

**Sexual Abuse of Persons with a
Developmental Disability:
Incidence, Indicators,
Interventions**

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Basic assumptions

- No one profession can evaluate an allegation of sexual abuse
- **Attitudes, Skills, & Knowledge** must be identified and addressed

Attitudes

- “Individuals who have a diagnosis of mental retardation are:
- “Not reliable witnesses”
- “Do not benefit from mental health treatment”
- “Are less affected by sexual abuse than other victims”
- “Aren’t “attractive” to perpetrators”

Knowledge informed by research

- Incidence of abuse by age and disability
- Forensic science, i.e. DNA analysis
- How genital injuries heal over time
- Suspect profiles
- Interview protocols
- Medical examination protocols

Skills developed with practice

- Peer Review: Supportive critique of videotaped role play or actual interviews utilizing interview protocol
- Developing alternative question design in response to reviewing actual interview videotapes, followed by
- Videotaped practice of alternative question design

Chadwick Center's Interview Protocol

- Developed in consultation with law enforcement, CPS, prosecutor. *Videotaped to reduce need for multiple interviews.*
- **Interview Protocol**
- Establish rapport
- Introduce task
- Take history
- Closure

Child Maltreatment: 1996

Developmental Disabilities

- Significantly impact an individual's independence in the activities of daily living
- Acquired before age 18
- Expected to be lifelong.

Diagnoses Include

- Autism
- Seizure Disorders
- Communication Handicaps
- Mental Retardation
- Cerebral Palsy
- Blindness
- Deafness

- An individual may have one or more than one diagnosis.

Mental Retardation 3%

- Subtype
- 80% MILD
- 12% Moderate
- 7% Severe
- 1% Profound
- SB WISC MA/adult
- 68-72 69-55 11-8
- 51-36 54-40 8-6
- 35-20 39-25 6-3
- 19- 24- 3-

Educational Goals, Adulthood

- Mild (80%)
- Basic reading, consumer math
- Moderate (12%)
- safety signs, social skills
- Severe to Profound(8%)
- Self help/hygiene
- Independent living, work, marry
- Group home, sheltered employment
- Most protected environment

Indicators of Abuse

- Sexual behavior, requests, questions
- Living where others are victimized
- Suspicious behavior of caretaker
- Avoidance or fear of caretaker
- Running away
- Regression: Sleeping, toileting
- Self report

Physical Indicators

- Difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Genital pain, itching, bleeding, bruising
- Sexually transmitted disease
- Pregnancy

Incidence of Sexual Abuse

- Data is limited due to:
- Under-reporting of cases
- States don't collect data
- Small or unrepresentative samples “Clinical Populations”
- 3% of population is MR. 3% CCP cases MR
- Communities with “No Cases” need to ask why.

Sobsey: Incidence of Sexual Abuse: 1993

- Learning Disability • 3
- Autism • 3
- Blind • 2
- Neurological • 5
- Emotionally disturbed • 7
- Deaf • 12
- Mobility impaired • 23
- Mental retardation • 160
- *n=215 ages: 1-57* • *79%F 21%M*

Degree of Mental Retardation

- *N=160/215*
- Mild MR
- Moderate MR
- Severe MR
- Profound MR
- 26.4%
- 24.5%
- 41.5%
- 7.5%
- *Ages: 1-57*
- *79% F 21% M*

Offender Categories

- Natural Family: 15.5%
- Foster Family: 5.8%
- Step-relative: 2.5%
- Date: 3.3%
- Disability Service Provider (SP): 28.4%
- _____
- Violence in the Lives of People with Disabilities
- Generic SP: 7.4%
- Transportation: 5.3%
- Peer w/disability: 9.1%
- Acquaintance or neighbor: 16.5%
- Stranger: 6.6%
- _____
- Dick Sobsey, Brooks 1994

Sullivan: Risk for abuse of children in special education

- 1999: Names of 50,000 children enrolled in in a large urban school district were cross referenced to CPS and Police databases of reported abuse.
- 9% prevalence of abuse for non-handicapped children
- 31% prevalence of abuse for handicapped children. 3.4 times more likely to be abused than non-handicapped peers.

Sullivan continued

- Neglect was the predominate form of abuse of mentally retarded children, followed by
- sexual abuse
- Physical abuse
- Emotional abuse
- combinations of the above

Sullivan & Knutson:1999

Risk Factors for Abuse

- Communication Handicaps
- May be dependent on others for bathing, toileting, dressing, or transportation. These activities often occur while the individual is alone with the caretaker, behind closed doors.
- Are taught to be obedient, not taught to say “NO” and tell someone if they are uncomfortable.

Risk Factors continued

- Lack of Prevention Education
- Desire for age-appropriate symbols of acceptance and status non-handicapped children and teenagers seek.
- Sense their dependence on others, so eager to please
- Residential settings: difficult to screen and supervise staff.

Barriers to Evaluation for Sexual Abuse

- “Can’t give reliable testimony”; “Incapable of testifying in court”; “Mental retardation” confused with “mental illness”; “Don’t benefit from Mental Health Treatment”.
- New sexual behaviors attributed to disability, not evaluated as red flags for abuse

Barriers to Evaluation for Sexual Abuse continued

- Persons with disabilities are thought to engage in behaviors that result in their victimization: AP isn't responsible...
- Challenges of working with sign language interpreters...

Barriers continued

- Ability to give informed consent is often not questioned or evaluated:
- “Do you know how babies get started?”
- “If people want to do sex, is there anything they can do to not make a baby?”
- “Are there any sicknesses people can get from having sex?”
- Don't Know? Can't give consent!

Barriers continued

- “Some other agency is responsible”
- Evaluating persons with a disability requires “extraordinary skill”, which “isn’t available” in the community.
- Differences between chronological and developmental age are confusing.

San Diego's Response

- Law enforcement and Prosecutors: Child Abuse units now investigate or prosecute *all* allegations of abuse of intellectually disabled persons, of any age. To Elder Abuse/Dependent Adult Units in 2003?
- All cases involving a developmentally disabled child or AP must be reviewed at CPT (weekly inter-agency case review)
- CCP offers trauma therapy to *all* victims.

National Resources

- **National Network of Children's Assessment Centers:** Listing of Michigan's CACs as well as national listing.
- **American Prosecutors Research Institute:** training and technical assistance to prosecute cases with a victim and/or perpetrator with a developmental disability
- **Chadwick Center:** Training and TA
www.charityadvantage/chadwickcenter/org