



Recognizing & Responding to Sexual Abuse Allegations

DID YOU KNOW

- A 2006 study of 1,500 individuals with autism found that 35% had been the victim of a crime. 13% of those crimes were sexual abuse and 8% were sexual assault.⁴
- People with I/DD are more likely to be assaulted by someone they know, and during daytime hours.¹
- People with I/DD are 4 to 10 times more likely to be victims of violence and/or sexual assault.²
- Employees of DDS or provider agencies are mandated reporters and must report any time they have at least a reasonable cause to believe that abuse occurred. When in doubt, report to DPPC.

What is sexual abuse? When a caretaker or provider forces, tricks, threatens, coerces, exploits, or otherwise engages a person with a disability in a sexual activity or permits another person to engage in non-consensual sexual activity.

Sexual abuse among people with Intellectual and Developmental Disabilities (I/DD):

- The news station NPR investigated sexual assaults against people with intellectual disabilities using unpublished U.S. Department of Justice data. They concluded that people with I/DD are sexually assaulted at least 7 times more frequently than people without disabilities.¹
- In 44% of sexual assault cases involving a person with I/DD, the alleged abuser had a relationship with the victim specifically related to the person's disability (such as residential care staff, transportation providers and personal care attendants).³

People with I/DD may not always feel empowered to report sexual abuse due to many reasons:

- Communication limitations that make it difficult to report;
- Fear of not being believed, or fear of retaliation;
- Fear of losing choice in living or day activities, or fear of losing a particular caregiver;
- A belief a certain level of abuse has to be tolerated.

While this brief is not focused on peer-to-peer sexual assault, be aware that it does occur. The state of Pennsylvania conducted a review of its sexual abuse cases in 2016 and found that in 40% of cases, the alleged abuser was another person with I/DD.¹ Peer-to-peer assaults should be reported as a HCSIS incident.

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Recognizing Sexual Abuse

Increased Risk of Abuse

Dave Hingsburger, disability advocate and educator, identified several reasons why people with I/DD are at increased risk of sexual abuse:⁵

- **Reliance on others for support, especially personal care:** People with I/DD often have staff touch their bodies, sometimes in very intimate ways, as part of routine personal care. It can be difficult for people with I/DD to distinguish boundaries and what may or may not be abusive touch. This personal care is often provided by staff that the person may not know well, or at all, which can be confusing.
- May have difficulty recognizing or avoiding **risky situations** such as meeting unknown people online.
- Often encouraged or expected to **follow the direction of caregivers.**
- Saying 'no' is not readily accepted by staff in everyday choices like food or activity preferences. Therefore, people with I/DD are **not encouraged to use 'No'** to refuse inappropriate touch either.
- May not have the **same access** to sexual education and healthy relationship education as people without disabilities to understand healthy boundaries and touch.
- Lack of ability, opportunity or privacy to report sexual abuse.

Signs of Sexual Abuse

Sexual abuse may not be immediately obvious. Here are some indications that sexual abuse may have occurred:

Physical Signs

- Torn or stained clothing.
- Unexplained vaginal or rectal bleeding, bruises on the genitals or inner thigh.
- Itching, swelling or pain in the genital or rectal area.
- Incontinence which is not typical for the person.
- Injuries of unknown origin.

Changes in behavior, mood, sleep or preferred activities:

- Sudden refusal to participate in activities the person normally enjoys, like work. May start calling in sick a lot.
- A very outgoing person who suddenly starts isolating themselves; becoming angry, fearful or distraught.
- Sudden night awakenings or difficulty sleeping.
- Sudden increase in behaviors that are not typical for that person.

Be aware that if a person has always been abused, you may not see changes in behavior. You may instead see chronic patterns of fear, withdrawal, or anger.

People with low-verbal or non-verbal skills

Many people with I/DD are either not able to speak, or have difficulty communicating, their needs. These individuals may be especially vulnerable to abuse and/or neglect due to a low ability to communicate the abuse. Staff must be especially attentive and sensitive to non-verbal signs of abuse, such as changes in behavior (listed above), especially if the behavior changes around one person or in one particular circumstance. For example, refusal or avoidance behaviors at medical appointments may be an indicator of past or ongoing abuse.

Staff should also be alert to physical signs of sexual abuse (listed above).

Responding to Sexual Abuse

Immediate Response

- Report abuse to DPPC and follow other agency procedures.
- Preserve evidence which may be essential for the investigation. Do not bathe the victim, change clothes, wash sheets/clothing or clean the location of an alleged sexual assault.
- Utilize S.A.N.E hospitals and nurses. Thirty hospitals in Massachusetts are S.A.N.E. (Sexual Assault Nurse Examiner) designated and have a nurse available/on-call, 24/7, to conduct these very sensitive exams. These nurses are highly trained professionals who have expertise in conducting a forensic examination while also addressing the emotional needs of the traumatized person. <https://www.mass.gov/info-details/designated-sane-site-hospitals>

When abuse is disclosed:

- Respond in a calm, neutral, and compassionate way with language that makes it clear that you believe the person. "I believe you".
- The goal is for people to feel safe and comfortable in reporting problems. Victims will often report lesser offenses first to test whether or not they are believed.
- Be empathetic and caring.
- Offer choice about how the report is made. Do they want to help call DPPC or not? Give information about what will happen after the report is made.
- Respect the person's privacy. Don't tell people who don't need to know.

Trauma-informed care perspective

This perspective has an awareness that traumatic events can have lasting effects, and efforts should be made to create an environment in which traumatized people can grow and heal.

- Create safe spaces that are comfortable to the 5 senses (Is there music the individual really likes that can be played? Is there a good-smelling-to-them soap they prefer?)
- Think about privacy and touch. Does the person prefer doors open or closed? Gloves when touched? A certain towel?
- Offer predictability in schedules and routines, and opportunities for the person to have control. For example: The person chooses when to shower, what to eat, and how to decorate their room.
- Give information about what is going to happen during assistance with personal care. For example, tell the person you're going to wash their hair now. This is especially important when touch is involved.
- Avoid aversive or restrictive practices that can be retraumatizing for the person.
- Recognize that limit setting and rule enforcing may enhance a sense of fear of panic.
- Respect boundaries, privacy, and give as much choice as possible in daily activities.

DDS Trauma-informed Training Series:

<http://ddslearning.com/new-page-51>

Recognizing, Responding and Preventing Sexual Assault:

<https://shriver.umassmed.edu/sexual-abuse-prevention-and-response-webinar>

Prevention

An abuse-prevention organization **supports choice, welcomes challenging conversations,** ensures **respectful communication,** and values **healthy relationships** by:

- Supporting communication about difficult issues. Create an environment in which staff are free to bring problems to supervisors and feel safe in speaking up.
- Encouraging empowering practices among people receiving services by supporting choice, dignity of risk, and a culture where people feel safe bringing concerns to staff.
- Creating policies that clearly communicate individual's right to sexuality and intimate relationships, that give guidance on consent, and that defines what behavior will not be tolerated among staff, peer-to-peer, etc.
- Offering sexuality and healthy relationship training to individuals about boundaries, healthy decision making, conflict management and reporting, appropriate touch, and consent.

Preventing Sexual Assault webinar: <https://youtu.be/ify8vmtxiNg>

Reporting Allegations of Sexual Abuse

All DDS and provider agency staff have a legal responsibility to report any incident, condition, or occurrence where there's a reasonable cause to believe that an individual has been abused, harmed, exposed to risk, or been subjected to mistreatment due to the actions, the inaction or the negligence of a caregiver or provider. Call the Disabled Persons Protection Commission (DPPC) 24-hour hotline to report: **1-800-426-9009**.

Additional Resources

- DDS Mandated Reporter Training: <http://ddslearning.com/mandated-reporter-training>
- Regional Human Rights Specialists: Central/West, Teka Harris, teka.j.harris@massmail.state.ma.us; Northeast, Rebecca Christie, Rebecca.christie@massmail.state.ma.us; Southeast, Nate Hoover, Nathan.hoover@massmail.state.ma.us; Metro, Jennifer Benoit, Jennifer.r.benoit@massmail.state.ma.us
- DPPC Sexual Assault Response Unit (SARU): <https://bit.ly/2wT8sbj>
- Association of University Centers on Disabilities (AUCD), "Sex Talk for Self-Advocates, Parts 1-4" https://www.aucd.org/resources/webinar_mgt.cfm?keyword=sex+talk×pan=&date=
- Nora J. Baladerian, Ph.D. is a clinical psychologist focusing on trauma and abuse in people with I/DD. She has resources and runs a blog of helpful tips and considerations: <http://disabilityandabuse.org/>
- ElevatUs Training offers free resources on addressing sexuality with people with developmental disabilities. <https://www.elevatustraining.com/free-resources/>

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¹ Shapiro, J. "The Sexual Assault Epidemic No One Talks About", *NPR All Things Considered*, 2018.

<https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about>

² Petersilia, J. "Invisible Victims: Violence against People with Developmental Disabilities," *Human Rights* 27, no. 9, 2000.

³ Balderian, N. "Sexual Abuse of People with Developmental Disabilities," *Sexuality and Disability*, 9(4), 323-335, 1991.

⁴ Autism Society, Results of the Victims of Crime with Autism Survey (unpublished), 2006.

⁵ Hingsburger, D. & Harber, M. *The Ethics of Touch*, Diverse City Press, Quebec, Canada 1998.