

Sexual Abuse Among Students with Disabilities: Resources for Educators



It is commonly estimated that 12-17% of females and 5-8% of males will experience some form of sexual abuse before they become adults (Gorey & Leslie, 1997). However, a synthesis of existing literature indicates that children with intellectual disabilities are at a grossly higher risk of sexual abuse than their typically developing peers (Shakeshaft, 2004). This research estimates that children with intellectual disability are three times more likely to experience sexual abuse than are their non-disabled peers. Sullivan and Knutson (2000) found that people with intellectual disability had records of sexual abuse four times more frequently than their non-disabled peers. Furthermore, "It was noted that those subjects experienced the most severe combinations of physical and sexual abuse of the specific disability groups" (Sullivan & Knutson, 1998, p. 286). Intellectual disability also had a positive correlation with the severity of abuse and the duration of abuse.

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The following information is meant to inform professionals of risk factors associated with sexual abuse, and to provide professionals with tools and information to implement protective factors for children with intellectual disability.


Children with intellectual disabilities seem to possess many known risk factors associated with sexual abuse. For example, in her extensive research on sexual abuse in U.S. schools, Shakeshaft (2004) found that targets of sexual abuse tend to be:

- Compliant
- Naïve
- Perceived as likely to keep a secret
- Easily controlled without physical force
- Lacking social support networks

Professionals who work with people who have intellectual disability can target these known risk factors of abuse by:

1. Teaching assertiveness
2. Encouraging participation in sexuality education and abuse education
3. Talking openly and frequently about different types of touches
4. Encouraging participation in social skills groups and other social support networks
5. Providing opportunities for students to check-in with school counselors or other social support networks

Kathryn Pedgrift, Psy.D. (PSY 24991) is a licensed clinical psychologist at North Bay Regional Center. She has a Master's Degree in Special Education and a Doctorate in Clinical Psychology. She has worked with people who have Intellectual Disability and Autism Spectrum Disorder in a variety of contexts including forensic settings, in-patient and out-patient settings, schools, and diagnostic clinics. She specializes in addressing social-sexual behavior problems in adolescents and adults, as well as empowering those at-risk of sexual exploitation. Dr. Pedgrift has co-authored numerous curricula designed to increase knowledge and self-protection behaviors in people with disabilities. Dr. Pedgrift completed her dissertation research on sexual abuse prevention among people who have developmental disabilities. She has participated in numerous research projects related to the practice of self-protection skills and the acquisition of knowledge related to physical boundaries and sexual abuse.



One risk-factor of sexual abuse that appears to be unique to people with intellectual disability is that children are often socialized with other children who have intellectual disability. Many behaviors that are legal sex crimes are commonly reported as behavioral challenges by staff who support people with intellectual disability (McConkey, & Ryan, 2001). Behaviors including public masturbation, grabbing people's private body parts without permission, and interacting in a sexually inappropriate manner with children are common behaviors reported by social service staff who work with people with intellectual disabilities.


There is evidence to suggest that people with intellectual disabilities who perpetrate sexual offenses are likely to target other people with intellectual disabilities (Gust, Wang, Grot, Ransom, & Levine, 2003). In fact, people with intellectual disabilities are likely to account for a substantial proportion of the sexual abuse perpetrated against people with disabilities.

The Abuse Division of Connecticut Office of Protection and Advocacy for Persons with Disabilities studied the abuse of people with intellectual disability over a five-year period (Fury, Granfield, & Karen, 1994). Of the 171 substantiated cases of sexual abuse involving a victim with an intellectual disability, 42% of the cases involved a perpetrator with an intellectual disability.

A review of the literature indicates that poor social skills and poor theory of mind are variables consistently associated with sexual offending/sexually inappropriate behavior (Aljazireh, 1993).

Professionals are encouraged to:

- Provide social-skills training to all children with intellectual disability
- Teach social perspective taking when presenting social skills curriculum
- Immediately address social-sexual behavior problems
- Offer education and/or counseling to children who have been exposed to inappropriate social-sexual behavior



Research demonstrates that educating people with intellectual disabilities about sexuality, personal safety, and appropriate sexual behavior reduces the risk of sexual abuse **and** the presence of sexually inappropriate behavior.

- Circles Programs-James Stanfield is among the most widely used curricula designed to teach people with intellectual disability about personal safety and appropriate physical boundaries.

<http://www.stanfield.com/products/family-life-relationships/social-skills-circles-curriculum-intimacy-relationships/>

So-kum Tang & Kit-shan Lee (1999) found that sexual abuse knowledge was the biggest predictor of self-protection skills.

- Seeds Educational Services offers a 15-week curricula *Abuse Awareness and Prevention* designed to teach people with intellectual disabilities about sexual abuse.

<http://seedseducation.org/>

Research consistently identifies social skills and education as an essential component of effective programming for sexually inappropriate behavior (Farmer & Pollock, 2003).

- The PEERS Program is an evidence-based program for adolescents with autistic-like characteristics.

<http://www.semel.ucla.edu/peers>

- The Circles Programs of James Stanfield are among the most widely used social skills programs for children and adults with intellectual disabilities.

<http://www.stanfield.com/products/family-life-relationships/social-skills-circles-curriculum-intimacy-relationships/>

- For information regarding other evidence-based programs and evidence-based teaching techniques, visit the California Autism Professional Training and Information Network (CAPTAIN) website.

www.captain.ca.gov/

Citations

- Aljazireh, L. (1993). Historical , environmental, and behavioral correlates of sexual offending by male adolescents: A critical review. *Behavioral Sciences and the Law*, 11, 423-440.
- Farmer, E., & Pollock, S. (2003). Managing sexually abused and/or abusing children in substitute care. *Child and Family Social Work*, 8, 101-112.
- Gorey, K.M., & Leslie, D.R. (1997). The prevalence of child sexual abuse: Integrative review adjustment for potential response and measurement biases. *Child Abuse & Neglect: The International Journal*, 21(4), 391-398.
- Gust, D.A., Wang, S.A., Grot, J., Ransom, R., & Levine, W.C. (2003). National survey of sexual behavior and sexual behavior policies in facilities for individuals with mental retardation/developmental disabilities. *Mental Retardation*, 41(5), 365-373.
- McConkey, R., & Ryan, D. (2001). Experiences of staff in dealing with client sexuality in services for teenagers and adults with intellectual disability. *Journal of Intellectual Disability Research*, 45(1), 83-87.
- Shakeshaft, C. (2004). *The special education muckraker*. Huntington, NY: Dee Alpert Publisher.
- So-kum Tang, C., & Kit-shan Lee, Y. (1999). Knowledge on sexual abuse and self protection skills: A study on female Chinese adolescents with mild mental retardation. *Child Abuse & Neglect*, 23, 269-279.
- Sullivan, P.M., & Knutson, J.F. (2000). Maltreatment and disabilities: A population- based epidemiological study. *Child Abuse & Neglect*, 10, 1257-1273.
- Sullivan, P.M., & Knutson, J.F. (1998). The association between child maltreatment and disability in a hospital-based epidemiological study. *Child Abuse & Neglect*, 22(4), 271-288.