

Sexual Abuse of People with Intellectual Disabilities

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Studying the problem of the sexual abuse of intellectually disabled people is a difficult task, not the least because some services (including government agencies) refuse to acknowledge that it occurs. In fact, thinking about the sexual abuse of intellectually disabled people has been called “thinking the unthinkable” by some workers in this field (Brown & Craft, 1989; 1992; Sinason, 1989). Despite this, some figures exist which can give an indication to the serious nature of this type of sexual abuse.

Taken from a variety of investigations:

- Estimates of the incidence of sexual abuse has ranged from 25% to 90% of the total population of intellectually disabled people;
- Up to 42% of known perpetrators of sexual abuse against intellectually disabled people have been family members;
- Up to 33% of perpetrators have been paid staff and carers (in fact, some sex offenders “target” intellectually disabled people because they believe that they are “easy prey” and therefore safe to abuse, and seek work in disability services.
- Up to 57% of perpetrators were other people with intellectually disabilities; and
- Only up to 6% were strangers (Ammerman, Van Hasselt, Hersen, McGonigle and Lubetsky,, 1989; Baladerian, 1991; Sobsey, in press; sobsey & Doe, 1991; Turk & Brown, 1992).

There is no doubt that sexual abuse can be seriously damaging for some people, and may be more damaging for some people with intellectually disabilities (Dunne & Power, 1990; Sinason, 1988). However, many times the signs and symptoms of sexual abuse go unseen or unrecognised, or are perceived as the person being “naughty” or noncompliant. Sometimes the symptoms of sexual abuse are treated in isolation, while the abuse goes unrecognised, undetected and may even continue. The distress caused by sexual abuse, and long term effects on some people with intellectual disabilities can include:

- Self injurious behaviour like head-banging, biting or picking oneself;
- Dangerous behaviour including serious aggression, physical violence and suicide attempts;
- Sexually inappropriate behaviour including masturbation in public, excessive masturbation, provocative behaviour, public disrobing, unusual sexual practices, promiscuity, and abusive sexual behaviour towards others;
- Emotional distress, poor self-esteem, withdrawal, anger, fear, depression and high levels of anxiety;
- Further intellectual disability; and
- Pregnancy and sexually transmitted diseases (Cole, 1984-86; Foxx, Brittle, Bechel & Livesay, 1986; Gilby, Wolf & Goldberg, 1989; Mansell, Sobsey & Calder, 1992; Murphy, Coleman & Haynes, 1983; Sinason, in press; Turk & Brown, 1992).

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People with disabilities and those with intellectual disabilities in particular, are highly vulnerable to sexual abuse (Ammerman et al, 1989; Chamberlain, Rauh, Passer, McGrath & Burket, 1984; Craft, 1986; Elkins, Gafford, Wilks, Muram & Golden, 1989; Sobsey & Varnhagen, 1991). In fact, people with intellectual disabilities have been referred to as “ideal” victims of sexual abuse (Caffrey, 1991).

Reasons why some people with intellectual disabilities are more at risk of sexual abuse than others, and than non-disabled people include:

- A naïve belief in the good intentions of others, and poor judgement of people’s motives which means that they can be easy to deceive;
- The sometimes indiscriminate affection, combined with loneliness and a desire to be shown affection;
- Unquestioning compliance, lack of assertion, and often unquestioning agreement to participate in what they are told to do;
- Lack of exposure to information about relationships and behaviour, which often renders them unaware of which behaviours are appropriate and which are not;
- The dependence on others to undertake personal care tasks such as bathing and toileting;
- Mobility problems that make it difficult or impossible to escape from dangerous situations;
- Communication problems that make it difficult or impossible to tell others if they have been sexually abused;
- Perceived unreliability, so that if they do tell (about abuse), they are often ignored or not believed;
- Limited access to sexual abuse prevention strategies; and
- Limited contact with, and knowledge of, agencies which provide protection and support of sexual abuse victims (Ammerman et al, 1989; Caffrey, 1991; Carmody, 1991; Mullan and Cole, 1991).

Service or societal factors which also increase the vulnerability to sexual abuse of people with intellectual disabilities include;

- Restricted social lives, which leads to unsafe dependence on a few family members or carers;
- The accessibility that potential offenders have to them through services often employing multiple carers (high risk in institutions), carers working alone with clients when no one else is on duty (high risk in community-based services);
- Certain attitudes and beliefs (eg. That they are not human, less than human, eternal children, objects of hate or ridicule or charity and so on) that encourage disempowerment of people with intellectual disabilities, can also be used to justify abuse of them;
- Rewards and punishments can be unethically used to make people always compliant, and believe that they have no choice or rights. Consequently they may become unaware of their personal right not to be abused; and
- Lack of policy or guidelines on sexual abuse, inadequate staff training and supervision, unsafe employment procedures (Carmody, 1991; Sobsey & Mansell, 1990; Walmsley, 1991).

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The above facts about the sexual abuse of people with intellectual disabilities make for depressing reading. However, existing research and debate had led to some suggestions about ways that the risk of sexual abuse to people with intellectual disabilities can be minimised. These include:

- Acknowledging that any person with limited knowledge is more vulnerable to abuse and exploitation, and providing specially designed programmes to help people develop a sense of self worth, knowledge of their rights, and skills with which to protect themselves from sexual abuse;
- Services developing policy on dealing with sexual abuse, and providing associated staff training. Training staff to recognise and respond to signs and symptoms of sexual abuse not only increases the detection rate of this crime, but acts as a deterrent potential offenders;
- Responding to allegations of sexual abuse in a well thought out manner, and providing the person abused with appropriate safety, support, and counselling, and enabling them to access the resources within the community to assist them in dealing with the situation. The latter also includes access to the legal system;
- Employment procedures that screen out those people with convictions for sexual offences and those that have been required to leave employment for reasons of sexual misconduct;
- Regular and thorough supervision of staff at all grades, good management and leadership of staff; and finally
- The development of advocacy and self-advocacy schemes and residents committees (Craft, 1991; Hall & Morris, 1976; Mansell et al, 1992; Muccigrosso, 1991; Sobsey & Mansell, 1990; Sinason, 1988; Thomas & Mundy, 1991; Walmsley, 1991).

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