

# People with Intellectual Disabilities and Sexual Violence

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## **What is sexual assault/ sexual abuse?**

Sexual 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?**

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 intellectual 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 violence?**

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?**

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

### **What type 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 of people with intellectual disabilities 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.

Secondly, sexual violence must be reported in order for repeat victimization to stop. While few people ever disclose sexual violence for a variety of understandable reasons, such non-disclosure promotes an environment ripe for continued victimization. Reporting can be increased by educating individuals with disabilities and service providers about sexual violence, improving the investigation and prosecution of this crime, and creating safe environments that allow victims to disclose.

In addition, employment policies must change to increase safety. For example, background checks on new employees should be conducted on a routine basis and those with criminal records should not be hired. Routine checks should consistently be conducted for current employees as well.

Sex education must be provided on a regular, on-going basis, and self-determination and relationship-building skills taught so individuals with intellectual disabilities can learn how to develop safe relationships. Classes on sexual violence should be provided to teach individuals how to respond and protect themselves when they become sexual assault victims.

### **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., 17<sup>th</sup> floor, Chicago, IL 60604) or visit their web site at [www.preventchildabuse.org](http://www.preventchildabuse.org) and The Arc Riverside's CAN DO! Project at [www.disability-abuse.com](http://www.disability-abuse.com)

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