

General Considerations

When providing services to a person with a disability, consider that:

- The disability may influence their ability to communicate.
- A person with a disability is entitled to the same dignity, respect and rights you expect for yourself.
- Person first language places the person before the disability (e.g., “a person with a disability” rather than “a disabled person”).
- Taking the time to listen and understand the situation enables the person to guide you to the support she/he needs.
- If you do not understand the message a person is trying to communicate, being honest is the best practice. Be patient and ask for suggestions to improve the interaction.
- If someone with a disability is accompanied by another individual, address the person with the disability directly rather than speaking “through” the other person.
- When interacting with a person who uses a wheelchair, sit at her/his level.

Accommodations are often essential to enable persons with a disability to access services. An “accommodation” is a modification to goods, services and structures that allows for inclusion and participation by a person with a disability.

The Facts

West Virginia has the highest rate in the nation of people with a disability, at 24.4% of the population.¹

1 in 6 women and 1 in 21 men in West Virginia experienced an attempted or completed sexual assault in their lifetimes. These rates are significantly higher for residents who have a disability—14% for those with a disability versus 9.6% for those without a disability.²

Nationally, only 14% to 39% of sexual assaults are reported.³

Reporting by victims with a disability is even less frequent.

Many factors can complicate the ability of persons with a disability to report, seek help and access services.

¹2000 U.S. Census for civilian, non-institutionalized persons, aged 5+.

²2008 WV Behavioral Risk Factor Surveillance System Survey.

³D. Kilpatrick, Rape and Sexual Assault, 2000.

Call Us.
Someone is here to listen and to help.

CONTACT Huntington, Inc.

Huntington
304-399-1111

Family Refuge Center

Lewisburg
304-645-6334

Hope, Inc.

Fairmont
304-367-1100

Rape and Domestic Violence Information Center

Morgantown
304-292-5100

REACH

Family Counseling Connection

Charleston
304-340-3676

Sexual Assault Help Center

Wheeling
304-234-8519

Shenandoah Women’s Center

Martinsburg
304-263-8292

Women’s Aid In Crisis

Elkins
1-800-339-1185

Women’s Resource Center

Beckley
304-255-2559

National Sexual Assault Hotline

1-800-656-HOPE



West Virginia Foundation
for Rape Information and Services

www.fris.org

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Information
for service
providers

Serving
Sexual
Violence
Victims
with Disabilities



Understanding Sexual Violence Victims with Disabilities

Risk Factors

Commonly cited potential risk factors for sexual victimization for people with a disability include:

- Type of disability—risk may be higher for persons with certain physical and intellectual disabilities, developmental disabilities and severe mental illnesses;
- Reliance on others for care, assistance and management of personal affairs;
- Communication barriers;
- Perceived lack of credibility;
- Lack of resources/knowledge of resources;
- Lack of accessible transportation;
- Social isolation; and
- Lack of knowledge about sexuality and healthy intimate relationships.

Barriers to Seeking Help

- Lack of accessibility to services (e.g., due to reliance on an abusive caregiver to access resources);
- Situational factors (e.g., lack of a needed service in the community);
- Fear of perceived consequences (e.g., retaliation by an offender, loss of independence); and
- Socialization and educational factors (e.g., socialized to be compliant or manipulated to feel blame).

For more information on this topic, see the [WV S.A.F.E. Training and Collaboration Toolkit—Serving Sexual Violence Victims with Disabilities](#)

www.fris.org.

When Persons with a Disability Disclose Sexual Violence

Empower victims to make their own choices about what they need to heal, rather than trying to “fix” the situation for them.

Convey to victims that you believe them, it was not their fault and you can assist in getting help. Respect and accommodate their methods and pace of communication and their needs, abilities and experiences.

Ask if they are safe. If they are not, offer to help develop a short-term safety plan that accommodates their circumstances. If there is imminent danger, call 911/seek emergency assistance according to your agency's policy. If there is time, you can also help them develop a long-term safety plan.

Ask each victim “Is there anything I should know that will enable me to better assist you?” If victims disclose having a disability, identify their concerns as to how the disability may affect their reactions to the assault, their safety or their ability to access services, and what accommodations would be useful.

Discuss medical needs. If the assault was recent, explain the importance of getting immediate attention for injuries, the prevention of sexually transmitted infections and/or pregnancy. Help facilitate medical care for victims according to agency policy.

Discuss reporting options. Victims can decide whether or not to report a sexual assault to law enforcement, unless the situation meets the criteria for mandatory reporting. A resident over the age of 18 is presumed to be competent to make her/his own decisions unless a court determines otherwise. If a person is declared to be legally incompetent, the court can appoint a guardian/conservator. A guardian is responsible for a “protected” person's personal affairs while a conservator manages financial affairs, both according to the terms and conditions of their appointments. If a mandatory report is required, encourage the victim to initiate the report and offer assistance in reporting.

Explain the importance of evidence collection. Forensic evidence from the victim's body and clothing can expedite the case investigation and prosecution, and should be collected as soon as possible after a sexual assault. Victims can have a forensic medical examination within 96 hours of the assault to assess medical needs and collect evidence, even if no decision is made about reporting to law enforcement. To preserve evidence until it can be collected at a medical facility, instruct victims not to bathe, change clothes, comb hair, urinate or douche prior to arrival at the hospital. Encourage discussions with medical staff regarding accommodations needed during the exam.

Identify immediate concerns. Victims may have questions and concerns such as whether what happened to them was illegal, the cost of medical treatment, how to preserve evidence, or about others' reactions to the assault. Help them prioritize the most pressing concerns and consider options to addressing them.

Provide victims with referrals as needed, particularly to the local rape crisis center.

Determine if you are a mandated reporter of suspected abuse, neglect or an emergency situation involving an adult who is incapacitated or a child. An adult who is “incapacitated” is one who cannot independently conduct daily life sustaining activities due to a physical, mental or other infirmity (WVC§9-6-9). To make a mandatory report, call your local Department of Health and Human Resources or 800-352-6513 (24-hour hotline).

Create a Welcoming Environment

Consider what you and your agency can do to create a welcoming environment to serve sexual assault victims with disabilities.

- Advertise services in accessible formats and in venues utilized by persons with disabilities.
- Provide services at no or low-cost.
- Identify relevant resources (such as interpreters) and ensure you have the capacity to communicate with persons with a disability seeking services.
- Partner with local disability service providers to ensure that your agency has the necessary accommodations available (such as green space for service dogs, intake forms in alternate formats, signage that indicates accessible entrances and parking, etc.).
- If agency facilities are not physically accessible, arrange for equivalent services at an alternate site.
- Work to change policies and practices that limit access to services, and encourage those that increase safety for individuals with disabilities.
- Partner with agencies serving persons with disabilities to provide education on the risk of sexual victimization, strategies to help reduce that risk, and how to respond if someone is sexually assaulted. Education should stress that while individuals can take measures to protect themselves, they should never be blamed or held responsible for their own victimization.