

Original Article

Status and Issues of Sexual Violence Victimization Experienced by People with Disabilities and Consultation Support in Japan: Analysis Based on a Survey of Victims

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Abstract An online questionnaire survey was conducted with the aim of clarifying the status of sexual violence victimization of people with disabilities, requests for consultation and support after victimization, and future issues. The questionnaire results were simply tabulated, and the free responses were categorized. The survey subjects comprised individuals with disabilities who had experienced sexual violence victimization at least once. Of the 54 respondents, approximately 80% had experienced victimization multiple times. Additionally, the most common response regarding the perpetrator was that it was “someone they knew.” This response accounted for approximately 60% of all responses. Various difficulties arose in cases of sexual violence victims with disabilities seeking consultation depending on the type of disability. Additionally, half the respondents mentioned that consultations regarding the type of disability were useful in recovery. Future issues include the following: 1) implementation of fact-finding survey of sexual violence victims with disabilities, 2) strengthening of penalties for sexual violence that takes advantage of disabilities, 3) establishment of a consultation support system that considers the characteristics of sexual violence victims with disabilities, 4) transformation of society into one in which people with disabilities are respected, 5) promotion of initiatives led by sexual violence victims with disabilities, and 6) strengthening of crime prevention systems.

Key words: sexual violence victims with disabilities, consultation and support, questionnaire survey

I. Background and Purpose

Sexual violence is an act that severely violates the dignity of the victim and has serious long-term adverse effects on the victim's mind and body. Anyone can be a victim of sexual violence, but people with disabilities are a high-risk group for sexual violence victimization (Iwata, 2021: 70).

Internationally, research has been conducted on sexual victimization of children and adults with disabilities since the 1990s. A meta-analysis by Jones et al. (2012: 889) found that the risk of

sexual violence victimization of children with disabilities was 2.9 times higher than that of children without disabilities. Additionally, a meta-analysis by Amborski et al. (2022: 1337–1338) showed that the risk of sexual violence victimization was higher for adults with disabilities than for children with disabilities, and an analysis by disability type showed that the risk was highest for individuals with sensory disabilities, such as visual and hearing disabilities. Additionally, both men and women with disabilities were more likely to have been victims of sexual violence than men and women without disabilities (Basile et al., 2016). For example, a study by Mitra et al. (2016) found that 8.8% of men with disabilities, 6.0% of men without disabilities,

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25.6% of women with disabilities, and 14.7% of women without disabilities had experienced sexual violence in their lifetime.

Meanwhile, the survey conducted by the DPI Women's Network Japan (2012) on women with disabilities was the first to clarify the realities of sexual violence victims with disabilities in Japan. This survey revealed that of the 87 respondents, 31 (35%) had experienced sexual violence victimization (DPI, 2012: 11). The Cabinet Office Gender Equality Bureau (2018: 9) *Report on the "Survey and Research Project on the Ideal Method of Consultation and Support for Sexual Violence Among Young People"* indicated that 55% of sexual violence victims had some kind of disability. Furthermore, a study conducted by Iwata and Nakano (2019: 26) on people diagnosed with or suspected of having a developmental disorder showed that of the 32 respondents, 23 (71.9%) had been victims of some kind of sexual violence. However, DPI (2012) only surveyed women with disabilities, and the Cabinet Office Gender Equality Bureau (2018) only surveyed young people. Additionally, the subjects in the study by Iwata and Nakano (2019) comprised only those diagnosed with or suspected of having a developmental disorder. Therefore, research needs to be conducted on the actual circumstances of not only women with disabilities or those with developmental disabilities, but all sexual violence victims with disabilities, including men and sexual minorities.

Following the enactment of the Act on the Prevention of Abuse of Persons with Disabilities and Support for Caregivers ("The Act") in 2012, a report has been published every year on the response to the abuse of people with disabilities, including "sexual abuse" ^{Note 1)}. In this report, "abusers" are limited to caregivers, welfare facility staff, and superiors and colleagues at the workplace of individuals with disabilities. Therefore, this survey report does not clarify the actual circumstances of "sexual abuse" of people with disabilities in educational institutions and public offices, which are not required to report under the Act ^{Note 2)}.

Iwata (2023) conducted a questionnaire survey on support for all sexual violence victims with disabilities at one-stop support centers as comprehensive support for victims of sexual crimes ("one-stop support centers"). However, this survey targeted support providers in one-stop support centers, so the needs of the victims themselves were not fully grasped. Additionally, this study did not grasp the situation of sexual violence victims with disabilities who obtained support in any other way than at the one-stop support center or the situation of those who were unable to obtain support anywhere, so these aspects need to be researched.

The government has stated that measures against sexual crimes and sexual violence will be "implemented while sufficiently considering the characteristics of sexual crimes and sexual violence." For example, the "Policy for strengthening measures against sexual crimes and sexual violence" (FY2020–FY2022) and the "Policy for further strengthening measures against sexual crimes and sexual violence" (FY2023–FY2025) indicated that one characteristic of sexual crimes and violence is that "while people with disabilities are often victims, the damage tends to remain hidden" (Cabinet Office Gender Equality Bureau, 2020; Cabinet Office Gender Equality Bureau, 2023). However, detailed surveys on the current status of support for sexual violence victims with disabilities have not been conducted yet, and the actual circumstances and status of support for sexual violence victims with disabilities are not understood, so it is difficult to determine if specific support measures in these policies are adequate as support for sexual violence victims with disabilities.

Therefore, the focus of this study was sexual violence victims with various disabilities, and a survey was conducted with the aim of examining future issues as well as clarifying the status of sexual violence victimization, consultation and support after the victimization, and requests for consultation and support.

II. Research method

1. Research subjects

1.1. Survey subject selection criteria

The World Health Organization (WHO) defines sexual violence as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work” (WHO, 2002: 149). Therefore, in this study, this definition was referenced to define the research subjects as people with disabilities who had “experienced any unwanted sexual acts.” It should be noted that sexual violence victims include not only women, but also men and sexual minorities. Therefore, this survey targeted women, men, and sexual minorities with disabilities.

The Act on the Prevention of Abuse of Persons with Disabilities and Support for Caregivers defines people with disabilities as “those with a physical disability, intellectual disability, mental disability (including developmental disability), or other mental and physical disability, who is in a state where daily or social life is continually restricted owing to the disability and social barriers,” and it also includes those who do not have a disability certificate. Definitive diagnoses are also difficult for developmental disabilities. Therefore, this study also included people suspected of having a disability as survey subjects.

Additionally, in the case of victims with intellectual disabilities in particular, the parent or a support provider often seek advice rather than the victims themselves (Iwata, 2023: 95). Therefore, this survey included not only the victims but also the parents and support providers as survey subjects. Additionally, in cases in which the respondent was the parent or support provider, the respondent was asked to clearly state their relationship to the victim and was only allowed to answer if the victim’s consent was obtained.

1.2. Survey subject selection condition

In this study, given the possibility that recalling unpleasant experiences may cause emotional stress, the subjects were set as sexual violence victims with disabilities who met the criteria listed below. If the subjects were currently receiving counseling or psychiatric care, they were encouraged to consult with their physician or counselor about participation in the survey.

- ① People with disabilities aged 18 years or older
- ② People who have not been victims of domestic violence, sexual violence, or stalking within the preceding three months
- ③ People who have not planned or attempted suicide within the preceding three months

1.3. Survey subject selection method

The survey request form clearly listed the above-mentioned selection criteria and conditions, and only those who met the selection criteria were asked to cooperate in the survey. The discrepancy between the actual and reported numbers of sexual violence victims is high, which makes random sampling difficult. Therefore, a snowball sampling was used to select subjects, with survey requests made to groups of parents or people with disabilities for each disability type. The Internet and social media were also used to request survey participation from people with disabilities and related organizations.

2. Research method and ethical considerations

This study was approved by the ethics review board of Hosei University (Approval number 220211_2).

An online questionnaire survey was conducted in this study. Online surveys have issues with the representativeness of the respondents, as the respondents are limited to Internet users, and the majority of respondents are people who can use the Internet and have milder disabilities. Therefore, this method has disadvantages such as the

fact that the respondents cannot be considered representative of the population, the response rate is difficult to define, and a certain degree of bias may be present in the responses when compared with randomly selected data. However, this method also has certain advantages, as outlined below. First, online surveys reduce the burden on sexual violence victims. Many sexual violence victims want their victimization to be known about as less as possible, and even when seeking advice, they do not want others to see their faces or know their real names. Online questionnaire surveys allow subjects to complete them anonymously without showing their faces in person, which can reduce the burden on victims. Second, online surveys can take into consideration disabilities and COVID-19 infection measures. Online questionnaire surveys enable subjects to respond without the burden of travel or COVID-19 infection risk and allow them to respond while considering their own schedule and physical condition. Therefore, in this study, an online questionnaire survey was deemed desirable.

The survey was conducted after the relevant organizations and social media were informed of the results. Additionally, the request letters sent to organizations that were asked to refer survey subjects stated that participation in this study was voluntary and that subjects would not suffer any disadvantages based on their choice to participate or not. Respondents were only asked to respond if they consented to the aims of the survey. Furthermore, when making requests, consideration was given to not asking for any information that could identify individuals and assurance was provided that participation in the survey was voluntary, there would be no disadvantages to incomplete or partial responses, and the survey would not be used for purposes other than research. The responses were anonymous, and the questionnaire was self-administered by the respondents. The results obtained from the survey were compiled using qualitative research methods, excluding proper nouns, and consent was sought for the results to be published in the form of papers, academic presentations, and

other forms. Additionally, a link to a list of consultation points (one-stop support centers) was included in the questionnaire to prevent and reduce psychological anxiety and other issues caused by responding to the questionnaire. The questionnaire was collected from February 9 to March 12, 2023.

3. Analysis method

Simple tabulation was performed for the results. The free responses were organized and categorized using the qualitative content analysis method of Krippendorff (1980). The free response analysis results presented the generated categories as [] and the raw data as “ ”.

III. Research results

In total, 65 individuals responded to the questionnaire, specifically, 7 men, 54 women, and 4 others. Of these respondents, the 54 who had experienced sexual violence at least once were considered valid respondents and were included in the analysis.

1. Subject attributes

Table 1 presents the basic attributes of the respondents. Of the respondents, 52 (96.3%) completed the questionnaire themselves, and 2 (3.7%) completed it by other means. Specifically, a victim's mother and a homeroom teacher at a special needs high school responded for these two respondents. Regarding gender identity, the 54 respondents comprised 3 men (5.6%), 48 women (88.9%), and 3 others (5.6%), with the percentage of women being high. Regarding age groups, 22 were in their 30s (40.7%), accounting for the largest number of respondents, followed by 11 in their 50s (20.4%) and 9 in their 20s (16.7%). Regarding disability type (multiple responses), 30 had developmental disabilities (38.0%), accounting for the largest number of respondents, followed by 26 with mental disabilities (32.9%), 17 with physical disabilities (21.5%), 5 with intellectual disabilities (6.3%), and 1 with an incurable disease (1.3%). There

Table 1 Basic attributes of respondents (N = 54)

Basic attribute		Number of people (count)	Percentage (%)
Attribute	Victim	52	96.3
	Person other than victim	2	3.7
Gender	Male	3	5.6
	Female	48	88.9
	Other	3	5.6
Age	10s	1	1.9
	20s	9	16.7
	30s	22	40.7
	40s	7	13.0
	50s	11	20.4
	60s	4	7.4
Disability (multiple responses)	Developmental disability	30	38.0
	Mental disability	26	32.9
	Physical disability	17	21.5
	Intellectual disability	5	6.3
	Incurable disease	1	1.3
Disability certificate	Yes	48	88.9
	No	6	11.1

were 22 respondents who gave multiple responses to the question on disability type. Of them, 19 (86%) had both developmental and mental disabilities. Some victims had also developed mental disabilities following repeated abuse. Furthermore, 48 respondents (88.9%) had a disability certificate, whereas 6 (11.1%) did not. Those without certificates had either a developmental or a mental disability.

2. Experience of sexual violence victimization

Table 2 shows the details regarding the sexual violence victimization experiences of the respondents. Regarding the experience of being subjected to unwanted sexual acts, 27 individuals responded with “2–9 times” (50.0%), accounting for the largest number of respondents, and over 80% of the respondents had experienced multiple unwanted sexual acts. Regarding the gender of the perpetrator, 52 respondents indicated “male” (89.9%), but 8 respondents also indicated “female” (12.9%). Regarding the relationship with the perpetrator (multiple responses), 80 respondents indicated “someone they know” (friend/acquaintance, school associate, work-

place associate, (former) romantic partner, or sibling) (61.1%), accounting for the largest number of responses. This response was followed by “someone they do not know,” “parent (includes adoptive parents/stepparents),” and “other.” Some respondents also said that they could not identify the perpetrator because their visual disability prevented them from seeing the perpetrator’s face. Regarding the victimization type (multiple responses), 43 respondents indicated “nonconsensual physical contact” (27.6%), accounting for the largest number of responses. This response was followed by unpleasant sexual jokes, molestation, and nonconsensual sexual intercourse. Regarding their age at the time of victimization (multiple responses), 35 respondents indicated “20s” (24.5%), accounting for the largest number of responses, and approximately 80% of victimization cases occurred when the subjects were between elementary school age and their 20s. Regarding the location of victimization (multiple responses), 32 respondents indicated “home” (25.0%), accounting for the largest number of responses. This response was followed by “somewhere outside” and “other.”

Table 2 Victimization status of respondents (N = 54)

Item		Number of people (count)	Percentage (%)
Number of victimization incidents	1 time	7	13.0
	2–9 times	27	50.0
	≥10 times	20	37.0
Gender of perpetrator	Male	45	83.3
	Male/female	6	11.1
	Male/female/unknown	1	1.9
	Male/unknown	1	1.9
	Female	1	1.9
Relationship with perpetrator (multiple responses)	Person they know	80	61.1
	Person they do not know	26	19.8
	Parent (includes foster parent/step-parent)	13	9.9
	Other	12	9.2
Type of victimization (multiple responses)	Nonconsensual physical contact	43	27.6
	Offensive sexual joke	31	24.2
	Molestation	24	18.8
	Nonconsensual sexual intercourse	23	18.0
	Stalking	15	11.7
	Ambushing	11	8.6
	Other	9	7.0
Age at time of victimization (multiple responses)	Before entering elementary school	8	5.6
	Elementary school	23	16.1
	Junior high school	22	15.4
	After junior high school, before 17 years of age	16	11.2
	18/19 years	17	11.9
	20s	35	24.5
	30s	13	9.1
	40s or older	6	4.2
Location of victimization (multiple responses)	50s or older	3	2.1
	Home	32	25.0
	Near home	13	10.2
	When going out	31	24.2
	Workplace	13	10.2
	Facility	1	0.8
	School	14	10.9
	Hospital	4	3.1
	Other	20	15.6

3. Status of consultation and support after victimization

Regarding the question of whether respondents had confided or consulted with someone about their victimization, 45 (81.5%) responded “yes,” and 9 (18.5%) responded “no.” Table 3 shows the consultation persons (multiple responses) for the respondents who consulted about their victimization. Regarding consultation persons, 23 respondents indicated “friends/

acquaintances” (24.7%), accounting for the largest number of responses. This response was followed by “family/relatives,” and “other.”

3.1. Difficulties due to disability during consultations for victimization

The 45 respondents with experience of consultation for their victimization were requested free responses on what they felt were difficulties due to their disability during consultations for victim-

Table 3 Consultation persons after victimization (N = 45)

Consulted person (multiple responses)	Number of people (count)	Percentage (%)
Friend/acquaintance	23	24.7
Family/relative	19	20.4
Other	12	12.9
Medical personnel	10	10.8
Private professional institution or associate	9	9.7
Police	8	8.6
School associate	5	5.4
One-stop support center	3	3.2
Workplace associate	2	2.2
Facility associate	2	2.2

ization, and 19 responses (35.2%) were provided. Five categories were extracted by summarizing and categorizing the free responses. The categories and response examples are presented below, with the respondent's disability type indicated in parentheses.

- ① [Unable to describe the appearance of perpetrator]: "I was unable to describe the situation at the time of victimization or the appearance of the perpetrator because I am blind," "I am completely blind and I could not describe the appearance of the perpetrator, so I was harshly told by the police officer that a victimization report could not be filed. The police officer scolded me, saying, 'it's your fault because you didn't yell out'" (person with visual disability).
- ② [Difficult to convey victimization]: "I was unable to prove that I was unable to resist, and I could not prove the facts" (person with intellectual disability). "Because of my depression and developmental disability, I was unable to explain the victimization in chronological order" (person with developmental and mental disabilities).
- ③ [Victimization was not believed]: "I was told that I lied because I had a persecution complex due to my mental disability or because I wanted attention, and they didn't believe it was true" (person with mental and physical disabilities). "I am blind, so I was told things like, 'were you really touched? Maybe you are making a big fuss when a bat or something touched you'" (person with visual disability). "I am not good at communicating, so nobody believed me, and they left it as it was" (person with intellectual disability).
- ④ [Delayed recognition of victimization]: "My child had difficulty recognizing what they were subjected to as sexual abuse, so it took a while for me to realize" (parent of a person with intellectual disability). "Although it was a behavior that neurotypical people would have noticed as abnormal, I strongly believed the hidden meaning behind the perpetrator's words and what they had said in the past, so it was difficult for others to understand that it took a while to realize the danger" (person with developmental disability).
- ⑤ [Confusion]: "Would people think I was exaggerating as I talked; what would I do if people pointed out my faults? Would people believe me? Flashbacks. Will the other person be unable to take it all in? Would it cause trouble for the other person? Maybe what happened then was a lie [...] As I was going around in circles, I couldn't think straight, and I didn't understand myself" (person with mental and developmental disabilities).

3.2. Influence of consultation for victimization on recovery

When asked whether consultation helped in recovery after victimization, almost half of the 45 respondents with experience of consultation for their victimization answered affirmatively that it did, while the other half responded that it did not. Additionally, when asked for free responses on the reasons for their responses, 38 respondents (84.4%) provided answers.

■ Reasons why respondents thought that consultation helped in recovery after victimization

Five categories were extracted by summarizing and categorizing the free responses of respondents who believed consultation helped in recovery after victimization. Categories (1) and (2) were about the presence of a supportive person, (3) and (4) were about changes in the victim's behavior or feelings, and (5) was about the abuse no longer being present. The categories and response examples are presented below.

- ① [Presence of a supportive person]: "Having someone with whom I can talk about my unstable feelings is huge." "I knew there were people and places that would listen."
- ② [Appropriate response of consulted person]: "I felt a little better when I was told that it was not my fault." "I felt much better when I was told that I don't need to blame myself."
- ③ [Gained insights/organized emotions]: "Talking helped me organize my thoughts and helped me realize that what happened to me was sexual violence." "I realized that I was subjected to domestic sexual violence by the same person for a long period of time, and I understood the cause of my suffering."
- ④ [Healing of emotional wounds]: "It took time, but my emotional wounds gradually healed."
- ⑤ [Abuse no longer present]: "A victimiza-

tion report was filed, and this was referred to a prosecutor." "The perpetrator apologized [both to me and my parents], and the abuse went away afterwards."

■ Reasons why respondents thought consultation did not help in recovery after victimization

Three categories were extracted by summarizing and categorizing the free responses of respondents who believed that consultation did not help in recovery after victimization. The categories and response examples are presented below.

- ① [Inappropriate response of consulted person]: "I consulted my parents, but they didn't take me seriously." "I was molested by a classmate in my support class, but the school swept it under the rug." "The police did not respond to the abuse. I was told by a public institution related to women's consultations that they would not accept my consultation because I have gender dysphoria. Everywhere I went, it seemed like they couldn't empathize with the feelings of people with disabilities. The experts on sexual minority issues, sexual abuse, and disabilities were all compartmentalized in their own fields, and I felt out of place regardless of where I went."
- ② [Suffering second rape (secondary victimization)]: "I was told second rape statements such as, 'they do this because they think you are cute.'" "By verbalizing the victimization, I felt the damage I had suffered even more strongly. I was not believed, and I suffered secondary damage. The feelings and pain that I felt when I was victimized came back to me vividly, and it became difficult to live my daily life."
- ③ [No resolution]: "There was no solution at all. Just listening is meaningless." "They would just say generic statements such as 'sexual harassment is a serious violation of human rights.'"

3.3. Reasons for not seeking consultation for victimization

Five categories were extracted from the responses of the nine respondents who indicated that they did not have experience with consultation for their victimization regarding why they never sought a consultation anywhere (or with anybody). The categories and response examples are presented below.

- ① [Unable to talk about incident]: "I didn't have the courage to open up about my victimization" (man with mental disability). "I was too embarrassed to even seek a consultation." "I was so embarrassed, and I could not remember it, and I could not put it into words."
- ② [Did not know if it was victimization]: "Because I didn't even understand that was victimization at the time" (person who experienced victimization during junior high school).
- ③ [Did not know what to do]: "Because I didn't know what to do" (person who experienced victimization before entering elementary school). "I didn't know where to go for consultation."
- ④ [Problematic if there would no longer be people to rely on]: "I had thought that this person was the only person I could rely on at the time, so I had no choice but to let it slide" (person who was victimized by an associate at the welfare facility the person was using).
- ⑤ [Unable to describe perpetrator]: "Even if I went to a consultation, I would not be able to tell them the characteristics of the person" (person with visual disability (completely blind)).

4. Requests for consultation and support

The questionnaire included free-response questions asking, "What do you feel or what would you like to request from society regarding the actual circumstances of people with disabilities being more likely to experience sexual violence?"

and "What do you think is necessary for the development of a society in which people with disabilities can more easily seek consultation for victimization?" The response results for both questions were almost identical, so these free responses were summarized, organized, and categorized, which resulted in eight categories being extracted. Categories (1)–(4) were about requests regarding social awareness and systems, (5) and (6) were about requests regarding consultation centers, and (7) and (8) were about sex education for people with disabilities and efforts by victims themselves to prevent victimization. The categories and response examples are presented below.

- ① [Changes in social awareness of sexual violence victimization]: "Awareness of the fact that 'the cause is the perpetrator.'" "Eliminate the tendency to think that the victim may have been at fault as well." "Firmly establish a social consensus that sexual abuse that targets the weak is cowardly behavior." "Society that does not turn a blind eye [to victims]." "Delusion or vanity is often ascribed to those with mental disability. I would like what is being stated to be accepted as fact at the outset and to be properly investigated." "Society as a whole should recognize the reality that people with disability are more likely to suffer sexual violence victimization, and realize the extent to which this threatens the physical and mental safety of those people."
- ② [Change to a society that respects people with disabilities]: "Reduce prejudice and discrimination against people with disabilities." "People with disabilities should also be respected as humans." "Change ways of thinking that trample on the dignity of people with disabilities, such as 'people who cannot live without assistance that involves physical contact should tolerate at least some aspects.'" "I think that society has the perception that 'people with disabilities are the ones who

need support and should tolerate minor inconveniences and discomfort.' I think that abuse and sexual violence are an extension of the concept of, 'well, I'm helping you, so tolerate at least this much.'" "People with disabilities should not be isolated, in order to ensure that there are always people and places nearby where they can ask for help."

- ③ [Strengthening of crime prevention measures]: "I would like active installation of security cameras even in places with few people and few street lights." "I hope that portable crime prevention devices for people with visual disabilities are developed and become widespread." "Victimization is particularly likely in sparsely populated stations or on paths at night, so at the very least, I would like stations to not be left without personnel as much as possible" (person with visual disability). "The development and introduction of robots that can provide caregiving in place of humans would be desirable for reducing the risk of victimization by caregivers of people with physical disabilities" (person with severe physical disability).
- ④ [Strengthening penalties under laws regarding sexual violence]: "Sexual violence against people with disabilities should be strictly controlled under the crime of forced intercourse." "I have long suffered victimization by my biological father. In cases in which the victim has a disability, I would like the requirement for the crime of indecent assault by a guardian to be abolished." "I think that medical institutions should be added to the reporting obligation scheme under the Act on Prevention of Maltreatment of Persons with Disabilities." "There is a limit to what people with developmental disabilities can do unless sexual crimes are punished harshly."
- ⑤ [Establishment of a consultation system]:

"Establishment of consultation centers for people with disabilities." "I would like organizations that provide consultation and support for sexual violence victims to establish a system that can also respond to victims with disabilities. For example, if the victim is unable to physically access the consultation desk, then there is no way to seek a consultation." "I would like consultation desks to be properly established so that victims do not end up suffering in silence because they are unable to provide evidence or proof" (person with visual disability). "Obtaining or accessing information is difficult with a visual disability. It is necessary for people to be made aware even in non-urgent situations that consultation and support centers exist in emergencies, and accessibility must be properly considered when people think they would like to use such centers." "People should be given materials when they are given their disability certificates, and consultation locations for sexual violence should be taught at schools regardless of disability."

- ⑥ [Improvement in quality of consultation centers]: "Experts who receive consultations should not have the perception of 'it can't be helped since they're people with disabilities; it was just part of the support.' When going to them for consultation, it would be ideal if they would consider together with us how to respond according to the characteristics of the disability rather than just generalizing." "The people at the consultation centers should be aware that the victim may be a person with a disability." "Various methods of consultation should be allowed, such as writing, sign language, and interpretation." "There is also sexual abuse of men. I think this is an area that is difficult to visualize, so I would like more attention on that aspect."
- ⑦ [Improved sexual education for people

with disabilities]: “At support schools and other institutions, I would like to see classes that teach specific examples of sexual abuse so that people can immediately recognize the acts they have experienced as sexual abuse and seek help. I would also like study sessions for parents on the actual circumstances of sexual abuse” (family member of person with intellectual disability). “I would have liked to have been taught about how to protect myself, what situations to avoid, and what to do if encountering abuse when I was a child, regardless of my disability.” “I wonder if it was difficult for the individual to recognize abuse because there was no sexual education on topics such as private zones.”

- ⑧ [Efforts by people with disabilities to avoid abuse independently]: “I wish there were some means to protect ourselves.” “I think the most efficient way for people with disabilities to deal with this is to avoid living alone and avoid going out by themselves” (person with visual disability). “I want a place where people with disabilities can talk to fellow people with disabilities who have been sexually abused.” “It would be good for people with disabilities to participate even more in politics and create a system for preventing and reducing sexual abuse.”

IV. Discussion: Measures Against Sexual Violence Against People with Disabilities and Support Issues

1. Implementation of fact-finding survey of sexual violence victims with disabilities

Regarding the gender identity of the survey respondents, responses from women accounted for approximately 90%, and responses from men and others each accounted for approximately 5%. However, victimization among men and sexual minorities is more likely to remain hidden than

among women, and the discrepancy between reported and actual figures is larger (Hidaka, 2019; Miyazaki, 2023). Therefore, sexual violence victimization may be hidden even among men and sexual minorities with disabilities. Additionally, sexual violence victims with intersecting categories such as sexuality and disability are particularly likely to face the problem of having an established support environment. Therefore, the actual circumstances of sexual violence victims with disabilities need to be understood in the future with consideration to the perspective of intersectionality.

A Ministry of Health, Labour and Welfare (2023a) survey on the status of abuse of people with disabilities by employers showed that the number of victims of sexual abuse was higher among those with mental and intellectual disabilities. Additionally, a survey by Iwata (2023: 93) conducted in one-stop support centers on sexual violence victimization of individuals with disabilities showed that those with mental disabilities accounted for the largest proportion of victims, followed by those with developmental disabilities and those with intellectual disabilities. Meanwhile, in the present survey, when examining by respondent disability type, people with multiple disabilities (i.e., “mental and developmental disabilities”) were the most common, and the percentage of respondents with intellectual disabilities was the lowest. However, victims with intellectual disabilities have difficulty recognizing the victimization and reporting it (Eastgate et al., 2011: 226). Therefore, the results of the present survey may not necessarily indicate that there are fewer sexual violence victims with intellectual disabilities. Furthermore, there is also the possibility of not only victims with intellectual disabilities but also victims who have difficulty responding to questionnaires owing to severe physical disabilities. Additional fact-finding surveys of sexual violence victims with disabilities that include unreported incidents are essential so that measures may be taken that reflect the actual victimization of people with disabilities.

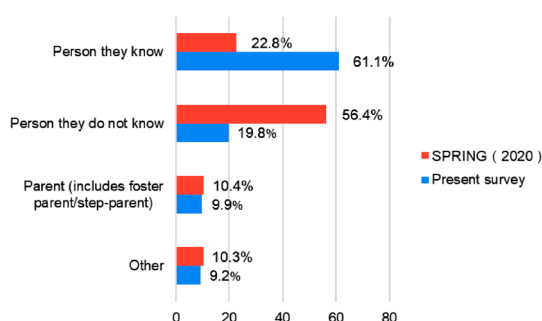


Figure 1 Comparison of perpetrators between Spring (2020) and present survey

2. Strengthening of penalties for sexual violence based on disabilities

Over 80% of the respondents in the present survey experienced multiple instances of sexual violence victimization, and approximately 40% of people also experienced victimization at least 10 times. Additionally, respondents who experienced victimization at least 10 times included those who experienced sexual victimization by the same person over a long period of time, as well as those who required assistance involving physical contact throughout their daily life owing to severe physical disabilities, which made it physically difficult to escape even when encountering victimization. Furthermore, approximately half the respondents who experienced victimization at least 10 times experienced victimization by parents (including adoptive parents and step-parents), and all the perpetrators were people the victims knew. A survey by Sobsey and Doe (1991: 247) indicated that nearly half of all women with intellectual disabilities have experienced sexual violence victimization at least 10 times in their lifetime. The present survey also found that those with disabilities were more likely to be victimized multiple times.

Fig. 1 shows a comparison of the perpetrators mentioned in the present survey and in the *Sexual Assault Fact-Finding Survey Questionnaire-Note3)* by Spring (2020). Considerable differences in the number of respondents can be seen between Spring (2020) and the present survey, but both surveys have the common feature of being online questionnaire surveys targeting sexual violence victims. Regarding perpetrators, the

present survey indicated that “people they know” accounted for the largest proportion at approximately 60% of the total, whereas Spring (2020: 13) indicated that “people they do not know” accounted for the largest proportion, at approximately 56% of the total. Additionally, in the present survey, the perpetrators listed as “other” were, from the victim’s perspective, mostly “people they know.” In other words, in the present survey, approximately 80% of the perpetrators were “people they know,” such as parents, friends/acquaintances, and romantic partners.

These results showed that sexual violence victims with disabilities were more likely to be the victims of repeated, regular victimization by “people they know” rather than sudden victimization by “people they do not know.” The results also suggested that the perpetrators easily performed the abuse by taking advantage of factors such as the victim being unable to describe the perpetrator’s appearance even when victimized, being unable to convey the victimization, not having others believe the victimization, being slow to recognize the victimization, and being in trouble without a person to rely on any more. Preventing such regular sexual violence victimization by people close to the victims who take advantage of the disability requires harsher penalties under laws regarding sexual violence against people with disabilities, as explained below.

The first step is the strengthening of penalties against acts that take advantage of a position or relationship in which a disability is known. Foreign countries such as the United Kingdom, Can-

ada, and Sweden have established “sexual crimes that take advantage of a position in which a disability is known” in addition to “crimes of non-consensual sexual intercourse” (Iwata, 2022: 43–46). Therefore, it would be ideal to strengthen the penalty for sexual violence against people with disabilities that takes advantage of “positions and relationships,” including violence perpetrated by those in interpersonal support professions, such as welfare workers, medical workers, and educators.

The second step is a review of the statute of limitations for prosecuting sexual violence against people with disabilities. The results of the present survey showed that many people with disabilities have difficulty recognizing their own victimization, and they required time before recognizing such victimization. In the case of South Korea, Article 21 of the Special Act on the Punishment of Sexual Violence states that the statute of limitations does not apply to rape crimes against minors, persons under the age of 13 years, and persons with physical or mental disabilities (Section 3). Therefore, consideration should be given on whether to remove the statute of limitations for cases with victims with disabilities, as in South Korea.

The third step is the repeal of the age requirement for the crime of indecent acts by guardians against sexual violence victims with disabilities. Under the June 2023 revision of the Penal Code, guardian indecency and guardian sexual intercourse are valid for those under the age of 18 years, but not for those aged 18 or older. However, the present survey revealed that some sexual violence victims with disabilities had been victimized by their biological fathers, who were their caregivers, over long periods, even before they entered elementary school, owing to their severe physical disabilities. Therefore, the age requirement for the crime of guardian indecency needs to be repealed if the victim has a disability.

3. Establishment of a consultation support system that considers the characteristics of sexual violence victims with disabilities

Approximately 80% of the respondents in the

present survey had experiences with consultations for their victimization. Approximately 30% of the respondents in this survey consulted experts or support centers; this percentage was higher than that of respondents who did so (approximately 10%) in the Spring (2020: 25) survey. However, sexual violence victims with disabilities experienced various difficulties during consultations for their victimization depending on their disability type. Many of the respondents in the present survey were also unable to consult about their victimization. Furthermore, only about half of the respondents who received consultation for their victimization indicated that it helped in their recovery.

The above results indicate that the first step should be to implement efforts to make consultations for victimization easier for sexual violence victims with disabilities. As seen in the survey respondents’ requests for consultation and support, it is essential to ensure physical accessibility for sexual violence victims with disabilities, ensure information accessibility, and improve the quality of consultation centers in order to improve the consultation system. Japan lacks one-stop support centers for people with disabilities, but South Korea has nine Sunflower Children’s Centers for children and adolescents under the age of 19 who were sexual violence victims as well as for those with intellectual disabilities. In the future, such international efforts should be referenced to continue examining ideal means of consultation support according to disability characteristics.

Improvements should also be made in sexual education for children and adults with disabilities, such as by helping them recognize their own victimization, letting them know that help should be sought if experiencing victimization, and informing them of where to seek consultations. Sexual education in Japan has been limited and restrained owing to the “stop provision” in the curriculum guidelines and the criticism of sexual education by some conservatives. However, in other developed countries, “comprehensive sexual education” that broadly teaches about human

relationships, gender equality, diversity, and other aspects has become mainstream. As stipulated in Article 23 of the Convention on the Rights of Persons with Disabilities, more comprehensive sexual education is necessary for people with disabilities (Ito, 2019: 25–27).

Furthermore, a consultation support system that will lead to recovery for those who consult about their victimization needs to be established. The response results from the present survey showed that the consultation's usefulness in recovery was related to whether the consulted person was able to provide an appropriate response or engaged in a second rape (secondary victimization). To begin with, the consulted person needs to be aware that the sexual violence victim may be a person with a disability and engage in consultation and support according to the characteristics of the disability.

4. Changes for a society in which people with disabilities are respected, promotion of efforts led by sexual violence victims with disabilities, and strengthening of crime prevention systems

In the present survey, Spring (2020) was used as a reference to ask respondents in free-response form “what they feel is necessary to become a society in which people with disabilities can more easily seek consultations” and “what they feel about the reality that people with disabilities are more likely to encounter sexual violence victimization, and what they would like to request from society.” Table 4 compares the free responses from the respondents in the present survey and in the Spring (2020) survey. The shaded areas in the table indicate responses that were provided only by sexual violence victims with disabilities.

As shown in Table 4, although some parts overlapped with the free responses in Spring (2020), many responses were only from sexual violence victims with disabilities. Therefore, below, a discussion is provided on the requests from sexual violence victims with disabilities, namely, changes for a society in which people

with disabilities are respected, strengthening of crime prevention systems, and promotion of initiatives centered on sexual violence victims with disabilities.

The first is the need for a society in which people with disabilities are respected. Iwata (2021: 65) stated that people with disabilities and sexual minorities, who are particularly susceptible to discrimination and prejudice in society, are likely to become targets of sexual violence. Respondents in the present survey also expressed the perspective that they were more likely to encounter sexual violence victimization because they were “more likely to be treated as weak,” “looked down upon,” and “made fun of” as people with disabilities, as well as because of the exploitation of their disability characteristics, such as “not being able to see,” “having difficulty yelling out,” and “not being able to escape.” There is a deep-rooted inequality in the power relationship between people with disabilities and able-bodied people, which is a factor that causes sexual violence. Therefore, such discrimination against people with disabilities needs to be eliminated, and efforts are needed toward an inclusive society for preventing the isolation of people with disabilities.

Meanwhile, a system of solidarity with people with disabilities also needs to be established in order to prevent sexual violence victimization of people with disabilities. Munesue (2011: 47) stated that the most important aspect for establishing a comprehensive community-based sexual violence victim support system is always placing the victim's perspective at the center. A future issue for efforts to address the sexual violence victimization of people with disabilities is how to engage in efforts to place the victim at the center. Simultaneously, close attention should be paid to the diversity of opinions by sexual violence victims with disabilities regarding sexual violence victimization. A system for collaboration to solve the problem needs to be established while considering the needs of each victim.

Furthermore, crime prevention systems need to be strengthened. In the present survey, respon-

Table 4 Comparison of free responses by sexual violence victims

	Free response content	Present survey	Spring (2020)
(1) Changes in social awareness of sexual violence victimization	Recognize that the cause is the perpetrator	<input type="radio"/>	<input type="radio"/>
	Do not blame the victim	<input type="radio"/>	<input type="radio"/>
	Recognize that sexual crimes are crimes	<input type="radio"/>	<input type="radio"/>
	Do not sweep the victim under the rug, and help them	<input type="radio"/>	<input type="radio"/>
	Create an environment in which victims can easily seek help	<input type="radio"/>	<input type="radio"/>
	Believe the victim's story	<input type="radio"/>	<input type="radio"/>
	Recognize that people with disabilities are more likely to be victims of sexual violence	<input type="radio"/>	
(2) Changes for a society in which people with disabilities are respected	Reduce discrimination and prejudice against people with disabilities	<input type="radio"/>	
	Society that respects people with disabilities as human beings	<input type="radio"/>	
	Prevent people with disabilities from being isolated so that they do not become victims	<input type="radio"/>	
(3) Strengthening efforts against sexual violence	Install security cameras	<input type="radio"/>	<input type="radio"/>
	Prevent stations from not having any personnel	<input type="radio"/>	<input type="radio"/>
	Pick-up/drop-off systems for commuting and shopping	<input type="radio"/>	
	Support providers should consider the possibility that people with disabilities may be victims of sex crimes and act accordingly	<input type="radio"/>	
	Carry portable dashcams and security devices	<input type="radio"/>	
	Develop devices to notify others of a sex crime	<input type="radio"/>	
	Development and introduction of assistance robots	<input type="radio"/>	
(4) Harsher penalties under laws regarding sexual violence	Harsher penalties for sex crimes and sexual violence	<input type="radio"/>	<input type="radio"/>
	Revise the Act on Prevention of Maltreatment of Persons with Disabilities	<input type="radio"/>	
	Strengthen the authority of child welfare agencies and police	<input type="radio"/>	
	Abolish the age requirement for indecent acts by guardians in cases in which the victim is a person with disabilities	<input type="radio"/>	
(5) Establishment of a consultation system	Publicize information about consultation desks	<input type="radio"/>	<input type="radio"/>
	Establish nearby consultation centers	<input type="radio"/>	<input type="radio"/>
	Establish consultation centers staffed by specialized same-sex staff	<input type="radio"/>	<input type="radio"/>
	Establish centers where even children can easily seek advice about victimization	<input type="radio"/>	<input type="radio"/>
	Establish consultation desks accessible through social media, telephone, and other means	<input type="radio"/>	<input type="radio"/>
	Create an environment in which consultations can be made anonymously	<input type="radio"/>	<input type="radio"/>
	Cover medical expenses	<input type="radio"/>	<input type="radio"/>
(6) Improvement of quality of consultation centers	Establish consultation centers for victims with disabilities	<input type="radio"/>	
	Provide consultations that are sensitive to the victim's feelings	<input type="radio"/>	<input type="radio"/>
	Knowledge and responses according to disability characteristics	<input type="radio"/>	
	Allow for a variety of consultation methods, such as written communication and sign language	<input type="radio"/>	
(7) Enhancement of sexual education	Responses to male victims of sexual abuse	<input type="radio"/>	<input type="radio"/>
	Implement education for recognizing sex crimes	<input type="radio"/>	<input type="radio"/>
	Education on self-defense and methods for responding to victimization	<input type="radio"/>	<input type="radio"/>
	Sexual education on private zones and other aspects	<input type="radio"/>	<input type="radio"/>
(8) Efforts undertaken by victims themselves to prevent victimization	Prevent victimization through social skills training	<input type="radio"/>	
	People with disabilities should avoid living alone and going out alone	<input type="radio"/>	
	Self-defense (clothing, make-up, etc.)	<input type="radio"/>	
	Participate in the creation of a system for people with disabilities to prevent sexual abuse	<input type="radio"/>	
	Create horizontal connections among people with disabilities	<input type="radio"/>	
	Create as many places as possible and increase the number of consultation locations	<input type="radio"/>	

dents with visual disabilities requested the development of portable crime prevention devices and the installation of security cameras. Additionally, respondents with severe physical disabilities requested for the development and introduction of assistance robots in order to reduce the risk of abuse accompanying physical assistance. The Ministry of Health, Labour and Welfare (2023b: 9) mentioned “repeated opposite-sex assistance against the person’s will” as an example of psychological abuse by staff at welfare facilities for people with disabilities. Although the opinions of people receiving care should be respected regarding opposite-sex or same-sex assistance, there are cases in which same-sex assistance is not thoroughly implemented owing to the shortage of personnel in the nursing field. For example, according to the Ministry of Health, Labour and Welfare (2020: 32), approximately 8% of women were not provided only same-sex assistance when receiving excretion assistance at facilities for people with disabilities. Assistance and long-term care robots have not yet become widespread owing to cost issues and other factors. It is hoped that the development and spread of such assistance and long-term care robots will be promoted in the future in order to reduce opposite-sex assistance against the person’s will.

5. Significance, limitations, and future issues of this survey

This study was able to clarify the status of victimization among sexual violence victims with disabilities, status of consultation and support after victimization, and requests for and issues regarding consultation and support. Previous studies on sexual violence victims with disabilities focused on limited subjects, such as women with disabilities and people with developmental disabilities. Additionally, studies on the status of sexual violence victims with disabilities in one-stop support centers focused only on victims who were able to obtain consultations or support and were unable to grasp the status of victims who were unable to do so. Meanwhile, the present study focused on sexual violence victims

with various disabilities, such as physical, mental, intellectual, and developmental disabilities. In that sense, the significance of this study was thought to be large, such as in its ability to grasp even the status of victims who were unable to receive consultations or support.

However, a limitation of the present study is that the subjects were not randomly selected, and the possibility of some bias in the responses cannot be ruled out. Additionally, the data were limited to those obtained from 54 individuals, so the results cannot be generalized. It was also thought that some victims were unable to respond to the questionnaire because of the large mental burden associated with responding to a questionnaire on their victimization. Further efforts are needed in the future to clarify the actual circumstances of sexual violence victims with disabilities.

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Notes

- 1) The Act on the Prevention of Abuse of Persons with Disabilities and Support for Caregivers (Article 2, Section 7) defines “sexual abuse” as “performing indecent acts on a person with a disability or forcing a person with a disability to perform indecent acts,” using “any form of sexual act or coercion” as an example. Therefore, the content of “sexual abuse” is thought to be almost identical to that of sexual violence.
- 2) With the April 2024 enforcement of the revised Mental Health and Welfare Act, medical institutions are required to promptly notify prefectures of details of abuse.
- 3) The *Sexual Assault Fact-Finding Survey Questionnaire* by Spring was an online questionnaire survey conducted in 2020, focusing on people who have been victims of sexual violence.

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