

People with Intellectual Disabilities and Sexual Violence

by Leigh Ann Davis, M.S.S.W., M.P.A.



What Is The Arc's Position?

People with intellectual and/or developmental disabilities must be free from abuse, neglect, or any kind of mistreatment. Read the entire Position Statement at <http://www.thearc.org/page.aspx?pid=2357>

For more information:
Prevent Child Abuse America
at 1-800-555-3748 or visit
www.preventchildabuse.org

The Arc Riverside's CAN DO!
Project at www.disability-abuse.com

The Arc
1825 K Street NW
Suite 1200
Washington, D. C. 20006
Phone: 202.534.3700
Toll free: 800.433.5255
Fax: 202.534.3731
www.thearc.org

What Is Sexual Violence?

Sexual violence includes sexual assault and sexual abuse. Assault is a crime of violence, anger, power and control where sex is used as a weapon against the victim. It includes any unwanted sexual contact or attention achieved by force, threats, bribes, manipulation, pressure, tricks, or violence. It may be physical or non-physical and includes rape, attempted rape, incest and child molestation, and sexual harassment. It can also include fondling, exhibitionism, oral sex, exposure to sexual materials (pornography), and the use of inappropriate sexual remarks or language.

Sexual abuse is similar to sexual assault, but is a pattern of sexually violent behavior that can range from inappropriate touching to rape. The difference between the two is that sexual assault constitutes a single episode whereas sexual abuse is ongoing.

Sexual violence occurs in the home (sexual abuse of children, sexual assault by partners or relative), outside the home (in group homes or institutions), on the job, on transportation systems (while riding the bus or a taxi) and virtually anywhere.

How Often Do Adults and Children Experience Sexual Violence?

People with intellectual disabilities experience more violence in general when compared to those without disabilities. In 2008, The National Crime Victim Survey found that people with disabilities experience higher rates of violence than people without disabilities (40 victimizations per 1,000 persons with disabilities compared to about 20 per 1,000 without disabilities), and that the rate of victimization is twice as high for people with disabilities. Another alarming finding was that people with cognitive disabilities (or intellectual disabilities) experienced the highest risk of violent victimization (Harrell & Rand, 2010).

Studies consistently demonstrate that people with intellectual disabilities are sexually victimized more often than others who do not have a disability (Furey, 1994). For example, one study reported that 25 percent of girls and women with intellectual disabilities who were referred for birth control had a history of sexual violence (Sobsey, 1994). Other studies suggest that 49 percent of people with intellectual disabilities will experience 10 or more sexually abusive incidents (Sobsey & Doe, 1991).

Any type of disability appears to contribute to higher risk of victimization but intel-

lectual disabilities, communication disorders, and behavioral disorders appear to contribute to very high levels of risk, and having multiple disabilities (e.g., intellectual disabilities and behavior disorders) result in even higher risk levels (Sullivan & Knutson, 2000).

Children with intellectual disabilities are also at risk of being sexually abused. A study of approximately 55,000 children in Nebraska found that children with intellectual disabilities were 4.0 times as likely as children without disabilities to be sexually abused. (Sullivan & Knutson, 2000). Women are sexually assaulted more often when compared to men whether they have a disability or not, so men with disabilities are often overlooked. Researchers have found that men with disabilities are twice as likely to become a victim of sexual violence compared to men without disabilities (The Roeher Institute, 1995).

Why Is Sexual Violence So Common Among People with Intellectual Disabilities?

People with severe intellectual disabilities may not understand what is happening or have a way to communicate the assault to a trusted person. Others with a less severe disability may realize they are being assaulted, but don't know that it's illegal and that they have a right to say no. Due to threats to their well-being or that of their loved ones by the abuser, they may never tell anyone about the abuse, especially if committed by an authority figure whom they learn

not to question. In addition, they are rarely educated about sexuality issues or provided assertiveness training. Even when a report is attempted, they face barriers when making statements to police because they may not be viewed as credible due to having a disability (Keilty & Connelly, 2001).

What Risk Factors Contribute to the Occurrence of Sexual Violences?

Some risk factors may include a feeling of powerlessness, communication skill deficits and inability to protect oneself due to lack of instruction and/or resources. Individuals may live in over-controlled and authoritarian environments, contributing to the feeling of powerlessness over their situation. In addition, they are not given enough experiential opportunities to learn how to develop and use their own intuition (those who are taught can often detect between safe versus unsafe situations.) Other factors include the caretaker's failure to 1) request information on the background of all those involved in the person's life, such as professionals, paraprofessionals, ancillary and volunteer staff, 2) become familiar with the abuse-reporting attitudes and practices of the agency, and 3) assure there is a plan in place for responding to reports of abuse when they occur. Also, offenders are typically not caught and/or held accountable for these crimes, which allows abuse to continue.

Who Is Most Likely to Sexually Assault Someone?

As is the case for people without disabilities who experience sexual violence, perpetrators are often those who are known by the victim, such as family members, acquaintances, residential care staff, transportation providers and personal care attendants. Research suggests that 97 to 99 percent of abusers are known and trusted by the victim who has intellectual disabilities. While in 32 percent of cases, abusers consisted of family members or acquaintances, 44 percent had a relationship with the victim specifically related to the person's disability (such as residential care staff, transportation providers and personal care attendants). Therefore, the delivery system created to meet specialized care needs of those with intellectual disabilities contributes to the risk of sexual violence (Baladerian, 1991).

What Are the Effects of Sexual Violence on Someone with Intellectual Disabilities?

Sexual violence causes harmful psychological, physical and behavioral effects (see chart on front page). The individual may become pregnant, acquire sexually transmitted diseases, bruises, lacerations and other physical injuries. Psychosomatic symptoms often occur, such as stomachaches, headaches, seizures and problems with sleeping. Common psychological consequences include depression, anxiety, panic attacks, low self-esteem, shame and guilt, irrational fear, and

Achieve with us.

loss of trust. Behavioral difficulties include withdrawal, aggressiveness, self-injurious and sexually inappropriate behavior (Sobsey, 1994).

What Types of Treatment or Therapy Is Available for Victims of Sexual Violence?

In the past the benefit of psychotherapy for people with intellectual disabilities was questioned, as well as the impact of sexual violence (whether or not it impacts people with intellectual disabilities as strongly as others without disabilities). Today, however, it is widely acknowledged that all people who experience sexual violence are affected and do require therapeutic counseling, even if they are non-verbal. Locating a qualified therapist may be difficult since the person should be trained in child/adult sexual abuse and sexual assault treatment as well as intellectual disabilities. The therapist should also be trained in non-verbal mind-body healing modalities that do not require an intellectual processing component of the therapy. Payment for the therapy can be obtained through victim witness programs, community mental health centers or developmental disability centers.

How Can Sexual Violence Be Prevented?

The first step is recognizing the magnitude of the problem and facing the reality that people with intellectual disabilities are more likely to be assaulted sexually than those without disabilities. Also, societal attitudes

must change to view victims with disabilities as having equal value as victims without disabilities, and giving them equal advocacy. Every sexual assault, regardless of who the victim is, must be taken seriously.

What Should I Do If I Suspect Sexual Abuse/Assault of Someone I Know?

All states have laws requiring professionals, such as case managers, direct care workers, police officers and teachers to report abuse. Some states require the general public to report abuse as well. If you suspect a child is being sexually abused, contact your local child protective agency. If the person is an adult, contact adult protective services. These are also referred to as "Social Services", "Human Services" or "Children and Family Services" in the phone book. You do not need proof to file a report. If you believe the person is in immediate danger, call the police. After a report is made, depending on how serious the abuse is, the incident is referred for investigation to the state social services agency (who handles civil investigations) or to the local law enforcement agency (who handles criminal investigations). For more information on how you can help prevent sexual assault/abuse, contact Prevent Child Abuse America at 1-800-555-3748 (200 S. Michigan Ave., 17th floor, Chicago, IL 60604) or visit their web site at www.preventchildabuse.org and The Arc Riverside's CAN DO! Project at www.disability-abuse.com

What to Look For:

Physical: bruises or pain in genital areas, tearing of vaginal or anal area, signs of physical abuse, headaches, stomachaches, sexually transmitted diseases.

Behavioral: depressions, substance abuse, withdrawal, avoids specific settings/people, sleep or appetite changes, crying spells, seizures, phobias, regression, guilt/shame feelings, self-destructive behavior, feelings of panic, sexually inappropriate behaviors, severe anxiety/worry, resists physical exam, learning difficulties, irritability, change in habits/mood.

References:

- Balderian, N. (1991). Sexual abuse of people with developmental disabilities. *Sexuality and Disability, 9*(4), 323-335.
- Furey, E. (1994). Sexual abuse of adults with mental retardation: Who and where. *Mental Retardation, 32, 3*, p. 173-180.
- Keilty, J & Connelly, G. (2001). Making a statement: An exploratory study of barriers facing women with an intellectual disability when making a statement about sexual assault to police. *Disability & Society, 16* (2), 273-291.
- Sobsey, D. (1994). *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Baltimore: Paul H. Brookes Publishing Co.
- Sobsey, D. & Doe, T. (1991). Patterns of sexual abuse and assault. *Sexuality and Disability, 9* (3), 243-259.
- Sullivan, P.M. & Knutson, J.F. (1994). The relationship between child abuse and neglect and disabilities: Implications for research and practice. Omaha, NE: Boys Town National Research Hospital.
- The Roeher Institute (1995). *Harm's way: The many faces of violence and abuse against persons with disabilities in Canada.*
- The Arc would like to thank Nora Baladerian, Ph.D., Shirley Pacey, and Dick Sobsey, R.N., Ed.D. for reviewing this document.*

Last rev. 3/2011

Achieve with us.