

When Disability Meets Sexual Assault

This is the third column in a series on campus sexual assault. In the first column, I covered how some campuses are attempting to address safety by [preventing the admission or transfer of students with histories of sexual or relationship violence](#). Last month, I wrote about what to do when you are a professor or otherwise employed in higher education and you are raped, stalked or harmed in a way that would [come under the aegis of your campus's Title IX office](#).

This month, I tackle the intersection of disability and campus sexual assault—in particular, the ways that disability issues arise post-assault and even post-reporting (when reporting happens some period of time after the assault occurred) and how campuses often fail students and others who manifest assault-related disabilities.

It Happened to Me

When I was in graduate school, I was raped by a student at another nearby school. I was lucky that I didn't have to see him on campus every day (because he didn't go to *my* school). Looking back, though, I can see how the event shaped my decision-making in graduate school. I rushed to finish my graduate degree. I quickly broke up with my then-boyfriend. Everything I did, in retrospect, I seemed to do at a frantic pace. At the time, though, I simply pushed the memory of the event aside, graduated, got a job, got married (!), bought a house and that was that.

Except no, "that" was not "that." I started suffering from post-trauma symptoms, the typical post-trauma symptoms that many, if not most, rape victims experience from some period of time after their assaults. These symptoms can last for a few months. Or, like mine, they can last for years. These symptoms can be minor, or they can be so severe that they can kill. [Thirty to 40 percent of rape victims](#) will still be suffering from post-traumatic stress disorder (PTSD) six months after they are raped, and the rates are much higher in the weeks and months just after a rape occurs. The rate of PTSD in rape victims is higher than even in [military veterans](#).

As I wrote in a recent [column for Chronicle Vitae](#), "Women do not kill themselves after being raped because they are weak. They kill themselves because depression and other post-trauma reactions can be deadly, and [academic] institutions do not provide rape victims with the support and intervention they need."

After I graduated and got a job as a professor—years and years after I was raped—I decided to [report being raped to the university where I worked](#), which happened to be the campus where I was raped as a graduate student. (How's that for luck.) After reporting, I experienced the worst episode of depression that I had in years. It took months to recover. I nearly died. That's what "[secondary trauma](#)" can do to a rape victim. And institutions do not do nearly enough to ensure that survivors survive this particular trauma.

The Intersection of Title II and Title IX

What, after all, can schools do? Let's start with what schools *must* do. The [Americans with Disabilities Act](#) (ADA)

"prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation." Title II of the ADA deals specifically with discrimination on the basis of disability: "Subject to the provisions of this subchapter, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity, or be subjected to discrimination by any such entity."

I've spent a lot of time on university campuses, on different campuses of different types, as an undergraduate, a graduate student, a staff member and a faculty member. I've also spent years on campuses as a rape survivor. In my experience, [and as I've observed before](#), campus services "tend to be siloed, meaning they do not communicate well with one another. They exist to perform the singular function named in their title, and that is all." This siloing of services means that when a rape survivor needs help, it can be hard for her to get it.

A community member is raped—say, a graduate student. The help she needs extends so far beyond that provided by the Title IX office. She needs student health, disability services, the registrar's office (in case she needs to drop a course or rearrange her schedule), student affairs (in case she needs to take a short leave of absence, or a long one), housing (in case she lives in campus housing and her housing is affected by her rape—say, because she was raped in her building). On most campuses, these different offices rarely coordinate on behalf of a rape victim. Instead, she must slog from office to office at a time in her life when she would rather not leave her bed.

As faculty and staff, then, we can make it our particular mission to end this siloing of campus services whenever the opportunity arises. Some of us have more power to affect this type of change than others of us do. If you have the chance to present a change to a superior, one that will bring together campus services—not just disability services and Title IX, but any services that can work together to ensure students have a better chance of succeeding—please do so. And if you are a campus member who has the power to break down those barriers, please do that, too. [You might just save someone's life](#). 📖

—KRGF

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