

A young child with glasses is looking at the camera. In front of them are several colorful geometric blocks (pyramids and cylinders) on a wooden table. The background is a blurred indoor setting.

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SEXUAL VIOLENCE AGAINST INDIVIDUALS
WITH I/DD: A SUMMARY OF FINDINGS IN ARIZONA

ABBREVIATED OVERVIEW

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STUDY OVERVIEW

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SEXUAL VIOLENCE AGAINST INDIVIDUALS WITH I/DD: A SUMMARY OF FINDINGS IN ARIZONA

Sexual violence is a pervasive public health issue that disproportionately affects women, racial and ethnic minorities, and individuals with intellectual disabilities (Barger, Wacker, Macy, & Parish, 2009; Black et al., 2011). Individuals with intellectual and developmental disabilities (I/DD) are at an even greater risk to become victims of sexual violence than individuals without disabilities. Bureau of Justice data indicate that the rate of rape and sexual assault against individuals with intellectual disabilities is more than seven times the rate of individuals without disabilities — and for women with I/DD more than 12 times the rate of women without intellectual disabilities.

The severity, pervasiveness, and lasting consequences of sexual violence among individuals with I/DD raise questions about the current state of the nearly 110,000 individuals with I/DD estimated to live in the state of Arizona (Braddock, Hemp, Tanis, Wu, & Haffer, 2017). To answer these questions, the Arizona Developmental Disabilities Planning Council (ADDPC) commissioned a comprehensive **current state analysis** to identify best practices in the research literature and determine the extent to which the state of Arizona utilizes them in the areas of detection, reporting, tracking, monitoring, training, and prevention related to sexual violence/abuse among individuals with I/DD.

This abbreviated summary report provides a brief overview and synopsis of the work completed as well as a set of specific recommendations from across all study strands. The study consists of three standalone reports providing a detailed account of the methods, findings, and recommendations discerned from each strand of the study (research, providers, lived experiences). Those standalone reports can be accessed via the [ADDPC website](#).

DETECTION

Detection is the act or process of identifying the risk for, or the presence of sexual violence/abuse against individuals with I/DD, detection.

STUDY OVERVIEW



Risk factors. Research shows individuals with disabilities who are younger, female, and/or have an intellectual disability are all subject to a higher risk. Some researchers further noted elevated risk due to having multiple disabilities; exhibiting aggressive, violent, and/or other non-compliant behaviors; as well as having no regular visitors (Kamavarapu et al., 2017). Contextual characteristics can further increase risk and include

presence of interpersonal/domestic violence among parents and/or caregivers and instability of parents and/or caregivers (Corr & Santos, 2017). Kamavarapu and colleagues (2017) identified facility risk factors as a lack of proactive reporting structure; unsupervised personal and/or medical care situations; ineffective staff supervision; and a lack of policies and procedures that address sexual violence/abuse.

Assessing Risk. To synthesize risk factors, we recommend application of the integrated ecological model of abuse (Sobsey, 1994), which highlights the interactions between four systems: the potential victim, the potential offender, the immediate environment, and the culture. In addition, Fisher, Moskowitz, and Hodapp (2012) developed the Social Vulnerability Questionnaire (SVQ), which is designed to be used by an interviewer who rates an individual with I/DD on 30 Likert-type items and asks one open-ended question. The SVQ can be used to assess potential risk of social victimization for individuals with I/DD. Scores on this measure can be used, along with other characteristics of the individual, to determine if the individual is at risk for victimization or has greater potential to avoid victimization.

Monitoring. Monitoring is defined as the action or process of ongoing oversight, typically by an authoritative body, to ensure established policies and procedures are effectively implemented and enforced. Effectiveness of policy and governance structure can be judged on society's faith and trust in the structure, and presence of key ingredients such

STUDY OVERVIEW

as a financially and administratively separate oversight mechanism, unannounced inspections, and private meetings with patients to hear their experiences.

REPORTING

Reporting is the process for disclosing an experience of sexual violence/abuse to others.

Providers. To determine the current level of implementation of research-based practices and recommendations, survey data was gathered based on voluntary responses received from a sample of 69 day treatment and 55 residential group home providers. The findings indicate that about 38% of the day treatment respondents felt reporting policies/procedures were being provided to parents. Similarly, 42% of those respondents agreed policies/procedures were being provided to participants with I/DD on how and when to report sexual violence/abuse. In group homes, 50% of respondents agreed they provide information about internal policies/procedures for parents on how and when to report sexual violence/abuse against residents with I/DD

Provider training. The same survey also focused on training, where only 27% of day treatment providers agreed parent trainings for reporting sexual violence/abuse against participants with I/DD were provided. However, 52% of day treatment facilities surveyed believed participant trainings on how and when to report sexual violence/abuse were provided. In addition, 41% of day treatment respondents agreed they train parents/caregivers on strategies to keep their loved ones with I/DD safe from sexual violence/abuse. Similarly, only 33% of groups homes agreed they provide parent training on how and when to report sexual violence/abuse against residents with I/DD, however 51% of those group homes agreed they train parents/caregivers on strategies to keep their loved ones with I/DD safe from sexual violence/abuse.

It's clear too little is known about what NOT to do when an individual with I/DD is suspected to have experienced sexual violence/abuse. Roughly 30-40% of day treatment and group home staff may be lacking critical information like to refrain from questioning an individual with I/DD who may have experienced sexual violence/abuse. This highlights a key system gap. In the event that a stakeholder who is not trained in proper forensic interviewing techniques with individuals with I/DD questions them about a possible

STUDY OVERVIEW

sexual violence/ abuse, they risk compromising the accuracy of the information provided and consequently the investigative process.

Participant training. Training that provides individuals with I/DD with the tools and support to recognize and report sexual violence/abuse is key in stopping, and eventually preventing, sexual abuse and assault. This training must include specific education on individuals' right to be safe and information that works to dismantle beliefs that abuse is the victim's fault or a sign of incompetence (Northway et al., 2014; McGilloway et al., 2018). Training should offer self-administered and proactive screening tools as well as emergency signaling tools to individuals with I/DD to reduce the burden of self-disclosure.

For most individuals with I/DD expression of sexuality remains a contentious issue (Aunos & Feldman, 2002; Kempton & Kahn, 1999; Löfgren-Mårtenson, 2004; Wings Yanez, 2014). Despite evidence that their educational needs are similar to or greater than those of individuals without disabilities, sexuality is a topic often neglected for individuals with I/DD (Holland-Hall & Quint, 2017). Individuals with I/DD want friendships, meaningful relationships, and intimacy (Brown & McCann, 2018), yet there is a tension between self-determination and safety when individuals with I/DD lack education related to sexuality and healthy relationships. Formal, individualized, and specific sex education for individuals with I/DD is lacking (McDaniels & Fleming, 2016) and more research is needed to adapt and validate curricula covering key topics.

Unreported abuse. Fear of consequences and lack of awareness of the right to be safe further compound the challenges individuals with I/DD face when reporting experiences of sexual violence/abuse. Many of these fears are the same as those experienced by all victims of sexual violence/abuse, but others are more unique to individuals with I/DD. Specifically, the fear of losing their independence and/or losing custody of their children. They also fear retribution, this is especially important given the increased likelihood that an individual with I/DD may depend on the perpetrator for support or care. s

Judicial System. Bowden et al. (2014) recommended that the best way to improve the trial process and quality of evidence is to replace traditional cross-examination practices with separate investigative and evidential interviews conducted by an expert interviewer with training specific to working with people with I/DD. Bowden et al. (2014) also recommended that an investigative interview should take place as soon as possible after

STUDY OVERVIEW

the sexual assault, use a properly trained interviewer, include video recording to show facial expressions and avoid police officers conducting the questioning and interrogation. Several studies also noted that communication difficulties are often a significant barrier to reporting for individuals with I/DD.



EXPERIENCES

Researchers spoke at length with families and caregivers of individuals with I/DD, law enforcement, providers, and Family Advocacy Center (FAC) representatives about their lived experiences.

Law enforcement & FAC. All officers who participated said they would like investigation forms to be adjusted so they can indicate that the case is a sexual assault case and/or that individuals involved have I/DD so it would enable software in their respective

STUDY OVERVIEW

departments to be easily searched. FAC representatives demonstrated there was little to no consistency between accounts of the tools and procedures used to track information from one center to another — and they were surprised at the vast differences in their process, remarking that standardization of minimum best practices in this area would be beneficial.

Family and caregivers. Consistent with findings in the literature, over 60% of caregivers report that individuals with I/DD inability to communicate adequately negatively impact reporting and they often presented as most concerned that their loved one would experience sexual violence. Caregivers who have supported a loved one with I/DD during reporting, investigation, and prosecution as well as FAC representatives reported insufficient access to research-based accommodations for victims.

When it came to provider quality, 26% of survey respondents expressed concern that there is not a central, searchable database for information about service providers and service organizations. They felt there ought to be easier access to information about individuals applying to work in agencies and are concerned that perpetrators could be moving from one place to another preying on individuals with I/DD.

RECOMMENDATIONS



Based on understanding of the current state and recommended best practice provided by the literature, the following recommendations have been formulated:

- ✓ Provide high quality, age and developmentally appropriate sexuality education for all people that have I/DD and/or for their caregivers and professional support providers.
- ✓ Effective and independent oversight should be established to monitor services provided to individuals with I/DD.
- ✓ Empirically supported abuse education and awareness programs should be provided.
- ✓ Trauma-Focused Cognitive Behavioral Therapy should be provided to individuals following experience with sexual abuse.

STUDY OVERVIEW

- ✓ Conduct additional research into ABA and similar therapies that require compliance from individuals with I/DD, to better understand if there is a relationship between participating in compliance-based therapies and risk for sexual violence/abuse.
- ✓ Increase communication around prevention practices, specifically naming when practices are intended to reduce risk and/or support preventing sexual violence/abuse.
- ✓ Pursue further inquiry into staffing needs and challenges as they pertain to preventing sexual violence/abuse against individuals with I/DD.
- ✓ Ensure utilization of the Adult Protective Services Registry prior to hiring by organizations; explore the expansion of this platform for caregiver use when hiring/selecting providers.

CONCLUSION

Sexual violence/abuse against individuals with I/DD is a pervasive issue that does not occur within an isolated bubble — its consequences wreak havoc on not only individuals and their families, but on whole communities. Thus, everyone must do their part to reduce the rate at which individuals with I/DD are sexually abused and assaulted.

Developing a preventative culture in which members are encouraged, supported and educated to ensure the safety of individuals with I/DD is key. This effort must also include a preventative system that is tiered to provide supports that are both broad-reaching and specific to those most vulnerable. It's also paramount that this effort provides developmentally appropriate, research-based training to individuals with I/DD so that the information is accessible. This, coupled with training for their loved ones/ caretakers, providers, and agencies, is critical to ensuring individuals with I/DD know their rights and are safe from harm.

Beyond prevention, community members must also work together to support those individuals with I/DD who have already been sexually assaulted as they pursue justice through both the legal system and personal healing. Within the state of Arizona specifically, there are existing practices to build upon as community members work together to promote the safety of individuals with I/DD. These efforts will contribute greatly to personal safety for individuals with I/DD, as well as overall community wellbeing in Arizona.