Sexual Violence Against People with Intellectual and Developmental Disabilities: Identification & Intervention, Part 3

FCASV Sexual Violence Training Summit 2012
Wednesday, May 9, 2012 – 3:15 pm to 4:45 pm

Nancy M. Fitzsimons, PhD, MSW, Professor
Minnesota State University, Mankato
Nancy.fitzsimons@mnsu.edu
Magnitude of the Problem

- Violent crime 1.5 times higher
- Rape/sexual assault 2 times higher
- Females with disabilities higher rate than males with disabilities
- Males with disabilities higher rate than females without disabilities
- **Persons with cognitive disabilities higher rate than people with any other type of disability.**


- Violent crime 2 to 3 times higher
- Rape/sexual assault 2 times higher
- Females with disabilities higher rate than males with disabilities
- Males with disabilities higher rate than females without disabilities
- **Persons with cognitive disabilities had the highest rate of violent victimization.**

Caregiver Power and Control

Wisconsin Coalition Against Domestic Violence
807 S. Paterson St., Suite 3, Madison, WI 53703
(608) 255-0999 / FAX: (608) 255-0490
This diagram is based on the Power and Control/Equality scales
developed by the Domestic Violence Intervention Project, Duluth, MN
Identification of Sexual Violence Against People with Intellectual/Developmental Disabilities: Indicators

- Pronounced changes in behavior or engagement in behaviors atypical for the person.
- A person who is not known to be sexually active or unable to give informed consent gets a STD or is pregnant
- Regression to childlike behavior
- Elective mutism
- Sudden loss of independent living skills
- Physical and/or verbal aggression toward others
- Sexual aggression towards others
- Harmful self-sexual behaviors
- Non-sexualized self-abusive behaviors
- Running away
- Fear response to a specific person/specific people, group of people with common characteristics, to a specific place
### Impact of Sexual Violence & Other Traumatic Experiences


<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological</th>
<th>Social</th>
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</thead>
<tbody>
<tr>
<td>Physical injuries</td>
<td>Posttraumatic Stress Disorder (PTSD)</td>
<td>Difficulty in re-learning trust</td>
</tr>
<tr>
<td><strong>Stress-induced physical health problems</strong></td>
<td>• Depression</td>
<td>• Involuntary fear, mistrust of “care providers”</td>
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<tr>
<td>• Headaches, stomach ailments, ulcers, irritable bowel syndrome, colitis, high blood pressure, heart palpitations, allergic skins reactions</td>
<td>• Borderline Personality Disorder</td>
<td>• Strain on or disruption of relationships</td>
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<tr>
<td></td>
<td>• Dissociative Disorders</td>
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<td></td>
<td>• Somatization Disorders</td>
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<td></td>
<td>• Self-Mutilation</td>
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<td>• Easting Disorders</td>
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<td></td>
<td>• Panic &amp; Anxiety Disorders</td>
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<tr>
<td></td>
<td>• Phobias</td>
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<tr>
<td><strong>Increased presence of negative health behaviors</strong></td>
<td>• Anger/Hostility</td>
<td>• Reluctance to enter into new relationships</td>
</tr>
<tr>
<td>• substance abuse, alcoholism, attempted suicide, high-risk sexual behavior, unhealthy diet-related behaviors</td>
<td>• Suicidality</td>
<td>• Avoidance of crowds</td>
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<tr>
<td></td>
<td>• Anxiety</td>
<td>• Voluntary social isolation</td>
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<td></td>
<td>• Low self-esteem</td>
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<tr>
<td></td>
<td>• Fear of physical safety, intimacy, retaliation, re-victimization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Emotional detachment</td>
<td></td>
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Diagnostic overshadowing (Burke & Beford, 1995; Matich-Maroney et al., 2007; Razza & Tomasulo, 2005)

- Attribute “symptoms” or “behaviors” to the “disability” rather than:
  - Mental health concern
  - Indicator of sexual victimization or other abuse (past or current)
  - Response to sexual victimization or other trauma (acute, chronic, delayed)
  - Psychological crises in relation to developmental milestones

- A secretive “special” relationship
Coded Disclosure

• Hinting, rather than making a direct statement
  (Ramsey-Klawsnik, 1993 as cited in Fitzsimons, 2009.)

• What are the ways in which a person may disclose sexual violence, without actually saying the words?

- Testing the water

- Before making a serious statement, often tell a little bit, to find out if you will listen, or to see if any negative outcome if they disclose.

- The Tentative Approach

  - “Can I talk to you later? I want to tell you something.”
Identification of Sexual Violence Against People with Intellectual/Developmental Disabilities: Types of Disclosure
(Volker & Wolf, n.d.)

• The “Inappropriate” Question

• “Do you have sex with your boyfriend?”
Using Exact Words

Literal statement: “My stomach hurts”.

Ask:

• “What kind of stomach ache?”
• “What part?”
• “Where does it hurt?”
• “How did you get the stomach ache?”
A Disguised Disclosure

Begins with a vague criticism of the abuser:

- “He’s not so nice.”
- “She’s nasty.”
- “He’s bossy.”
Identification of Sexual Violence Against People with Intellectual/Developmental Disabilities: Types of Disclosure

(Volker & Wolf, n.d.)

- Vague statement
  - “He keeps me awake at night.”
  - “She keeps coming in my room.”
  - “He didn’t drive me home the right way.”
Handling Disclosures

(Fitzsimons, 2009; Volker & Wolf, n.d.)

Do’s

✓ Reassure
✓ Assess immediate safety
✓ Listen
✓ Support feelings
✓ Explain your role
✓ Report (as required to proper authorities)
✓ Consider a medical examination
✓ Find additional information, support, advocacy
✓ Be honest
✓ Be discrete
✓ Help restore sense of loss of control
✓ Maximize privacy
✓ Learn and normalize fears
✓ Make the victim a central part in decisions concerning the assault

Do Not’s

✓ Disbelieve, discount, minimize
✓ Ask why didn’t disclose sooner
✓ Promise you won’t tell anyone
✓ Criticize the victim or offender
✓ Ask for details (unless your role)
Empowering People with ID/DD

(CDC, 2004; Chamberlain, 2008; Cohen & Swift, 1999; Fitzsimons, 2009; Fitzsimons, 2010; Hollomotz, 2009; McMahon, 2000; Sobsey, 1994)

- **Individual Level**: Person’s knowledge, attitudes, behavior, history, demographics or biology
- **Relationship Level**: Influence of parents, sibling, peers, intimate partners, care providers, service providers
- **Community Level**: Norms, customs, experiences with local institutions
- **Societal Level**: Broad social forces (inequalities, oppression, organized belief systems, relevant public policies)
Empowering People with ID/DD to Live Safer Sexual Lives (Frawley, Slattery, Stokoe, O’Shea, Houghton, 2011)

Living Safer Sexual Lives

Stories

Respectful Relationships program

Peer educators

Co-Facilitators

[Image of a flyer titled "Living Safer Sexual Lives: Respectful Relationships"

[Image of a workshop setting with three people]

[Image of two women holding a certificate]
Empowering People with ID/DD to Live Safer Sexual Lives  (Frawley, Slattery, Stokoe, O’Shea, Houghton, 2011)

Living Safer Sexual Lives: Respectful Relationships

• Peer education
• Peer mentoring
• Peer support
Empowering People with ID/DD to Live Safer Lives (Fitzsimons, 2009, p. 4; Illinois Images Project, 2010)

- **Disability humility**
  - Be aware of and “put in check” any of your “disability-negative” attitudes, biases, stereotypes, discomfort, etc.
  - Listen to and learn from people with ID/DD.
  - Treat each person as a **unique** individual
  - Open mindset
  - Be willing to say “I don’t know”.
  - Focus on **strengths** rather than limitations.
  - Seek **solutions** rather than focus on problems.
  - Focus on **skills building** rather than deficit reduction.
  - Engage in **collaborative partnerships** rather than using professional control.
Empowering People with Disabilities to Reduce Their Risk: Creating a Ring of Safer

“People with disabilities, maybe more than others, need to become their own first line of defense against sexual victimization”

(Hingsburger, 1994, p. 73 as cited in Fitzsimons, 2009, p. 144)
Components of a “Ring of Safer”
(Fitzsimons, 2009; Hingsburger, 1994; Hollowitz, 2009; Sobsey & Mansell, 1990)

- Sexuality Education
- Consent
- Privacy
- Personal Safety
- Boundary
- Resources
- Intimacy
- Healing Trauma
- “Code Word”
- Self-Defense
- Reproductive Health
- Understanding Rights/Responsibilities
- Body Image
- Body parts/functioning
- Sexual Violence & Other Abuse
- Interpersonal Relationships
- Assertiveness
- Social Awareness to minimize risk
- Recognize Unsafe Feelings
- Understanding Rights/Responsibilities
- “Code Word”
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- Recognize Unsafe Feelings
Healing Trauma

(Razza & Tomasulo, 2005)

Group Therapy

Individual Therapy

Establishing Safety
- Trust
- Authority
- Past experiences
- Respect

Confidentiality
- Private
- Boundaries
- Secret
- Caregivers/Family
- Dual relationships

Informed Consent

Assertiveness
- Self-Expression
- Model – peers & professional

Focus
- Events (abuse & other)
- Feelings
- Behavior
- Relationships
- Coping
- Past connect to present
- Impact of trauma on the body

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Additional Resources


My Contact Information

Nancy M. Fitzsimons, PhD, MSW
Nancy.fitzsimons@mnsu.edu
507-389-1287
Minnesota State University, Mankato
Department of Social Work
358 Trafton Science Center North
Mankato, MN 56001