

Campus Sexual Assault & College Students with Disabilities: The Overlooked Victims of Violence

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Interpersonal violence (IPV) and sexual assault is a prominent issue on college and university campuses across the nation. The rates of violence have increased over the past few decades; recent studies show that 26% of undergraduate women and 7% of undergraduate men experience some form of nonconsensual sexual contact during their time in college (Cantor et al., 2019). These alarming rates have prompted a swift response from higher education institutions as well as the United States government in the form of mandatory training and legislation, such as Title IX and the Dear Colleague Letters. Research studies are also an important part of institutional response because this is how colleges and universities can better understand the nuances of IPV and sexual assault on their campuses and how to construct appropriate resources. As of now, *IPV* is defined as “physical, emotional, technological, verbal, or controlling abuse” (Findley et al., 2016, p. 2802) meant to demean and overpower an individual. *Sexual assault* is a branch of IPV and an umbrella term that includes any nonconsensual sexual contact, such as rape, fondling, and sexual coercion (RAINN, n.d.).

IPV and sexual assault affect different demographic groups in a variety of ways and despite the rapid growth of research on certain student subpopulations, there is still little known about how IPV and sexual assault affect students with disabilities. According to the 2019 Association of American Universities (AAU) Campus Climate Survey by Cantor et al. (2019), students with no disabilities experienced nonconsensual sexual contact at a rate of approximately 9.4% whereas students with disabilities were at an average rate of 17%. Considering the high rates of IPV and sexual assault that students with disabilities face, higher education institutions can play an active role in protecting these students. However, research in this area suggests that institutions may be failing to holistically support students with disabilities due to the misunderstanding of student experiences. By reviewing existing literature about students with disabilities and their experiences with IPV, this article intends to identify recommendations for best practices that can be used by institutions to provide better support to students with disabilities who experience IPV or sexual assault.

In general, students with disabilities account for approximately 11% of the undergraduate population (National Center for Education Statistics [NCES], 2013) and as college becomes more affordable and accessible, this number will continue to rise. Disabilities that students can come to college with include, but are not limited to, visual and hearing impairments, physical/mobility impairments, and learning disabilities, all of which can affect a student’s ability to navigate campus and the classroom. Developing advancements in technology allow for the creation of new tools that can enhance students’ ability to access information in the environment around them, which can encourage students with disabilities to get more involved on campus and within their communities (Findley et. al., 2016).

The recent wave of research has uncovered vast insight into the effects of sexual assault and IPV on the general college student population. For example, women are at a higher risk of experiencing IPV and sexual assault on campus than men (Fisher et al., 2000),

regardless of the demographic group. Other risk factors include alcohol and drug abuse, living on campus, and being a freshman/sophomore, all of which can increase the likelihood that a student experiences IPV or sexual assault (Campe et al., 2019; Fisher et al., 2000). Following acts of IPV and sexual assault, survivors can face negative psychological and physical consequences (Sabina & Ho, 2014; Scherer et al., 2013), which suggests the critical role that higher education institutions play in intervening in the aftermath of these incidents. However, the aforementioned risk factors are compounded by the complex effects that a disability can have on a student's social life, mental health, and academic performance, hence the importance of understanding the intersections of disabilities and IPV/sexual assault.

Within this literature review, the term *students with disabilities* will be used to refer to this student subpopulation as it is the term most commonly used in research in this area. However, there is much discourse around this term and its use of person-first language, and whether or not the term *disabled students* should be used instead. Similarly, the terms *victim* and *survivor* may be used interchangeably throughout this article to refer to a person who experienced an act of violence. Note that despite the language used in this article, a person who has a disability and/or a person who has experienced an act of violence should be asked about what term they prefer.

Risk Factors & Acts of Violence

As mentioned previously, existing research indicates that students with disabilities face a higher rate of IPV and sexual assault (Bonomi et al., 2018; Campe et al., 2019; Plummer & Findley, 2012; Powers et al., 2002). This may be because of the perceived or actual vulnerabilities that this group has; for example, a student with a mobility impairment may have physical difficulty getting away from their perpetrator or a student with a cognitive impairment may be unable to fully communicate their intentions in a social situation (Campe et al., 2019; Findley et al., 2016). Brown et al. (2017) reinforce this in their study where they found that students who have been diagnosed with Autism Spectrum Disorder may be at a higher risk for sexual assault due to their sexual inexperience and inaccurate perceptions of social situations.

Even though *students with disabilities* is used as a blanket term, different types of disabilities result in various experiences which in turn, makes it challenging to capture a precise percentage of students with disabilities who experience IPV. According to the 2019 AAU Campus Climate Survey by Cantor et al. (2019), the rate of victimization among students with disabilities varied depending on the type of disability; the highest rate was seen in students with a chronic mental health condition such as depression, post-traumatic stress disorder (PTSD), and anxiety disorder at 26.3%. Additional rates for disabilities noted in this study are attention-deficit/hyperactivity disorder (ADHD) at 15.2%, chronic medical conditions (e.g., diabetes) at 12.6%, and other disabilities like Autism Spectrum Disorder, mobility-related disability, and sensory-related disability (e.g., blindness) at 13.5%. This variability in rates suggests the importance of understanding how the type of disability a student has influences what they experience, which can better prepare institutions to respond to incidents of IPV.

A major risk factor seen in students with disabilities is social isolation and the subsequent low self-esteem they can face (Bonomi et al., 2018; Plummer & Findley, 2012). Abusers often exploit a person's lack of confidence to coerce them into doing whatever the abuser wants, leading to a concept known as *learned helplessness*. Students with disabilities

tend to be more socially isolated, which may lead them to feel powerless in an abusive relationship due to their fear of being alone (Campe et al., 2019; Plummer & Findley, 2012). In turn, abusers exploit this fear and vulnerability to control the person with a disability.

Bonomi et al. (2018) build on this notion of exploitation in analyzing hookup connections and long-term relationships between students with disabilities and able-bodied students. In hookup connections, a student's disability may be used to manipulate an emotional connection. An example of this is when an abuser encourages someone who is taking a certain type of medication to drink alcohol, knowing that it can cause a negative physiological interaction in the person. The abuser then masks this as "taking care of the person" when in reality, they are attempting to take advantage of the person's incapacitated state (Bonomi et al., 2018). Long-term relationships involving a student with a disability may have more instances of physical and psychological abuse, which is where exploitation and disability-specific abuse becomes prevalent. The abuser may try to convince the person that their disability makes them undesirable in an attempt to further socially isolate them (Bonomi et al., 2018).

This is further echoed in Snyder (2015), which investigated the acts of IPV/sexual assault on female students with ADHD. This group of students was seen as inattentive and unable to perceive risk and thus, they were more likely to experience higher rates of sexual assault. Students with ADHD may have more difficulty making friends and therefore may act out and engage in risky behavior such as consuming alcohol/drugs in order to impress those around them. Because alcohol and drugs are frequently used as weapons in perpetrating sexual assault, the likelihood of female students with ADHD experiencing sexual assault increases. In this study, out of the 1,552 students surveyed, "of those females with ADHD, 16.5% reported experiencing any of the types of sexual victimization compared with 10.3% of females without ADHD" (Snyder, 2015, p. 1376), which was found to be statistically significant. Once more, this reinforces how abusers capitalize on the isolation this group of students feel in an attempt to exert power over them.

Similarly, Campe et al. (2019) investigated how disability types can affect the nature of abuse experienced. They found that students with psychiatric conditions were most affected by abuse in general, but students with learning disabilities, psychiatric conditions, and chronic medical illnesses were more at risk for attempted or completed non-relationship assault. Moreover, blind and/or deaf students were at a higher risk for relationship violence than they were for non-relationship assaults. Substance use (e.g., binge drinking, frequent alcohol consumption, and marijuana use) increased the odds of female students with a disability experiencing non-relationship assault, but these increased odds were not as high as that of female students without disabilities (Campe et al., 2019). This could be because, as mentioned previously, students with disabilities are often socially isolated, meaning they may not be involved in social situations with alcohol or drugs as often as their able-bodied counterparts (Campe et al., 2019; Plummer & Findley, 2012) and therefore, may not be able to accurately gauge their tolerance for substances.

Barriers to Reporting

It is natural to assume that a student who experiences an act of violence will report it to the proper authorities. In general, survivors of IPV and/or sexual assault are less likely to report (Patterson et al., 2009), but for students with disabilities, additional factors can influence their

reasons for not reporting. One major reason is that they may not know or define what they have experienced as abuse (Ludici et al., 2019; Plummer & Findley, 2012) or it may not be considered abuse under the law. For example, moving furniture to affect a blind student's mobility may not prompt immediate action from a higher education institution or law enforcement, thus making the student less likely to report it. This lack of support can be very damaging to a student's ability to heal from the trauma and may impact their motivation to pursue degree completion.

Another reason why students with disabilities may delay or negate reporting stems from the social perceptions about those with disabilities. For example, they are seen as "sexless" by society and therefore, a student with a disability may fear that they will not be believed if they come forward with a report of sexual assault (Ludici et al., 2019; Plummer & Findley, 2012). Because these stereotypes have been entrenched in society for so long, it is less likely that the resources and support needed by this group of students will be available. Therefore, when students with disabilities do choose to report acts of violence, they can be met with insensitivity and a lack of support. Professionals working with survivors with disabilities are typically not trained to offer specialized resources and services, making these incidents more challenging to overcome (Powers et al., 2002; Sabina & Ho, 2014).

The National Council on Disability (2018) conducted an in-depth review of the reporting experiences of students with disabilities, as well as the perceptions of professionals that work with this group of students. Overall, the Council found that there were massive gaps in the services that institutions were providing to students with disabilities. In terms of physical access, the spaces that disability service offices are in may not be conducive to working with students who have mobility impairments. Some offices do not have automatic doors that open for those who need them, and others are located in buildings without working elevators. Even if a student can physically access the office, some of the meeting rooms are too small to accommodate larger assistive devices like wheelchairs, which can leave students feeling claustrophobic and uncomfortable. In some offices, there is a lack of aids immediately available for use when working with a student with a disability. The example posed by the report is if a deaf student walked into an office wanting to disclose an act of violence and no one working in the office knew American Sign Language (ASL), there would be no way for the student to communicate with the staff. One professional noted that by not having an ASL interpreter or assistive technology readily available, the staff had to pass a notebook back and forth with the student (National Council on Disability, 2018), which can be uncomfortable for the student.

This also highlights an issue that may arise when reporting after hours; if the campus public safety/police or residential life staff are not equipped to accommodate and respond to a report from a deaf student, this can leave the student feeling unsafe on campus. Many offices do not have a standard procedure for enacting the usage of assistive technology or other kinds of aid which can lead to confusion when said aids are needed (National Council on Disability, 2018). By not having a contact person for accommodation services, staff members in these offices must think of solutions in the moment, which may not be the most appropriate course of action for the situation. If a student cannot use on-campus resources, the institution typically does not have any connections to off-campus resources qualified to help the student (National Council on Disability, 2018). Thus, while dealing with emotional trauma, the student may have to find their own resources.

The last barrier that is commonplace for students with disabilities is that institutional websites typically do not have language around survivors with disabilities and resources that are specifically for students that require disability accommodations. Most of these websites are not provided in alternate formats that are accessible to screen reading tools or for those with low vision (National Council on Disability, 2018). Because this information is not readily available and accessible, students with disabilities who experience IPV may feel as though they have nowhere to turn and may choose not to make a report.

The Aftermath

IPV and sexual assault can have devastating consequences on a student's life. However, students with disabilities are more likely to experience worse psychological effects like depression, anxiety, feelings of stress, and suicidal ideation (Bonomi et al., 2018; Plummer & Findley, 2012; Scherer et al., 2013). Although these are also effects that able-bodied students can feel after incidents of IPV, the aftermath for students with disabilities can be compounded by the aforementioned feelings of social isolation and the fear of being alone. Mental stress can exacerbate the student's condition or disability by causing them to neglect their physical health (Plummer & Findley, 2012). For example, a student may feel so depressed that they do not seek medical attention for an injury that they suffered as a result of violence or their aggravated condition that may have flared up due to stress. Students with disabilities may withdraw from social settings in an attempt to protect themselves from further IPV, which may affect their relationships, academics, and physical health (Bonomi et al., 2018). The detrimental effects that IPV and sexual assault can have on students with disabilities highlight the importance of providing specialized resources to this group of students, as it can help them feel more supported and ameliorate the consequences of violence (Scherer et al., 2013).

Moving Forward

Despite the trauma that students with disabilities face as a result of IPV, there are many steps that higher education institutions can take to better support this student subpopulation. First, professionals need specific training to understand "the unique needs of students with disabilities, [the] different types of disabilities and how individuals may experience them, how students may define disability, [and] framing disability as an identity beyond a diagnosis" (National Council on Disability, 2018, p. 51). By doing so, professionals can be more intentional when engaging with students with disabilities who have experienced IPV and can provide the support they need. In the same vein, collaboration amongst offices on campus can improve the experiences of students seeking help and looking to report. Offices like Title IX, Student Conduct, Violence Prevention, and Disability Services are often siloed, which can create a disconnect in the coordination of services (Findley et al., 2016; National Council on Disability, 2018). By working together in these efforts, these offices would be better able to communicate with one another and streamline the accommodations that students may need.

This would also help in training different offices on supporting students with disabilities and educating them on IPV, sexual assault and available resources. Providing educational materials about the types of abuse including disability-specific abuse can give students and professionals a better understanding of what constitutes abuse, which may help students

recognize abusive experiences. Violence Prevention offices and Disability Services can work together to assist in safety planning should a student face an act of violence. These offices can help create language for marketing resources and services available specifically for this group of students and ensure that the marketing is accessible to everyone. An example of this marketing collaboration might be creating a page on a Violence Prevention office's website specifically about the unique experiences of students with disabilities who endure an act of violence and specific resources and accommodations that are available for the student.

Institutions can work towards increasing awareness of students with disabilities within the general student population. Students with disabilities are more likely to disclose instances of IPV to informal sources like friends or roommates (Findley et al., 2016), so all students should be well-informed of the support that is available to survivors. Sexual assault educational programming should include language around students with disabilities as a way to break the stereotype that students with disabilities do not face IPV or sexual assault and should also be tailored directly to students with disabilities. Situations used in such training currently do not necessarily translate into the experiences of students with disabilities so having more applicable scenarios can resonate better with this student subpopulation (National Council on Disability, 2018). Additionally, training should be available in multiple formats to accommodate different learning styles and disabilities.

Disability should be a demographic included in research and surveys distributed by institutions so that institutional leadership and student affairs professionals can better inform their practices. Future research should further investigate how other aspects of a student's identity can affect their experiences and if students with disabilities that also hold another minoritized identity face higher rates of violence than those who do not. This can help higher education institutions create and shape resources that better fit students' needs.

Conclusion

Overall, institutions have a long way to go before they achieve a holistic understanding of students with disabilities and their experiences with IPV and sexual assault. While there is a lot of literature surrounding campus sexual assault, there is little conversation regarding this student group and the specific types of abuse that they can face. Existing literature uncovers the higher rate at which students with disabilities experience IPV and the lack of resources available to them. Moreover, these rates can vary depending on the type of disability the student has. This suggests the important role that higher education institutions play in the intervention and prevention of IPV and sexual assault. Both student affairs professionals and the general student population need better education surrounding the experiences of students with disabilities, so they are more informed and equipped to respond to students that need help. IPV and sexual assault are major issues on college and university campuses across the nation, but they affect vulnerable students, more specifically students with disabilities, to a higher degree and thus, institutions must make extra efforts to protect them.

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