

Chapter 14

Sexual Abuse of Children and Adults With Intellectual Disabilities: Preventive, Supportive, and Intervention Strategies for Clinical Practice

Sanjeev Kumar Gupta

All India Institute of Speech and Hearing, India

ABSTRACT

This chapter describes the incidence of sexual abuse is often reported in children and adults, but these incidences are not uncommon in the individual with intellectual disabilities (IDs). This heinous behavior carries a negative impact not only on the individual but also on their family. The purpose of the chapter is threefold, first is to present a brief review of the available literature on sexual abuse in children and adults with IDs, second is to discuss preventive, supportive and intervention strategies for clinical practice and third is to report a case series, where five cases are described. The intent is to provide mental health professionals and clinicians' information about consequences of sexual abuse and strategies for prevention and intervention. These strategies have clinical utility and can be incorporated while dealing individual with IDs and their parents or caregivers.

INTRODUCTION

Sexual abuse of children and adults is a severe problem and heinous crime all over the world. People with intellectual disabilities (IDs) are vulnerable to sexual abuse because of their limited cognitive ability to understand the behavior of the perpetrator and life-long dependency on parents or caregivers. Intellectual disability is a developmental disability presenting in the early childhood years. The American Association on Intellectual and Developmental Disability (AAIDD) defines IDs by using measures of three domains: such as intelligence quotient (IQ), adaptive behavior, and system of support elements. AAIDD define Intellectual disability "As a disability characterized by significant limitations both in

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intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills. The disability originates before age 18 years” (Schalock et al., 2007). Research evidences suggest that children, adolescent and adults with IDs are vulnerable to sexual abuse (Levy & Packman, 2004; Tharinger, Horton, & Millea, 1990) due to multiple factors such as social isolation, emotional and social insecurities, relatively powerless position in society, lack of education about sexuality and sexual abuse (Akbas et al., 2009; Tharinger et al., 1990).

The purpose of the chapter is threefold, first is to present a brief review of the available literature on sexual abuse in children and adults with IDs, second is to discuss preventive, supportive and intervention strategies for clinical practice and third is to report a case series. The intent is to provide mental health professionals and clinicians’ information about consequences of sexual abuse and strategies for prevention and intervention. These strategies have clinical utility and can be incorporated while dealing individual with IDs and their parents or caregivers.

SEXUAL ABUSE IN CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES

Research evidence suggested for the increased risk of sexual abuse for individuals with IDs. First of all, they may have a poor understanding of sexual issues (Healy, McGuire, Evans, & Carley, 2009; Isler, Tas, Beytut, & Conk, 2009), which may decrease their ability to understand and differentiate between appropriate and inappropriate sexual behavior (McGuire & Bayley, 2011). Even if they do recognize unwanted sexual advances, their limited cognitive abilities may prevent them from disclosing the abuse. Furthermore, some people who work with individuals with IDs may take advantage of this vulnerable population (Westcott & Jones, 1999). Poor understanding of the sexual contacts, inability to differentiate between appropriate and inappropriate sexual behavior, and inability to disclosing the abuse may increase the risk of sexual abuse in the individual with IDs.

Sobsey and Varnhagen (1991) reported that sexual abuse of children and adults with IDs appear to occur at a higher rate than in people without an identified disability. McCarthy and Thompson (1997) studied the prevalence of sexual abuse of 65 women and 120 men with IDs who were referred for sex education. The prevalence rate of abuse was found to be significantly higher for women (61%) than men (25%).

Balogh et al. (2001) conducted a study of the occurrence of victimization and the perpetration of sexual abuse among 43 in-patients with IDs aged between 9 and 21 years who were admitted to a child and adolescent psychiatric in-patient department over a period of 5 years. A retrospective case-note review was employed that explores the nature and severity of abuse in relation to the age, gender, and level of disability. The prevalence of abuse or abusive behavior, i.e. 14% of 300 admissions, did not change over time. In 13 out of the 43 cases, the issue of sexual abuse was identified after admission. Victimization alone occurred in 21 cases, perpetration alone in six cases, and both victimization and perpetration in 16 cases. Fifty percent of the victims had been abused by a member of their close or extended family. 62% cases were adolescents. Euser, Alink, Tharner, IJzendoorn, and Bakermans-Kranenburg (2016) examined the prevalence of child sex abuse (CSA) in out-of-home care for children with mild IDs and compared it with the prevalence in out-of-home care for non-disabled children and children in the general population. Professionals ($N = 104$) from out-of-home care facilities reported cases of CSA that occurred in 2010 for the children they worked with ($N = 1650$). In out-of-home care for children with

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