**Age of First Sexual Activities**

(N = 145)

Age	Percentage of Disabled Subjects (<u>n</u>)	Percentage of Non-Disabled Subjects (<u>n</u>)
0-4	02.50 (1)	01.90 (2)
5-9	10.00 (4)	05.60 (6)
10-14	30.00 (12)	30.60 (33)
15-18	32.50 (13)	28.70 (31)
Adult	20.00 (8)	16.70 (18)
Have Not	05.00 (2)	16.70 (18)
Total	100.00 (37)	100.00 (108)

Research Question 5

Research Question 5 asked: Is there an observable association between presence of a disability and definition of sexual abuse?

There were 196 respondents included in this crosstabulation. Of the total, there were 58 with disability and 138 without disability. There were 17 subjects with disability (29.3%) and 53 subjects without disability (38.4%) who had limited or unsure definitions of sexual abuse (See Table 14).

Frequencies for Definitions Variable: Both Samples

To further investigate this research question, responses to each separate scenario were tabulated for both of the samples together (See Table 15). The data is presented this way because, generally speaking, there were no major differences between the response rates of the two samples. The few exceptions are presented in the next section.

Questionnaire Item 8 asked the respondent to decide if an adult touching a clothed child with a disability in private places of the body in ways that make the child feel very uncomfortable is an example of sexual abuse. Of 193 subjects, 166 (86%) thought this was an example of sexual abuse and 27 (14%) did not, or were unsure (See Table 15).

Questionnaire Item 10 asked the respondent to decide if an adult touching a child in a sexual manner while

Table 14Disability and Definition of Sexual Abuse

(N = 196)

Category	Percentage of Disabled Subjects (<u>n</u>)	Percentage of Non-Disabled Subjects (<u>n</u>)
Limited or Unsure Definitions	29.30 (17)	38.40 (53)
Inclusive Definitions	70.70 (41)	61.60 (85)
Total	100.00 (58)	100.00 (138)

Table 15

Definition of Sexual Abuse: Both Samples

Category	Item 8 (n)	Item 10 (n)	Item 12 (n)	Item 14 (n)	Item 16 (n)
Yes	88.60% (166)	77.50% (152)	86.20% (169)	86.70% (170)	96.40% (189)
No	05.00% (9)	09.20% (18)	07.10% (14)	07.10% (14)	02.60% (5)
Unsure	09.00% (18)	13.20% (26)	06.60% (13)	06.60% (12)	01.00% (2)
Total	100.00 (193)	100.00 (196)	100.00 (196)	100.00 (196)	100.00 (196)

helping the child to undress is an example of sexual abuse. his scenario was identified the least as an example of sexual abuse. Of 196 respondents, only 152 (77.5%) thought this was an example of sexual abuse. Furthermore, 18 (9.2%) indicated that it was not an example of sexual abuse and 26 (13.2%) were unsure (See Table 15).

Questionnaire items 12 and 14 described sexual scenarios in which an adult abuses a child under the guise of "teaching" the child about sexuality. In both cases, approximately 86 percent of the 196 participants thought these were examples of sexual abuse, slightly over 6 percent indicated that they were not, and slightly over 7 percent were unsure (See Table 15).

Questionnaire Item 16 was identified as a sexual abuse scenario most frequently. Of all respondents, 96.4% thought that forced sexual relations with a child was a sexual abuse scenario, though 3.6% thought it was not, or were unsure (See Table 15).

Frequencies for Definitions Variable: Separate Samples

Response rates for disabled and non-disabled samples were tabulated separately for each question (See Tables 16 and 17). The differences in responses between the two samples will be highlighted.

There was a trend in the data indicating that more disabled respondents were "unsure" if the scenarios were examples of sexual abuse, although "yes" responses were

Table 16

Definition of Sexual Abuse: Disabled Respondents

Category	Item 8 (n)	Item 10 (n)	Item 12 (n)	Item 14 (n)	Item 16 (n)
Yes	84.50% (49)	86.20% (50)	84.50% (49)	84.50% (49)	98.30% (57)
No	03.40% (2)	08.60% (5)	05.20% (3)	06.90% (4)	01.70% (1)
Unsure	12.10% (7)	05.20% (3)	10.30% (6)	08.60% (5)	00.00% (0)
Total	100.00 (58)	100.00 (58)	100.00 (58)	100.00 (58)	100.00 (58)

Table 17

Definition of Sexual Abuse: Non-Disabled Respondents

Category	Item 8 (n)	Item 10 (n)	Item 12 (n)	Item 14 (n)	Item 16 (n)
Yes	86.70% (117)	73.90% (102)	87.00% (120)	87.70% (121)	95.70% (132)
No	05.20% (7)	09.40% (13)	08.00% (11)	07.20% (10)	02.90% (4)
Unsure	08.10% (11)	16.70% (23)	05.10% (7)	05.10% (7)	01.40% (2)
Total	100.00 (125)	100.00 (138)	100.00 (138)	100.00 (138)	100.00 (138)

similarly distributed between the two samples, generally speaking. Responses to Questionnaire Items 10 and 12 illustrate this trend.

Questionnaire Item 10 refers to the scenario in which an adult sexually touches a child while helping the child to undress. Of people without disability, 3 (5.2%) compared to 23 (16.7%) respondents with disability were unsure if this was an example of sexual abuse (See Tables 16 and 17).

Questionnaire Item 12 refers to the scenario in which an adult had oral sex with a child under the guise of "teaching" the child about sexuality. A total of 196 subjects responded to this question including 58 disabled and 138 non-disabled respondents. Of the subjects with disability, 6 (10.3%) were unsure compared to 7 (5.1%) subjects without disability (See Tables 16 and 17).

Gender Differences

A total of 162 respondents identified their gender. Of these, 110 were female and 52 were male. Of the female respondents, 29 (26.4%) compared to 22 (42.3%) of the males had limited or unsure definitions of sexual abuse (See Table 18).

Summary

Although there were some exceptions, the two samples of respondents with and without disability evaluated the scenarios similarly. The majority, though not an overwhelming majority, stated that the scenarios were

Table 18**Gender and Definition of Sexual Abuse****(N = 162)**

Category	Percentage of Female Subjects (<u>n</u>)	Percentage of Male Subjects (<u>n</u>)
Limited or Unsure Definitions	26.40 (29)	42.30 (22)
Inclusive Definitions	73.60 (81)	57.70 (30)
Total	100.00 (110)	100.00 (52)

examples of sexual abuse. Over 29% of the respondents with disability and over 38% of respondents without disability had limited or unsure definitions of sexual abuse (See Table 14). In general, more disabled respondents were unsure if these were examples of sexual abuse and more men than women were likely to have limited or unsure definitions.

Research Question 6

Research question 6 asked: Is there an observable association between presence of a disability and perception that disabled children are more vulnerable to sexual abuse than non-disabled children?

There were 188 respondents who were included in this procedure, 57 subjects with disability and 131 subjects without disability. Of the respondents with disability, 6 (10.5%) and 17 (13%) of the respondents without disability strongly disagreed with the statement that children with disabilities were more vulnerable to sexual abuse than children without disability. Of people with disability, 8 (14%) felt neutral about special vulnerability of children with disabilities compared to 63 (48.1%) of non-disabled people. Of respondents with disability, 43 (75.4%) strongly agreed that disabled children were more vulnerable compared to 39 (51%) of people without disability (See Table 19).

Table 19Perspectives Regarding Vulnerability of Disabled:

Do children with disability have a special vulnerability to sexual abuse?

(N = 188)

Category	Percentage of Disabled Subjects (<u>n</u>)	Percentage of Non-Disabled Subjects (<u>n</u>)
Strongly agree	75.40 (43)	38.90 (51)
Strongly Disagree	10.50 (6)	13.00 (17)
Neutral	14.00 (8)	48.10 (63)
Total	100.00 (57)	100.00 (131)

CHAPTER 5

DISCUSSION, SUMMARY AND IMPLICATIONS FOR THE PROFESSION

This study investigated the experiences and attitudes of people with and without physical disabilities regarding sexuality, especially childhood sexual abuse. In order to organize and interpret the data generated within this study, the developmental frame of reference was used in the context of the person-environment-performance frame of reference. The latter is an adaptation of the general systems theory for occupational therapy (Christiansen, 1991). Although the findings of this study are not conclusive due to several limitations, the results generated here, when viewed together with other research in this young field, may suggest disturbing patterns that should be addressed by larger scale research efforts.

In this chapter, all research questions are considered in separate sections beginning with a brief review of results (for ease of reference) followed by discussion of relevant literature and a summary. Some sections include a critique of the present study and additional findings.

Research Question 1

The null hypothesis for research question 1 stated that there is no statistically significant relationship between childhood sexual abuse and physical disability.

Review of Results

The null hypothesis was rejected ($p = .01$) suggesting that a statistically significant relationship existed. The relationship was weak ($\phi = .196$). In this study, 30.5 percent of disabled respondents compared to 13.8 percent of non-disabled respondents reported childhood sexual abuse (See Table 4).

Discussion of the Literature

One Canadian study encountered a roughly similar pattern as the present study. Doucette (1986) found that a total of 47 percent of her sample of women with disabilities reported childhood sexual abuse compared to 34 percent of the non-disabled women who answered the same self-administered questionnaire. The current study and Doucette's research are comparable in that both used the self-administered questionnaire and compared a disabled and non-disabled sample. However, samples were different as the latter was selected to include women with great variation in types of disability. Also, Doucette's small sample of 32 respondents included a few subjects who were not disabled at the time of abuse, ruling out the disability as a factor in the abuse. Furthermore, no statistical inquiry was made to determine relationships or differences in the two samples. In general, however, the findings of both studies with at least some similarities in method and sample found a similar result, namely that subjects with disabilities

may be sexually abused as children in somewhat greater proportion to those without disabilities.

In another study, Ammerman, Van Hasselt, Hersen, McConigle and Lubetsky (1989) found a prevalence of sexual abuse in 36 percent of people who were severely disabled, institutionalized, and multihandicapped. This compared to 31 percent of physically handicapped, non-institutionalized respondents in the present study who were found to be sexually abused. A direct comparison cannot be made between these studies as the populations are different, and there was no comparison with a non-disabled sample in the study by Ammerman, et al. However, the usefulness of citing this research is that it might support the proposition that the present study may be in the proverbial "ballpark" with the finding that approximately a third of the disabled sample were sexually abused as children. The definition of sexual abuse was not offered in the article.

In another study, Finkelhor (1979) found that 19 percent of university students reported childhood sexual abuse. This compares to 13.8 percent of the sample of non-disabled university students in the present study. Both the 1979 and the present study sampled university students using a self-administered questionnaire to collect data, although Finkelhor's study did not control for presence of a disability and the article did not define sexual abuse. However, as several similarities exist between the present

study and the 1979 study, the similarity in results might lend credence to the possibility that the current figures represent a pattern of abuse that may be present at least among university students in the general, non-disabled population.

Furthermore, Dr. Sobsey at the University of Alberta and colleagues, prolific researchers of the subject of sexual abuse and disability, have looked at this issue in various studies over the past 6 years. They have consistently stated that disabled individuals are 150% more at risk than people without disabilities based on direct research and extensive review of the literature (Orellove & Sobsey, 1991; Sobsey, 1988b, 1989; Sobsey & Varnhagen, 1991; Sobsey, Wells, Pyper & Reimer-Heck, 1991). In the present study, the sample of people with disability reported sexual abuse twice as often as the sample of people without disability.

Critique

The studies cited above, as well as the present study, must be viewed in the light of the possible limitations of using a self-administered questionnaire as the instrument for gathering data. Wyatt and Peters (1986a) found that when the studies they reviewed had differing results in terms of higher or lower prevalence of sexual abuse, the use of a self-administered questionnaire was the major factor affecting the difference. When self-administered

questionnaires were used, lower prevalence rates were found in comparison to administration by face to face interviews. Therefore, the actual rate of sexual abuse found by the present study may be lower than what a personal interview method might have detected.

Summary

The research cited in this section supported the results of the present study suggesting that childhood sexual abuse among people with disabilities may be more pronounced than among people without disabilities. Larger scale research is needed to help confirm or disprove the results of these preliminary studies.

Research Question 2

Research question 2 investigated the possibility that among physically disabled subjects, there might be an increased occurrence of childhood sexual abuse when moderate to severe language impairment is present.

Review of Results and Critique

This inquiry was made by selecting physically disabled subjects and crosstabulating the Sexual Abuse variable with the Language Impairment variable. Both samples reported sexual abuse experiences at roughly the same frequency. There were 31.7% of subjects without language impairment who reported sexual abuse compared to 29.4% of subjects with language impairment (See Table 10).

Discussion of the Literature

This topic would merit further study using a larger sample size, because, as Finkelhor (1984) reported, the inability of a child to tell an adult about inappropriate sexual experiences is a major contributing factor to ongoing sexual abuse. Many physically disabled children have language impairments. Studies have consistently shown that language impairment impedes willingness to communicate (Light, Collier and Parnes, 1985) and that language impairment also delays knowledge of appropriate versus inappropriate sexual experiences (Ziff, 1986). For individuals with disability, these latter two factors were cited in one study as major risk factors in sexual abuse cases (Sobsey & Varnhagen, 1991). In light of these facts, another study should be designed to evaluate this specific issue.

Summary

The present study found little change in reports of sexual abuse when language impairment was present among physically disabled respondents. However, the literature cites language impairment as a major risk factor for sexual abuse. Further study is warranted in order to understand how language impairment in physically disabled people affects risk of sexual abuse.

Research Question 3

Research question 3 stated: For all subjects, is there an observable association between childhood sexual abuse and medical vulnerability i.e. history of a medical condition or therapy that required consistent disrobement in the presence of others?

Review of Results

In this procedure, the variable sexual abuse was crosstabulated with the medical vulnerability variable for all subjects. All subjects were chosen for this analysis, because of the unexpected finding that 5 of the subjects who regarded themselves as non-disabled had a therapy or medical condition that required them to consistently disrobe in the presence of others. Of the medically vulnerable subjects, 44.2% (n = 19) compared to 22.2% (n = 34) of non-medically vulnerable subjects reported sexual abuse (See Table 11).

Discussion of the Literature

A category was created for disabled respondents who were consistently required to disrobe in a therapeutic or medical context in childhood, because many people with disabilities, especially those seen by occupational therapists, have this experience. Pediatric clients are often required to disrobe in order to facilitate toileting, sensory motor therapy, or for dressing training. Some authors suggest that uncomfortable, sometimes painful

"therapy" experiences may reinforce passivity and confusion about appropriate personal boundaries (Bullard & Knight, 1981; Burton & Umphred, in press). One adult client explained her reluctance and distress to the therapeutic process saying that she was told the sexual abuse she endured as a child was "therapy" (Burton, personal communication, February 5, 1993).

Furthermore, respondents who had such a medical condition or therapy were referred to as "medically vulnerable" because findings in the literature suggested the possibility that these individuals may be more likely to have experienced sexual abuse for several reasons. First, the literature discusses a pattern of learned helplessness sometimes associated with long-term medical clients, and this was considered a risk factor in the research on sexual abuse and disability (Berkman, 1986; Cole, 1986; Davis, 1985). Secondly, individuals who are dependent on caregivers for personal, therapeutic and medical care for an extended period of time may be at prolonged risk of sexual abuse (Longo & Gochenour, 1981; Sobsey, 1989).

Very little research has been done directly on this topic that might inform the present study. Only the Doucette study (1986) investigated medical assault. The study included 30 disabled and 32 non-disabled adult women responding to a self-administered questionnaire. Medical

assault was defined broadly as medication given without informed consent, surgery performed without consent and/or sexual assault. Of the disabled women, 7.5% reported sexual abuse in a medical context compared to four percent of the non-disabled women. This study had a number of limitations, including small sample size, that precludes generalization of their conclusion that medical assault happens disproportionately to people with disabilities.

A useful result of this inquiry was an accidental discovery that future research design should take into account i.e. that there is a population of "non-disabled" subjects who, similarly to disabled individuals, have experienced a medical condition or therapy that required them to consistently disrobe in the presence of others. This may skew data in some analysis attempts unless this factor is considered.

Research Question 4

Research question 4 was divided into two parts: Among subjects who had not been sexually abused, is there an observable association between presence of a physical disability and age of first a) sexual intercourse b) sexual experiences (masturbation and sensuality)?

Review of Results

The results of Part One of this investigation indicated that disabled persons experienced sexual intercourse later than non-disabled persons. The majority

(65% percent) of disabled subjects reported first sexual intercourse as adults versus the majority (46.5% percent) of the non-disabled who were more likely to have experienced sexual intercourse between ages 15 and 18. By contrast, 19% percent of disabled versus 28% percent of non-disabled reported not having sexual intercourse as yet. Therefore, most disabled respondents in this study reported experiencing first sexual intercourse as adults in contrast to non-disabled respondents who reported that they first experienced this as teenagers (See Table 12). Part Two of this research question investigated the respondent's age of first sexual activities (sensuality and masturbation). Ages of first sexual activities for both samples were similarly distributed. Approximately 30% of respondents reported that they had experienced sexual activities between the ages of 10 and 14 and another 30% between ages 15-18. Between 17% and 20% of respondents reported having had these experiences for the first time as adults (See Table 13).

Discussion of the Literature

The literature supported the finding of Part One of this study which was that disabled individuals experience sexual intercourse later than non-disabled individuals. Studies indicated discovery of appropriate sexual interchange in disabled populations is later than in non-disabled populations (Beckmann, Gittler, Barzansky &

Beckmann, 1989, Brown, 1988, Cornelius, Chipouras, Makas & Daniels, 1982; DeHaan & Wallender, 1988; Demetral, 1981; Dorner, 1977; Evans & Conine, 1985; MacDougall & Morin, 1979; Sobsey & Varnhagen, 1991; Worthington, 1984; Zantal-Weiner, 1987).

The result of Part Two of this research question was that people with and without disabilities experience sexuality (masturbation and sensuality) for the first time at about the same age bracket. This finding challenges the myth that people with disabilities are not sexual/sensual beings. Much of the literature supported the result found in the present study (Aiello, Capkin & Catania, 1983; Chandani, McKenna & Maas, 1989). Though it may be true that disabled people in general learn and communicate about sexuality later than non-disabled people, this may not prevent the natural exploration of sensuality that is normal and basic to human development.

Critique

The results of this inquiry were not conclusive due to small sample size. Furthermore, there is the problem with validity in that the questionnaire items pertaining to this research question failed to distinguish between adolescent and childhood stages of sexual/sensual development.

Of the non-disabled sample, 5% (5) respondents indicated that they began sexual intercourse between the ages of 10 and 14. It would be quite useful to know if

these respondents experienced sexual relations with an adult at the age of 10, or if they engaged in consensual sexual relations with a peer at age 14. The latter may or may not be sexual abuse depending on one's value system. The questionnaire used in the present study is not sensitive enough to detect these important details. Future researchers may wish to make their data gathering methods sensitive to these ambiguities.

Summary

Results of this inquiry reinforced findings of previous studies. While it appeared that people with disabilities experienced interpersonal sexuality at a later age than people without disability, they began to explore sensuality along the same time line as their non-disabled peers.

Research Question 5

Research question 5 asked: Is there an observable association between presence of a disability and definitions of sexual abuse?

Review of Results

The review of results for this question attempts to condense and simplify the copious amount of data described in detail in Chapter 4 regarding this question. Salient results are highlighted in this section for ease of reference.

This question was designed to investigate the

definitions of sexual abuse held by people both with and without disabilities. This was done by asking respondents to indicate their opinion about five scenarios that are defined in this study as sexual abuse scenarios. Those who thought that any one of the five scenarios were not examples of sexual abuse, or who were unsure, were counted as having "limited or unsure" definitions. Those who indicated that all of these scenarios were examples of sexual abuse were counted as having "inclusive" definitions.

While the majority of both samples believed the scenarios described in Questionnaire Items 8, 10, 12, 14 and 16 represented sexual abuse examples, an unexpected percentage of respondents had limited or unsure definitions of sexual abuse. Of the disabled respondents, 29.3% had limited or unsure definitions compared to 38.4% of the non-disabled respondents (See Table 14).

Furthermore, of the male respondents, 42% had limited or unsure definitions versus 26% of female respondents (See Table 18).

Related Results: Questionnaire Item 10

When the results were analyzed, an interesting phenomenon was observed. Questionnaire Item 10 referred to an adult touching a child in a sexual manner while helping the child to undress. About 86% of the disabled sample compared to 74% of the non-disabled sample thought this was

an example of sexual abuse. Of the non-disabled, almost 17% compared to 5% percent of the non-disabled were unsure if this was sexual abuse (See Table 16 and 17).

This result should be considered in light of the fact that 12.3 percent of disabled respondents reported that they had experienced this sexual abuse scenario compared to 6.6 percent of non-disabled respondents (See Table 6).

Furthermore, the literature supported the idea that this type of sexual abuse is one to which people with disabilities may be vulnerable for a more prolonged period than people without disabilities. This is because they are more often dependent on care providers for assistance with activities of daily living throughout childhood and adolescence (Longo & Gochenour, 1981; Sobsey, 1989).

Another notable observation was that compared to the rest of the scenarios, fewer respondents thought touching a child in a sexual manner while helping the child undress was an example of sexual abuse. Of the total, 8.6 percent of disabled as well as 9.4 percent of non-disabled respondents reported their belief that this was not an example of sexual abuse (See Table 15). This indicated that there may be a need for education about this kind of sexual abuse.

Related Results: Questionnaire Item 12

Questionnaire Item 12 asked respondents to decide if sexual abuse could be defined as an adult having oral sex

with a child in order to teach the child about sexuality. A surprising number of disabled individuals were unsure (10 percent) compared to non-disabled (5 percent). For the two scenarios (Questionnaire Items 12 and 14) in which a disabled child is taught about sexuality through sexual relations with an adult, 15% of disabled respondents as well as 12% of non-disabled were unsure or did not think these were examples of sexual abuse. This may point to a need for education (See Tables 16 and 17).

In summary, a somewhat higher percentage of disabled people than non-disabled people thought all five scenarios were examples of sexual abuse. When disabled respondents did appear in the unsure/limited category, they tended to be unsure if the scenarios were examples of sexual abuse rather than sure that the scenarios were not examples of sexual abuse. Furthermore, more disabled respondents were not sure if sex justified as sex education was an example of sexual abuse whereas more non-disabled respondents were sure that this was an example of sexual abuse.

Discussion of the Literature

Marshall and Barrett (1990), in their study of sex offenders, reported that sexual abuse is rationalized by the perpetrator as an effort to "teach" victims about sexuality. The idea to investigate this as one manner in which disabled persons are psychologically coerced originated from the clinical experience of the author of

the questionnaire, Dr. Burton, who found this phenomenon in his work with disabled clients.

Orelove and Sobsey (1991) stated, "children who do not receive appropriate sex education from parents and teachers are more likely to accept inappropriate sex education from the abuser" (p.225). The results of the present study indicated that over 15% of disabled respondents may believe sexual relations between children and adults can be justified as "education".

Critique

Problems in the phrasing of several of the questionnaire items limit the generalizability of the result and make interpretation tentative. Future research efforts should distinguish between adolescents and children, keeping in mind that most non-abused, non-disabled individuals report age of first sexual intercourse between ages 15 and 18. Although the questionnaire parenthetically defined a child as a person under 18 years of age, it is difficult to assess whether respondents answered these questions with the image of a child in mind, or the image of a sexually mature adolescent.

Furthermore, the issue of consent becomes pivotal when discussing adolescent sexuality versus childhood sexuality. For instance, Questionnaire Item 12 and 14 depict a scenario in which an adult has sexual relations with a disabled "child" (18 years of age or younger) in order to

"teach" that child about sexuality. These scenarios may be debatable as examples of sexual abuse if the respondent pictured a consenting adolescent (e.g. a 18 years of age) with a young adult. This could be considered a peer interaction provided there was consent on the part of the disabled individual. Whether respondents went to such lengths in thinking about these ambiguities is difficult to say. Therefore, interpretation of the results of this section must be cautious.

Future research should carefully separate and define sexual stages of development, define the age of the partner and extract consent information when dealing with adolescent stages of sexuality.

Summary

The results of this preliminary investigation may have raised more questions than it answered. However, the results obtained indicated that this should be a focus of further research and possible educational efforts. Ultimately, the present study found that 29.3 percent of disabled and 38.4 percent of non-disabled respondents expressed confusion or doubt that the scenarios described on the questionnaire were example of sexual abuse (See Table 14). The ambiguity of the questionnaire as discussed in the previous section may or may not account for that high frequency. Further research is indicated.

Research Question 6

Research Question 6 asked: Is there an observable association between presence of a disability and perception that people with disabilities are vulnerable to sexual abuse?

Review of Results

In order to answer this question, responses to Questionnaire Item 24 were tabulated. Of the disabled, 10.5 percent compared to 13 percent of the non-disabled sample strongly disagreed that people with disabilities are more vulnerable than non-disabled to sexual abuse. Of the disabled, 14 percent compared to 48.1 percent of the non-disabled sample felt neutral about the special vulnerability of disabled children. Of the disabled, 75.4 percent compared to 38.9 percent of the non-disabled strongly agreed that disabled children are more vulnerable to sexual abuse than non-disabled children (See Table 19).

Discussion of the Literature

Results of this inquiry were comparable to the results of a somewhat similar study by Stimpson and Best (1992). Whereas the present study found that 75.4% of the disabled strongly agree that disability puts children more at risk for sexual abuse, Stimpson and Best found that 78% of the disabled women they surveyed believed that their disability is what put them at risk for the violence they encountered, including sexual violence.

There were differences in the two studies. The Canadian study (Stimpson & Best, 1992) asked disabled women about a broad range of violence and neglect they had experienced throughout their lives. Furthermore, their questionnaire used a yes/no format to ask about abuse and there was no "unsure" option. Despite these differences, both studies found that most people with disability agree disabled children are more at risk for abuse.

Summary

About the same percentage (10.5 - 13%) of both samples strongly disagreed with the statement that disabled children are more vulnerable to sexual abuse than non-disabled children. Over 75% of respondents with disability strongly agreed with this statement compared to less than 39% of the non-disabled sample. Many more non-disabled respondents (48.1%) had a neutral opinion about this statement. Further research is indicated to explore the full implications of this difference of opinion between the two populations.

Summary of Conclusions and Related Findings

The following section summarizes the conclusions and related findings of this study.

1. There was a statistically significant relationship found between sexual abuse and presence of a physical disability. However, this relationship was weak.
2. Among physically disabled subjects, this study detected

little change in sexual abuse reports when moderate to severe language impairment was present. The frequency of sexual abuse reports was similar for both physically disabled subjects with and without moderate to severe language impairment.

Further research is warranted as to how communication impairment in people with physical disability affects risk for sexual abuse. This is because the literature points to the presence of risk factors in language impaired individuals that are highly associated with sexual abuse.

3. Medical Vulnerability was defined as history of a medical condition or therapy that required consistent disrobement in the presence of others. Nearly 64.5% of respondents with physical disability were medically vulnerable compared to 4.5% of respondents who did not report presence of a disability.

4. Although the majority of medically vulnerable respondents were physically disabled, there were non-disabled individuals who were medically vulnerable as well. Future researchers may wish to consider that both disabled and non-disabled populations may be medically vulnerable.

5. Of all medically vulnerable subjects, both with and without disability, 44.2% reported sexual abuse compared to 22.2% of non-medically vulnerable subjects.

6. The majority of people with disabilities who had not been sexually abused reported that they experienced sexual

intercourse for the first time as adults whereas the majority of non-abused, non-disabled people reported that they had experienced sexual intercourse for the first time as adolescents (ages 15-18).

7. People both with and without disability who had not been sexually abused reported that they explored sexual activities (masturbation and sensuality) along similar age timelines. Roughly 30% said they experienced these kinds of sexual activities for the first time between ages 10 and 14 and another 30% reported having had these experiences between ages 15 and 18.

8. Participants were asked to decide if any of five scenarios were examples of sexual abuse. Of disabled respondents, 29.3% had limited or unsure definitions of sexual abuse as compared to 38.4% of non-disabled participants.

9. More men (42.3%) than women (26.4%) expresses confusion or doubt that the scenarios were examples of sexual abuse.

10. Of the disabled, only 5% versus almost 17% of the non-disabled respondents were unsure if touching a child in a sexual manner while helping the child undress was an example sexual abuse. More disabled participants were sure this could be defined as sexual abuse. This must be considered in light of the fact that 12% of disabled respondents versus less than 7% of non-disabled participants reported this kind of sexual abuse.

11. Participants were asked if an adult having oral sex with a child in order to "teach" the child about sexuality was an example of sexual abuse. Nearly 14% of the total sample expressed confusion or doubt as to the abusive nature of this scenario. Nearly twice the percentage of disabled respondents than non-disabled participants reported this type of sexual abuse experience.

12. Over 75% of respondents with disability strongly agreed that disabled children are more vulnerable to sexual abuse than children without disabilities. This compared with less than 39% of the non-disabled sample. Of non-disabled respondents, 48% felt neutral about the statement that disabled children are more vulnerable to sexual abuse. However, about the same percentage (10 - 13 percent) of both samples strongly disagreed with this statement.

Implications for the Profession

The results of this study may alert occupational therapists to the fact that pediatric clients may be at risk for sexual abuse to a greater degree than their non-disabled peers. With the information gained from this study, occupational therapists can educate themselves as well as help educate parents, caretakers and other professionals on the pediatric team in the effort to prevent child sexual abuse and increase awareness about the problem.

Occupational therapists can assist children with disabilities to develop skills that may help them prevent abuse. For instance, while working on self-care skills with the pediatric client, the therapist may have an opportunity to teach a sense of physical ownership and responsibility as well as appropriate relationship with caregivers.

As was discussed in the review of the literature, the nature of therapeutic and medical processes can be invasive and reinforce passivity in disabled clients (Bullard & Knight, 1981; Burton & Umphred, in press; Cole, 1986). In light of this, it is the responsibility of therapists to mitigate their role in reinforcing the factors that may put disabled children at risk. Basic theoretical and clinical practices in the occupational therapy profession can be advantageous in this respect as active, purposeful participation in therapeutic activities is stressed as necessary to achieve results.

Future Research

There is much room for further research in this area. At the current time, the literature on this topic is burgeoning. It may be less important now to establish prevalence of sexual abuse among the disabled population than to direct attention and resources toward the special dynamics and factors surrounding the abuse in an effort toward program development and prevention (Sobsey, 1988b; Sobsey, Wells, Pyper & Reimer-Heck, 1991).

Among physically disabled subjects, this study detected little change in reports of sexual abuse when there was moderate to severe language impairment. The frequency was similar for both samples. This remains an important area for future research, because the literature points to the ability of children to communicate to an adult about appropriate and inappropriate sexuality as one of the most important factors in prevention (Finkelhor, 1986).

Another useful area of research would be to investigate in more detail how or if medical and therapeutic practices affect risk factors for sexual abuse. This topic was addressed in a exploratory way by the present study. Preliminary results indicate that further study is merited.

A possible confounding factor should be taken into account when studying this topic. Some people who do not consider themselves physically disabled report a history of therapy or medical condition which required them to consistently be disrobed in the presence of others.

Some of the confusion and doubt expressed by respondents in this study regarding definitions of sexual abuse may have been influenced by the failure to distinguish between adolescents and children in the scenario presentations. In order to investigate how this factor might affect results, a similar study could be

conducted that does account for differences in adolescent and child stages of sexuality.

Little research has been conducted on the actual sexual experiences of disabled teens. As this study and other studies pertaining to Research Question 4 showed, typical disabled persons develop in their sexual relationships with other people somewhat differently than non-disabled peers. It would be useful to continue to investigate attitudes regarding sexuality and sexual abuse with a more developed understanding of the psycho-sexual development and cultural milieu of disabled teens. This kind of research, both from a phenomenological perspective and a statistical perspective, is lacking in the current literature.

The information gained in this study suggested that disabled people, in even greater numbers than non-disabled people, think that sex between adults and children (defined in this study as 18 years of age and younger) may be justified as "teaching" sexuality to the disabled partner. The instrument used in this study was not sensitive enough to detect the thinking of respondents in detail, but this result bears further study.

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Appendix A
The Questionnaire

1. Are you: ☐ FEMALE ☐ MALE

ANSWER QUESTIONS 2-4 ONLY IF YOU ARE PHYSICALLY DISABLED, SKIP TO 5 IF YOU ARE NOT.

2. At what age did you become disabled?

- ☐ 0-4 years old
- ☐ 5-9 years old
- ☐ 10-14 years old
- ☐ 15-18 years old
- ☐ as an adult

3. How physically involved were you as a child (0-18 years)?

- ☐ only mildly (little or no limitations in any extremity).
- ☐ legs were involved but could still walk (possibly with cane or crutches)
- ☐ wheelchair dependent but with good upper body use
- ☐ wheelchair dependent with limited upper body affected
- ☐ limbs and neck severely affected

4. How affected was your speech when you were a child (0-18 years)?

- ☐ not affected at all
- ☐ only mildly affected
- ☐ moderately involved
- ☐ severely involved
- ☐ could not speak

5. When did you first become aware of yourself as a sexual being?

- ☐ 0-4 years old
- ☐ 5-9 years old
- ☐ 10-14 years old
- ☐ 15-18 years old
- ☐ as an adult
- ☐ I haven't

6. When did you first experience sexual intercourse (genital, oral, anal, etc)?

- ☐ 0-4 years old
- ☐ 5-9 years old
- ☐ 10-14 years old
- ☐ 15-18 years old
- ☐ as an adult
- ☐ I haven't

7. When did you first experience sexual activities (masturbation or sensual exploration)?

- ☐ 0-4 years old
- ☐ 5-9 years old
- ☐ 10-14 years old
- ☐ 15-18 years old
- ☐ as an adult
- ☐ I haven't

If a disabled child was touched by an adult in private places of the body in ways that made the child feel very uncomfortable but the child was always clothed...

8. Do you feel that this would be an example of sexual abuse?

- ☐ yes
- ☐ no
- ☐ I am not sure

9. Did something like this ever happen to you?

- ☐ yes
- ☐ no
- ☐ I am not sure

While helping a child undress, if an adult would touch (touch only) the child in a sexual manner...

10. Do you feel that this would be an example of sexual abuse?

- ☐ yes
- ☐ no
- ☐ I am not sure

11. Did something like this ever happen to you?

- ☐ yes
- ☐ no
- ☐ I am not sure

If an adult would have oral sex with a child in order to "teach" the child about sexuality...

12. Do you feel that this would be an example of sexual abuse?

☐ yes ☐ no ☐ I am not sure

13. Did something like this ever happen to you?

☐ yes ☐ no ☐ I am not sure

If an adult would engage in sexual relations with a child in order to "teach" the child about sexuality...

14. Do you feel that this would be an example of sexual abuse?

☐ yes ☐ no ☐ I am not sure

15. Did something like this ever happen to you?

☐ yes ☐ no ☐ I am not sure

If a person would force a child to have sexual relations...

16. Do you feel that this would be an example of sexual abuse?

☐ yes ☐ no ☐ I am not sure

17. Did something like this ever happen to you?

☐ yes ☐ no ☐ I am not sure

Answer questions 18-21 only if you answered yes to one or more of questions 9, 11, 13, 15, and/or 17.

Place a check on each of the following scales to show how you feel about each statement.

Sex in childhood was...

18. good _____ bad

19. pleasurable _____ painful

20. negative _____ positive

21. harmful _____ helpful

☐ The memory of childhood sex is so vivid and painful that I can't respond.

☐ I can not recall these feelings.

Answer questions 22-26 regardless of how you answered all of the other questions.

22. The rate of child sexual abuse is lower for physically disabled children than it is for the able-bodied population.

☐ I strongly agree

☐ I feel neutral

☐ I strongly disagree

23. The physically disabled are more vulnerable to sexual exploitation than are children who are able-bodied.

☐ I strongly agree

☐ I feel neutral

☐ I strongly disagree

24. Sexual abuse of physically disabled children should be examined further.

☐ I strongly agree

☐ I feel neutral

☐ I strongly disagree

25. What age group do you fall into?

☐ UNDER 18 ☐ 18-21 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ OVER 60

26. Have you had a medical condition or therapy which required you to consistently be disrobed in the presence of others? ☐ yes ☐ no

Answer the following question only if you did not answer all the questions above.

27. I did not finish filling out this questionnaire because

☐ It brought back painful memories

☐ It was against my moral beliefs

☐ another person was aiding me and I felt uncomfortable

☐ other (please state) _____

c GORDON U. BURTON 12/5/1989

Appendix B
Informed Consent Letter

College of Applied Sciences and Arts • Department of Occupational Therapy
One Washington Square • San José, California 95192-0059
Main Office: 408/924-3070 • Fieldwork Office: 408/924-3078 • FAX: 408/924-3088

Dear Participant,

We need your help in conducting a study on attitudes about sexuality and sexual experiences, including unwanted sexual experiences. Attached is a questionnaire asking you to reveal some very personal and sensitive information. Most of the questions deal with sexuality and some may produce feelings of discomfort. Please know that the information will remain confidential and that the purpose of the study is to enhance our understanding of the complex nature of sexual experiences and attitudes about sexuality.

Participation in this study is voluntary. You may choose not to participate without risk of prejudicing your relations with (name of institution). You may withdraw your participation at any time and you may choose not to answer questions that make you feel overly uncomfortable. If you decide to fill out the questionnaire, please answer the questions as honestly as you can. Some of the terms may seem undefined to you, so use your own definitions for those questions. All the information you provide will remain anonymous, although the collective responses will be used to prepare papers for presentation and publication. In no way will any of the information on the questionnaire be identified with any of the participants

in the study. The questionnaire usually takes about 10 or 15 minutes to complete.

If you choose not to fill out the questionnaire, will you take a moment to let us know your reasons by answering question number 27?

Questions regarding this study may be addressed to Kaya Brown, (408)479-0327, or Dr. Gordon Burton, (408)924-3074. If you find that answering this questionnaire brings up very uncomfortable feelings, please feel free to contact us for counseling referral. If you have questions or complaints about this study or you want to know about research participants rights, please contact Dr. Serena Stanford, Associate Academic Vice President for Graduate Studies and Research at San Jose State University, (408)924-2480. Your participation will assist us to expand our awareness and understanding of various views and experiences of sexuality, so that health professionals will be better prepared to work with the public.

Thank you very much for your assistance with this study.

Sincerely,

Kaya Brown, OTS
Kaya Brown, OTS