# Sexual Abuse of Intellectually Disabled Youth: *A Review*

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Intellectual disability (ID) is a condition characterized by significant limitations in intellectual functioning and adaptive behavior, which affects various everyday social and practical skills. This disability manifests itself before the age of 18 (American Association on Intellectual and Developmental Disabilities [AAIDD], 2010). While the global prevalence of ID is only 1% (Maulik, Mascarenhas, Mathers, Dua & Saxena, 2011), research shows that the risk of being sexually abused is 2 to 6 times greater among intellectually disabled youth than among typically developing youth (Dion, Bouchard, Gaudreault & Mercier, 2012). It is also argued that the prevalence of sexual abuse may be underestimated among intellectually disabled youth, as disclosure may be more difficult for them because of their limited vocabulary and communicative abilities (Murphy, 2007). Despite this higher risk, professionals who work with this population have little information on the issue. Myths and prejudices which devalue intellectually disabled people in our society, such as the notions that they are asexual or that they do not suffer, may increase their vulnerability to sexual abuse (Mansell & Sobsey, 2001). Expanding our knowledge in the field of ID and sexual abuse may help dispel these myths and break down these prejudices. This article presents a literature review that aims to 1) provide an overview of sexual abuse of intellectually disabled youth, and 2) discuss the implications for prevention and intervention for these vulnerable youth.

## SEXUAL ABUSE OF INTELLECTUALLY DISABLED YOUTH

### *Risk and type of abuse*

The vulnerability of intellectually disabled youth is exacerbated by several factors, such as poor communication and social skills, greater dependence on caregivers, frequent exposure to different caseworkers, and a lack of sexual education (Mansell & Sobsey, 2001). According to research results (e.g., Hershkowitz, Horowitz & Lamb, 2007; Reiter, Bryen & Shachar, 2007), these youth may be subjected to more severe forms of sexual abuse than their typically developing counterparts. Sexual abuse may be more frequent, last longer, and include more intrusive touching, such as penetration. As in the general population, sexual abuse is usually perpetrated by someone the child knows, such as a family member or a caregiver. Finally, girls are more at risk of being sexually abused than boys are, although the proportion of male victims is higher among intellectually disabled youth than in the general population.



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### *Consequences of the abuse*

Like youth without an ID, those with an ID suffer a wide range of consequences, such as post-traumatic stress disorder, low self-esteem, and behavior problems (Mansell, Dick & Moskal, 1998; Sequeira & Hollins, 2003). Nonetheless, it may be difficult to disentangle the consequences of abuse from problems related to the ID, because intellectually disabled youth are between 2.8 and 4.5 times more likely to have mental health problems compared with the general population (Einfeld, Ellis & Emerson, 2011). Moreover, these youth's post-abuse adjustment may be influenced by the family's reactions to the abuse (e.g., belief, maternal support, silence about or denial of the abuse, poor functioning), the social context (e.g., poverty, isolation, placement of the youth), and coping difficulties associated with the ID (Mansell & Sobsey, 2001). Some consequences may also be undiagnosed since youth with an ID have a reduced capacity to express emotions and talk about their psychological state (which refers to abstract vocabulary). As disabled youth are less likely to report abuse, they may be at a greater risk of further abuse as well as have less chance of receiving appropriate interventions (Herskowitz et al., 2007). Some studies also show that among youth who are sexually abused, the risk of becoming sexual abusers is higher for those with an ID than for those without an ID (Hayes, 2009). We hypothesize that this is because they receive fewer post-abuse services tailored to their specific needs and characteristics.

## IMPLICATIONS

Although few studies have been conducted on sexual abuse of intellectually disabled youth, results from the research carried out to date may have some implications for the detection of sexual abuse among intellectually disabled adolescents, as well as for prevention and intervention.

### *Detection and assessment of sexual abuse*

Detecting sexual abuse among typically developing youth is a complex task that is even more challenging when a child has an ID (Westcott, 1991). First, there is no specific pattern of behaviors or symptoms indicative of sexual abuse; however, changes in a youth's behavior or level of functioning may be present. Since youth with an ID are at a heightened risk of being sexually abused, it is important that parents and caregivers be aware of the risk. In addition to being informed of the higher risk, they should also be sensitive to any adaptive behavioral changes, as they are best placed to observe them. Any professional who works with youth is obliged to report all cases of sexual abuse suspicions. Police officers or child protection services will then conduct an investigation.

Police officers and caseworkers should therefore be trained in how to conduct investigative interviews with intellectually disabled youth, to determine whether they have been sexually abused. Yet, many organizations do not provide specific training in this area. This is a problem because several studies indicate the necessity to

take into account the needs and characteristics of intellectually disabled youth. For example, these youth have a shorter attention span, a higher suggestibility and a positive response bias (i.e., a tendency to answer "yes" to yes/no questions). They may also be more anxious and confused before and during the interview than their peers who do not have an ID.

Some studies also recommend certain practical strategies (for a review, see Henry, Bettenay & Carney, 2011), which are very useful to caseworkers and therapists during assessments and interventions (see Table 4.1). One of the recommendations is to follow the National Institute of Child Health and Human Development (NICHD) protocol when conducting the investigative interview because its usefulness has been demonstrated with typically developing children (http://nichdprotocol.com; see also Lamb, Hershkowitz, Orbach & Esplin, 2008), as well as with children with low verbal abilities (Dion & Cyr, 2008). An experimental study by Brown and colleagues (2012) has also indicated the positive effects of this protocol among children with an ID. The most important recommendation of this protocol is the use of open-ended questions, which increase the accuracy of the disclosure, even among youth with an ID.

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During the assessment, the child's developmental history will provide a sense of the youth's functioning before and after the abuse as well as a better understanding of the nature and extent of his/her disability. This will be useful for designing an intervention that will respond to the youth's needs. Rather than using an approach focused on extinguishing problematic behaviors, the professionals involved must investigate the meaning of these behaviors, as they may be consequences of sexual abuse or a way of disclosing it (Dion et al., 2012).

To better understand the youth, it will be helpful to consult with professionals or, as mentioned above, invite someone the child trusts and who is familiar with his/her verbal and nonverbal communication style, such as eye contact, posture, facial expressions, gestures, vocalizations, and tone of voice (Mansell & Sobsey, 2001). When possible, going to his/her home can also increase the amount of information obtained as it is easier to gain the youth's collaboration, build confidence, and make more extensive observations in this more familiar environment.

## PREVENTION AND TREATMENT INTERVENTIONS

In this section, interventions will refer to both prevention and treatment strategies. Prevention interventions can target non-victims as well as victims (to prevent revictimization). Currently, there are few interventions intended for intellectually disabled adolescents at risk of, or victims of, sexual abuse, and rare are those whose effectiveness has been scientifically assessed. Moreover, their primary target is the youth, with little focus on the family and the environment. Nonetheless, interventions intended for youth who are not intellectually disabled may be adapted to those who are intellectually disabled. These adaptations include the development of skills such as personal safety, self-defense, self-assertiveness (e.g., saying no), recognition and appropriate expression of emotions, social abilities (e.g., how to make friends and have intimate relationships), and recognition of sexual abuse and its reporting (Kim, 2010; Mansell & Sobsey, 2001). Education about anatomy, reproduction, contraception, and consent to sexual relations should be part of both prevention and treatment interventions (Mansell & Sobsey, 2001; Peckham, 2007). Although teaching all these skills is essential, it is also important not to blame the youth for the abuse, which should always be attributed to the perpetrator, if it does occur (Mansell & Sobsey, 2001).

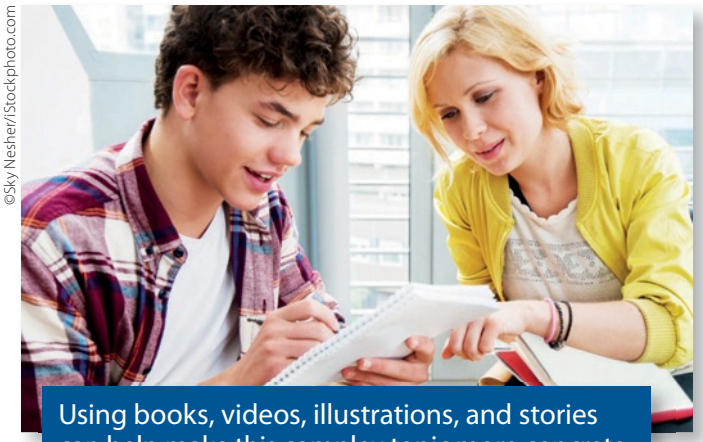
Parents and caregivers must be involved in helping intellectually disabled youth protect themselves and these adults must participate in the identification and treatment of consequences that may result if abuse occurs. Because of their familiarity or expertise with these youth, these adults may have a better sense of which skills and knowledge they need to acquire (Kim, 2010). Parents can ensure that the skills learned during the prevention or treatment sessions will be used in everyday life. They may also help the youth overcome their difficulties by using new knowledge or skills in real-life situations.

Prevention and treatment interventions also include practices designed specifically for intellectually disabled youth, for which professionals should be trained. Notably, it is advisable to intervene according to the principle of Social Role Valorization. Social Role Valorization (SRV) is the name given to a concept for transacting human relationships and human service, formulated in 1983 by Wolf Wolfensberger to replace his earlier formulation of the principle of normalization (Wolfensberger, 2011). His most recent definition of SRV is: "The application of what science has to tell us about the defense or upgrading of the socially perceived value of people's roles" (Wolfensberger, 1998, p. 58). According to this principle, the intervention must aim to (a) enhance people's "social image" or perceived value in the eyes of others, and (b) enhance their "competencies." Selected strategies should help these youth build their identity and become autonomous during the adolescent developmental period. More concretely, strategies for helping the youth acquire these skills and knowledge should take into account their intellectual, communication, and memory limitations. Therefore, considerable repetition, visual

**Table 4.1**

**Practical Strategies to use with Intellectually Disabled Youth During Assessments and Interventions for Sexual Abuse**

- Take more time to develop the relationship with the youth
- Ask concrete, simple, and open-ended questions
- Give more time to the youth to answer without interrupting
- Keep sessions with the youth short (the investigative interview may be divided into two sessions)
- Consult with other professionals working with the youth or caregivers regarding his/her communication abilities and document the youth's functioning before the sexual abuse occurs, as well as after and during treatment
- If the child has difficulty communicating or needs emotional support, have a third party present to assist
- Use the National Institute of Child Health and Human Development (NICHD) protocol for investigative interviewing
- Use visual support (e.g., books, videos, illustrations) during interventions
- Use stories, play, art activities, modeling, feedback, and positive reinforcement
- Assess the youth's understanding of what has been communicated
- Use considerable repetition and practice to increase learning




Using books, videos, illustrations, and stories can help make this complex topic more concrete.

support, and simple and concrete language should be used to teach these youth (Mansell & Sobsey, 2001). Using books, videos, illustrations, and stories can help make this complex topic more concrete. Other recommended techniques include the use of play, modeling, feedback, and positive reinforcement. It is also important to frequently assess whether the youth has understood what has been communicated to him/her. Repeatedly practicing the skills being taught may also increase learning.

Finally, to better intervene with intellectually disabled youth and their families, more cooperation and consultation are needed among the professionals involved (e.g., teacher, social worker, psychologist, pediatrician). For example, if the youth has difficulty communicating, consultation between professionals who work with him/her may help better understand his/her verbal and non-verbal communication style (Mansell & Sobsey, 2001). Moreover, as professionals are not always adequately trained in regards to the issue, consultation with others may increase their knowledge and ability to work with these youth and their families.

## CONCLUSION

Ultimately, expanding our knowledge in the field of ID and sexual abuse may help decrease myths and prejudices devaluing people with an ID. Results of studies indicate a heightened risk of sexual abuse as well as more severe abuse among youth with an ID. When abused, these youth present with consequences. However, despite this increased risk of abuse, there is a lack of resources and interventions tailored to their specific needs. Families, researchers, clinicians, and other professionals thus need to join their efforts to better respond to the needs of these more vulnerable youth, as well as foster their positive development by helping them take on valued social roles through effective interventions. Despite the limited knowledge about effective interventions for sexual abuse of youth with an ID, a psychotherapeutic intervention has been evaluated for disabled youth and it appears to be effective. This treatment could be a starting point for clinicians (see Sullivan, Scanlan, Brookhouser, Schulte & Knutson, 1992, but also Razza, Tomasulo & Sobsey, 2011). Finally, it is also important to promote attitudes and social norms that respect the physical integrity and right to protection of youth with an ID.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**Acknowledgments:** We wish to thank the Centre for Intellectual Disability and Pervasive Developmental Disorders - Mauricie-Centre-du-Québec - Academic Institute (CRDITED MCQ IU), which has provided financial support for the writing of this article. Technical support from Joanne Zinkewich is gratefully acknowledged.



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