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# **THE CONSEQUENCES OF CHILDHOOD SEXUAL ABUSE IN ADULTS WITH INTELLECTUAL DISABILITIES**

## **INTRODUCTION**

Children and adolescents can experience sexual abuse at all ages, in every culture, socio-economic status, race, and despite of personal characteristics. The isolated line of psychosexual development in later life is also not related to the experienced sexually inappropriate behaviours. Descriptions of child sexual abuse usually balance between the expectations of precision and specificity and attempts to reconcile a significant variety of victims, abusers, situations, traits of mistreatment, the frequency and severity of abuse. As a consequence, the professional literature gives various definitions of sexual abuse. These definitions are usually dependent on the purpose for which they were written – they are formulated differently in legal systems, in research practices and clinical tests, in pedagogical and psychological sciences (e.g. Filar, 2010; Maciarz, 2009).

It is clear that sexual abuse is not a part of normative psychosexual development and significantly influences both the victims and their families. Experiencing the trauma of being sexually abused causes direct and remote consequences regarding mental health and general functioning of a person. These consequences, their severity, durability and the extent of affected mental areas, are not specific for the nature of sexual abuse, nor for the personal characteristics of the abuser or the victim.

Sexual activity with an older person or with an adult always goes beyond the child's ability to adequately deal with the situation. Children often do not understand the nature of the behaviour in which they are made to participate, they cannot recognize its meaning and complex consequences. Children are often unable to identify and effectively deal with emotions and

sensations they experience in such situation. Because of their limited social competences, they participate in the situation from a submissive position, where they have no possibility to decide on the form of the activity nor if they want to participate in it at all. Because sexual abuse goes beyond so many competences of a child, it is a negative experience, bearing the risk of the occurrence of inadequate and possibly dangerous preventive mechanisms (Zielona-Jenek, Chodecka, 2010).

The consequences of sexual abuse are varied. Many of them are non-specific symptoms, appearing as an answer to the sexual abuse, but they can also be triggered by numerous factors. The revision of research on the consequences of sexually inappropriate behaviours in children aged under 18, conducted by K. A. Kendall-Tackett & Cong. (1993), shows that the most often occurring symptoms of sexually abused children are: sexualization of behaviour, depression, aggression, withdrawal and the symptom of posttraumatic stress disorder (PTSD). However, these are not specific indicators, i.e. their occurrence does not allow for an explicit conclusion that they result from sexual abuse.

There are also situations where such experience leaves no visible consequences. K. A. Kendall-Tackett & Cong. (1993) say that such persons are 21–24% of the surveyed. This can be explained in three ways. The lack of information about negative consequences of sexual molestation is the result of insufficient examination methods' preparation.. There is also a possibility that the persons were examined at inappropriate time (when no negative consequences appeared yet or they can be no longer observed). It is also possible that sexual abuse had no negative effects on child's development. This wide range of possible consequences of sexual abuse – from the already mentioned minimal, difficult to observe consequences to various forms of internalization and externalization disorders, regressive cognitive dysfunctions, emotional and social dysfunctions and successful suicide attempts – explains how complex the nature of the relation between the abuser and the victim, the victim and the environment is; it also relates to different characteristics of abused persons. It may happen that sexual abuse, the risk of which is significantly higher in case of children with intellectual disability, leads to much deeper and permanent consequences among the victims from this group (compare with, e.g. Dąbkowska, 2013).

### THE CHARACTERISTICS AND SCALE OF THE PHENOMENON

Sexual abuse is a wide concept referring to various forms of sexual relation between an adult – abuser, and a child – victim. Professional literature usually gives three interchangeable terms – abuse, exploitation and harassment. Pedagogical, psychological and medical sciences usually use the definition given by the Standing Committee on Sexually Abused Children “any child below the age of consent may be deemed to have been sexually abused when a sexually matured person has engaged or permitted the engagement of that child in any activity of a sexual nature which is intended to lead to sexual gratification of the sexually mature person” (Glaser, Frosh, 1995, p. 19). All definitions of a victim have two common elements. The first one is innocence – the person do not deserve for what they experience. The second one is instrumentalism – the victim is a tool used for realization of someone’s goal (Pospiszyl, 2003). The definition most often applied in diagnosis was the one provided by R. Krugmand and D. Jones (1994, from: Brągiel, 1998): “sexual abuse is described as bringing children into the area of sexual activities, inadequate for their stage of development, into the area of activities the child cannot understand nor accept and which, at the same time, violate legal and social standards.” This thesis uses the above definition based on the criterion of using the advantage of a stronger person over a weaker and immature person, criterion of the victim’s lack of understanding of the events, and the criterion of immaturity of the victim to engage in sexual activities.

The occurrence of sexual abuse is usually assessed by government institutions, courts or screening using the method of interviews. Prevalence assessment is also based on retrospective descriptions of adults, which allows to avoid the difficulties associated with delayed disclosure of this phenomenon by the child.

International research show that about 20% of women and 5–10% of men experienced childhood sexual abuse (Pereda and others, 2009). The results of Polish epidemiological research conducted by Z. Lew-Starowicz (2000) show that 19.6% of women and 24.1% of men experienced different types of sexual contact before the age of 15. If we include the forms of sexual activities without touching (genitals exposition, sexual activities of adults in front of a child, exposure to pornography or conversation of

obscene content) into the scope of sexually abusive activities, this rate is as high as 70% of children.

Children who experience sexually inappropriate behaviours cannot be easily described by demographic characteristics or by revealed consequences of sexual abuse. However, the research reveals the most striking risk factor for sexual abuse, which is gender. Examples of research show that young girls are about 3.8 times more likely to be exposed to sexual abuse than young boys (Sedlak and others, 2010). Some studies reveal the importance of the victim's age for the occurrence of sexual harassment. Late childhood and early adolescence seem to be associated with an increased risk of sexual assaults (e.g., Finkelhor, 1994).

Research showing that the sexual abuse of people with intellectual disabilities is extremely frequent is very worrying (e.g., Crosse and others, 1993; Suris and others, 1996; Tyiska, 2005). The cited studies indicate that children with disabilities are sexually abused 2.2 times more often than their healthy peers. Slightly less than half of children with intellectual disabilities are looking for legal or medical help (Crosse and others, 1993). Unfortunately – even when crimes are reported by people with disabilities, the level of detection by the police is lower, involvement in prosecuting the perpetrator is lesser, and even penalties are lighter if the accused person is found (Sobsey, Doe, 1991).

### THE CONSEQUENCES OF SEXUAL ABUSE

Both clinical practice and various studies discussed in the literature indicate a great diversity of responses to the experience of sexual abuse. One of the most detailed reviews of the research in the field of the consequences of sexual molestation was made by the above-mentioned K. A. Kendall-Tackett, L. M. Williams and D. Finkelhor (1993). It revealed a great ambiguity of both the results of research and the definition of what can be considered as the consequences of abuse. There is, however, a consensus among practitioners and researchers in the field, that the experience of sexual harassment cannot be considered as a single cause of the occurrence of symptoms or a factor that allows predicting the occurrence of specific symptoms. Therefore, in clinical terms, such experience should be treated as a factor unfavourable for the development of the individual, and the impact on its functioning and possible occurrence of cognitive, emotional

and behavioural dysfunctions depends on the entire development process – both earlier and current (see, e.g.: Czub, 2015).

The most common consequences of sexual abuse are post-traumatic stress disorder and problematic sexualized behaviours (Putnam, 2003). It is also indicated that sexual molestation is a significant but very general and nonspecific risk factor for the occurrence of anxiety disorders. From the perspective of psychopathology, psychoactive substances abuse, addictions and emotional disturbances are also observed in victims of sexual harassment (Maniglio, 2011). Similarly, in persons with intellectual disability, sexual abuse may cause a range of post-traumatic disorders like anxiety and depression. An intellectually disabled person can manifest it through engaging in unconventional, problematic sexual behaviours as well as through decreasing the existing level of cognitive, emotional and behavioural functioning. Remote consequences of sexual abuse include poor adaptation, psychosexual development disorders, inappropriate relations, increase of risky behaviours and repeated victimization (Dąbkowska, 2013).

It is believed that the discussed diversification of symptom levels among children is related to definite factors of the experienced sexual abuse, which include, among others, using physical force, frequency of sexual contacts, duration of the harassment. There are also some statements according to which the development of PTSD, apart from the factors related to the intensity of the trauma, is influenced by parent's reaction to the child's revelation of sexual abuse (Friedrich, 2002). Individual and psychological resources of a victim are often perceived as factors contributing to minimalization of negative consequences of sexual abuse (see, among others, Beisert, 2004).

Children with intellectual disability are more prone to experience sexual abuse and suffer from deeper, more severe consequences of such situations. Moreover, they are subject to the majority of mechanisms related to sexual abuse, which are shared by all other minors exposed to such traumatic experiences. The increased risk of experiencing sexual abuse by children and adolescents with intellectual dysfunctions results from a number of complex causes. Some research suggest that persons with intellectual disabilities can be more likely to develop mental disorders as a result of exposure to trauma due to less cognitive coping mechanisms and external

factors, i.e. increased dependence on others, early institutionalization, limited social support.

It can also reflect repressive and restrictive attitude towards sexuality of persons with mental disabilities. The ability of developing proper attitude and sexual activities (including denying sexual contact and revealing experiencing sexual exploitation) are influenced by: social functioning, interpersonal skills, abilities related to developing intimacy, and the knowledge about sexual life.

Regardless of the disclosed consequences of an experienced sexual abuse, it is considered that in a situation where the abuse has occurred, it is necessary to undertake a therapy. It helps to reduce possible symptoms, protects from occurring in the future and limits the possibility of re-victimisation. Research emphasizes that the disclosure of children's abuse during psychotherapy can minimize the symptoms of post-traumatic stress disorder, and cognitive-behavioural and family psychotherapy is particularly effective (see, among others, Czub, 2015).

## DESCRIPTION OF RESEARCH

The objective of the research was to verify hypotheses on the relation between the occurrence and severity of the consequences of experienced sexual abuse presented as psychopathological symptoms in adults with intellectual disability, which indicated childhood sexual abuse.

Selection criteria for the study group were: age (above 18), moderate intellectual disability and experience of sexual abuse during childhood.

The diagnosis of intellectual disability was present in the medical and psychological records provided by the examined persons. Experiencing sexual abuse was confirmed by the diagnosis of an expert psychologist and/or the results of the court proceedings in a given case. Only the persons able to verbally describe their experiences, and their testimonies were considered credible – mainly basing on the accuracy – were accepted to the research group. The persons whose cognitive disorders disabled them from proper understanding of the interview's content, who experienced psychotic disorders or suicidal thoughts were not included in the research group. 4 people refused to take part in the research, giving "lack of interest" or "fear of conversation" as a reason. Finally, the research was conducted

among 32 people aged between 18 and 37, including 27 women and 5 men. The research was conducted with particular attention to providing the respondents with a sense of security.

None of the respondents were married. 9 persons admitted to be in a permanent relationship, and 6 of them living with their partners. The rest of the respondents declared to be single, with 4 of them living alone; the rest of the group lived with their parents or family. 7 persons had secondary education, 11 had lower secondary education, 14 people completed education at a special elementary school. Twelve respondents took a permanent job, the others were never employed.

The research was conducted from August 2015 to June 2017 at NZOZ<sup>1</sup> "Remedis" in Toruń. Before the interviews began, the purpose of the study, the procedure, the anonymity of the examination and the right to withdraw from the contract were discussed. The written consent of the persons to conduct the study was obtained.

The clinical examination was conducted as a standardized interview. Demographic data and clinical information were collected, i.e. previous medical and psychiatric diagnoses, current or past psychiatric and psychological treatment, auto-aggressive behaviours and suicide attempts. The diagnosis of the presence and severity of psychopathological symptoms of post-traumatic stress disorder, depression and abuse of psychoactive substances was conducted on the basis of the prevailing in Poland International Classification of Diseases, prepared by the World Health Organization, currently its 10th edition, published by the WHO in 1992.

Traumatic experiences of childhood sexual exploitation were discussed by means of groups of questions concerning, among others, forms of sexual abuse, its duration, and the nature of the relationship with the abuser. The respondents were also asked to indicate whether they had experienced a given event in a family environment, in an orphanage, in a family care institution or at school. They were also asked whether they suffered from physical injuries or required hospitalization and/or medical procedures as a consequence of the experienced violence. Due to the volume of the research, some of the data acquired will not be discussed in this article. They will be the subject of separate publications.

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<sup>1</sup> NZOZ – a non-public healthcare institution [translator's note].



## EXPERIENCING SEXUAL ABUSE AND ITS CONSEQUENCES – RESULTS OF OWN RESEARCH

Selection criterion for the study group was, among others, experiencing at least one situation of sexual abuse during childhood or adolescence. The vast majority of respondents (25) experienced sexual abuse at home from a member of the family or a family friend. 7 persons were sexually abused at school by the person well-known to them. As a consequence of traumatic experiences, 9 respondents had a physical trauma caused by sexual abuse experienced at home or school, they also required hospitalization.

At the time of the research, 17 persons who were exposed to sexual abuse met the criteria for post-traumatic stress disorder. 7 respondents met the criterion of depression. One of them has attempted suicide in the past. 3 persons were diagnosed with alcohol dependence. One person has tried other psychoactive substances in the past.

During the examination of the negative and traumatic life experiences and clinical symptoms of mental disorders in persons with intellectual disability, a very high percentage of sexual abuse of children was demonstrated primarily in the family, but also in the institutional environment. The study group showed a very high occurrence rate of PTSD, but also depression and addiction. The key discovery seems to be the fact that the experience of sexual abuse in a family or school environment may be an independent prognostic factor of the current severity of PTSD symptoms. This may suggest the lasting impact of early traumatic experiences on mental health in persons with intellectual disabilities.

The fact that child's sexual abuse most often occurs in the family is also significant. The image of symptoms observed in the course of a person's life after experiencing abuse is influenced, apart from individual resources, by factors related to the child's family functioning before the event, as well as by factors related to the family's reaction to abuse disclosure and the subsequent functioning.

While searching for the reasons for the revealed so frequent sexual exploitation by the family among persons with intellectual disabilities, it is worth noting the increased susceptibility to being abused due to: weaker understanding of what is right and what is wrong; difficulties in negotiating equality in the relationship and difficulties in speaking about abuse (Lum-



ley, Miltenberger, 1997). A person with intellectual disability may feel that they have no right to make their own decisions about sexuality and/or can be manipulated by means of gifts or flattery to enter into a relationship based on sexual abuse.

The methodological limitations of the conducted research cannot be omitted. First of all, the generalizations of the conclusions are not complete because of the selection of a test sample, which was relatively homogeneous and was not representative. Secondly, the respondents were patients of the psychotherapeutic centre, where they were admitted because of various problems in functioning. Therefore, the presence of a cause and effect relationship cannot be proven. It is also very difficult to determine the real consequences of such experiences and their impact on the development of the individual because the access to sexually abused persons who can be examined is limited and depends on ethical principles. Nevertheless, it seems extremely important to constantly undertake the discussed topic.

### CONCLUSIONS

The results of the conducted research and the analysis of the literature on the selected topic indicate the need for targeted interventions aimed at both reducing the negative effects of traumatic events experienced by children with intellectual disabilities, and promoting effective prevention strategies. In order to reduce the risk of exposing children with intellectual disabilities to violence, intervention and prevention programs at the family level should be implemented. Programs for parents should be adapted to the specific needs of families with a child with intellectual disability. The diagnosis of abuse as well as skilful and effective search for help seem to be crucial. Taking into consideration the prevalence of PTSD symptoms in the studied group of people with intellectual disability, it is necessary to develop therapeutic strategies for people with intellectual disabilities suffering from post-traumatic stress disorder.

It is also important to provide social support, which is a potential factor protecting against the consequences of traumatic events. The disclosure of sexual molestation, however, is not necessarily associated with the possibility of obtaining social support. Traumatic sexualization, powerlessness,

stigmatization and betrayal of trust are just some of the factors – indicated in the professional literature – that increase the risk of secondary victimization of a child. The closer the relationship and the closer the degree of relatedness of the abuser and the victim, the greater the sense of betrayal of trust and severity of negative consequences (Brzezińska, Jabłoński, Marchow, 2003). After starting court procedures in a case of sexual abuse, a child – victim – faces a task difficult emotionally and cognitively, i.e. participation in interrogations and psychological and sexological tests conducted for the needs of court opinions by expert psychologists and doctors (Szymańska-Pytlińska, Chodecka, 2014).

Reports about the greater risk of sexual abuse of children with intellectual disabilities can motivate parents to decide to protect their children from any unsupervised social contacts. Sometimes they are also a deceptive justification for refusing to give children any knowledge on topics related to sexuality. However, there is a consistent belief among theoreticians and practitioners that the lack of knowledge increases the risk (see, for example, Fornalik, 2007, Kijak, 2010, Kościelska, 2004). When sexual questions and behaviour are freely discussed within the family – sexual development is likely to progress well, and the probability of sexually inappropriate behaviours can be significantly reduced or eliminated (Lumley, Miltenberger, 1997). Children gain the opportunity to learn how to be assertive in protecting the privacy of their bodies and ways of talking about the experience of sexual abuse to adults whom they trust.

The experience of sexually inappropriate behaviours is significant in the development of the individual, their well-being and mental health throughout their entire life. Data on the consequences of sexual abuse in people with intellectual disabilities are so far incomplete, hence there is a need for multidisciplinary problem recognition from both the theoretical and practical perspective. In theory, there is a need to thoroughly investigate and explain how the variables of the subject and the environment interact with each other in order to enable a more accurate interpretation of the relationships that are relevant to the consequences of sexual exploitation. Undertaking further research will also enable a more in-depth diagnosis and planning of effective help. Directing the attention of specialists on the scale and consequences – revealed throughout the life of the individual – of

sexual abuse against persons with intellectual disability is also important due to the preparation of broadly understood preventive measures, especially in relation to families, limiting the phenomenon of sexual harassment. At the same time, it is also necessary to educate about the importance of therapy in the situation of the experiencing sexual abuse by persons with intellectual disabilities.

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## SUMMARY

The results of the conducted research and the analysis of the literature on the selected topic indicate the need for targeted interventions aimed at both reducing the negative effects of traumatic events experienced by children with intellectual disabilities, and promoting effective prevention strategies. In order to reduce the risk of exposing children with intellectual disabilities to

violence, intervention and prevention programs at the family level should be implemented. Programs for parents should be adapted to the specific needs of families with a child with intellectual disability. The diagnosis of abuse as well as skilful and effective search for help seem to be crucial. Taking into consideration the prevalence of PTSD symptoms in the studied group of people with intellectual disability, it is necessary to develop therapeutic strategies for people with intellectual disabilities suffering from post-traumatic stress disorder.

**Key words:** childhood sexual abuse, adults, intellectual disabilities.