

People with Mental Retardation & Sexual Abuse

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What is sexual abuse?

Sexual abuse includes a wide range of sexual activities that is forced upon someone in a non-consensual manner. Someone with mental retardation is often unable to choose to stop abuse due to his or her lack of understanding of what is happening during abuse, the extreme pressure to acquiesce out of fear, a need of acceptance from the abuser or having a dependent relationship with the abuser. Sexual abuse consists of a number of sexually inappropriate and non-consensual actions, such as exposure to sexual materials (such as pornography), the use of inappropriate sexual remarks/language, not respecting the privacy (physical boundaries) of a child or individual (e.g., walking in on someone while dressing or in the bathroom), fondling, exhibitionism, oral sex and sexual intercourse (rape).

People with mental retardation often do not realize that sexual abuse is abusive, nor do they know it is illegal. Consequently, they may never tell anyone about sexually abusive situations. Even people without disabilities are often fearful to openly talk about such painful experiences due to the risk of not being believed or taken seriously. It may be even more difficult for people with mental retardation to report sexual abuse since they typically learn not to question caregivers or others in authority. Sadly, these authority figures are often the ones committing the abuse. People with mental retardation are rarely educated about sexuality issues or given self-assertiveness training which is necessary in learning the difference between "safe" versus "unsafe" people and situations, and in knowing how to say "no" to unwanted sexual propositions. They often think they do not have a right to refuse sexually abusive treatment, especially if the abuser is an authority figure, such as a parent, step-parent, relative, teacher, caseworker, pastor or some other individual who is well-respected by other family members, neighbors and co-workers.

How often are people with developmental disabilities sexually abused?

According to research, most people with disabilities will experience some form of sexual assault or abuse (Sobsey & Varnhagen, 1989). The rate of sexual victimization in the general population is alarming, yet largely goes unnoticed: At least 20 percent of females and 5 to 10 percent of males are sexually abused every year in the U.S. Although these figures are disturbingly high, *people with mental retardation*

and other developmental disabilities are at an even greater risk of sexual victimization. Victims who have some level of intellectual impairment are at the highest risk of abuse (Sobsey & Doe, 1991).

More than 90 percent of people with developmental disabilities will experience sexual abuse at some point in their lives. 49 percent will experience 10 or more abusive incidents (Valenti-Hein & Schwartz, 1995). Other studies suggest that 39 to 68 percent of girls and 16 to 30 percent of boys will be sexually abused before their eighteenth birthday. The likelihood

of rape is staggering: 15,000 to 19,000 of people with developmental disabilities are raped each year in the United States (Sobsey, 1994).

A study conducted in Australia discovered that individuals with developmental disabilities (which includes people with mental retardation, autism, cerebral palsy, epilepsy and learning disabilities) were sexually assaulted 10.7 times higher than the rate for nondisabled individuals. Another study consisting of 95 adults with developmental disabilities found that 83 percent of the women and 32 percent of the men had been sexually assaulted. Only three percent of sexual abuse cases involving people with developmental disabilities will ever be reported (Valenti-Hein & Schwartz, 1995). Few people ever disclose sexual abuse for a variety of understandable reasons. However, such non-disclosure promotes an environment ripe for continued victimization.

Are people with mental retardation more vulnerable to sexual abuse than those without mental retardation?

Studies consistently demonstrate that people with mental retardation 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 mental retardation who were referred for birth control had a history of sexual assault (Sobsey, 1994). There are several reasons for this. First, certain "risk factors" place people with mental retardation in an especially vulnerable position that increases the likelihood of being sexually abused. Some factors include social powerlessness, communication skill deficits, diminished ability to protect oneself due to lack of instruction and/or resources and impaired judgment (the inability to detect who is safe to be around). Some researchers have suggested that people with mental retardation are more likely to give and receive affection (Kempton & Gochros, 1986). Potential offenders may interpret affectionate behavior (both appropriate and inappropriate) as a sign of vulnerability or an invitation to abuse.

Second, systematic factors that increase the chance of being abused include family isolation and stress, separation from the home and a system that has strong roots in a tradition of rewarding compliant attitudes among people with developmental disabilities (Valenti-Hein & Schwartz, 1995).

Third, the living arrangements of people with mental retardation can also place them in a highly vulnerable situation. For example, some research has found that the risk of sexual abuse in an institutional setting, such as residential and group homes, is two to four times as high as the risk when the individual is in the community (Sobsey & Mansell, 1990). Another study found that sexual abuse was most common in private homes (49.8 percent) and institutions (15.8 percent) (Sobsey, 1994).

What are the effects of sexual abuse on someone with mental retardation?

Sexual abuse causes harmful psychological, physical and behavioral effects (see chart). The individual may become pregnant, acquire sexually transmitted diseases, suffer bruises, lacerations and other physical abuse. Psychosomatic symptoms often occur, such as stomachaches, headaches, seizures and problems with sleeping. Common psychological consequences include low self-esteem, shame and guilt, irrational fear, depression and loss of trust. Behavioral difficulties include withdrawal, as well as noncompliant, aggressive, self-injurious and sexually inappropriate behavior (Sobsey, 1994).

Individuals who experience long-term (chronic) abuse by a known, trusted adult at an early age suffer more severe damage compared to those whose abuse is perpetrated by someone not well known to the victim, begins later in life, and is less frequent and nonviolent (Tower, 1989). However, regardless of the circumstances surrounding sexual abuse (e.g., length of time it occurred, who the abuser is and the victim's age), all forms of sexual abuse is serious and has the potential to be very damaging to the individual if left unaddressed and unspoken.

Are women or men more likely to be sexually abused?

A national study found that between 39-83 percent of females and 16-32 percent of males with developmental disabilities will be sexually abused before they reach age 18 (Baladerian, 1991). Another study of victims ranging in age from one to 57 found that 84 percent of victims were females (Sobsey & Varnhagen, 1989). Although females with developmental disabilities experience sexual abuse more often than their male counterparts, males living in institutional settings may face a greater degree of risk associated with their disabilities. Although most people (with or without disabilities) who are sexually abused are female, boys and men make up a larger percentage of sexual abuse victims with disabilities than they do of sexual abuse victims without disabilities. Consequently, all people with mental retardation, whether male or female, need training and education on how to prevent sexual victimization (Sobsey, 1994).

Who is most likely to abuse?

As is the case for people without disabilities who experience sexual abuse, those most likely to abuse are 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 developmental disabilities (Baladerian, 1991).

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 mental retardation contributes to the risk of sexual abuse.

What type of treatment or therapy is available for victims of sexual abuse?

People with developmental disabilities who have been sexually abused typically have no way to "work through" or talk about their traumatic abuse experiences in a treatment or therapeutic setting. Generally, the more severe the disability, the greater the difficulty in accessing services. This may be due to prejudices some people still have about people with disabilities. For example, the benefit of psychotherapy for people with mental retardation is questioned, as well as the impact of the abuse (whether or not abuse impacts people with mental retardation as strongly as others without disabilities).

Yet, all people who experience sexual abuse are affected and do require therapeutic counseling, even if they are non-verbal. They may experience emotional problems secondary to the abuse. Children and adults who suffer abuse need to learn how to tell someone and who to tell. A variety of training techniques that teach self-defense, body integrity, prevention and reporting should be used. Human service workers must understand that people with developmental disabilities can and do benefit from therapy.

Locating a qualified therapist may be difficult since the person should be trained in both child/adult sexual abuse, as well as disabilities and sexuality. Payment for the therapy can be obtained through victim witness programs, community mental health centers or developmental disability centers.

How can sexual abuse of people with mental retardation be prevented?

Society has been slow to admit that sexual abuse of people with mental retardation is not only possible, but actually happening (Baladerian, 1991). The first step in preventing sexual abuse is recognizing the magnitude of the problem and confronting the ugly truth that people with mental retardation and other developmental disabilities are more vulnerable to sexual victimization than those without disabilities.

Sexual abuse must be reported in order for repeat victimization to stop. Abusers typically abuse as many as 70 people before ever getting caught. Without reporting, there can be no prosecution of offenders or treatment for victims. Underreporting of sexual abusive incidents involving people with disabilities has in the past, and continues to be, a major obstacle in preventing sexual abuse.

Providing sex education training and teaching self-determination skills can help individuals with mental retardation learn how to protect themselves in sexually threatening situations. Unfortunately, many special education programs have encouraged students to be compliant in a wide range of life activities; ultimately increasing the child's vulnerability to abuse (Turnbull, et al., 1994).

What should I do if I suspect sexual abuse?

All states have laws requiring professionals, such as institutional care providers, 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 abuse, contact The National Committee to Prevent Child Abuse at 1-800-555-3748 (332 S. Michigan Ave., Ste. 1600, Chicago,

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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.
- Kempton, W., & Gochros, J. (1986). The developmentally disabled. In H.L. Gochros, J.S. Gochros, & J. Fisher (Eds.), *Helping the sexually oppressed* (pp. 224-237). Englewood Cliffs, NJ: Prentice-Hall.
- 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.
- Sobsey, D. & Mansell, S. (1990). The prevention of sexual abuse and assault. Sexual exploitation of people with disabilities [Special Issue]. *Sexuality and Disability*, 9, 243-259.
- Sobsey, D. & Varnhagen, C. (1989). Sexual abuse and exploitation of people with disabilities: Toward prevention and treatment. In M. Csapo and L. Gougen (Eds.) *Special Education Across Canada* (pp.199-218). Vancouver: Vancouver Centre for Human Developmental and Research.
- Tower, C. (1989). *Understanding child abuse and neglect*. Boston: Allyn and Bacon.
- Turnbull, H., Buchele-Ash, A., & Mitchell, L (1994). *Abuse and neglect of children with disabilities: A policy analysis*. Lawrence, Kansas: Beach Center on Families and Disability, The University of Kansas.
- Valenti-Hein, D. & Schwartz, L. (1995). *The sexual abuse interview for those with developmental disabilities*. James Stanfield Company. Santa Barbara: California.