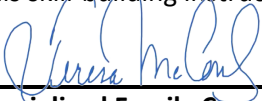



**SPECIALIZED FAMILY CARE
Provider Training**

Category	Pre-Service and Annual Training
Title	ABUSE, NEGLECT & EXPLOITATION Part III
Materials	Reducing Risks of Abuse, Neglect, and Exploitation, by WVDHHR, APS, KEPRO, Healthcare: Part III: Sexual Abuse
Goal	Provider knows how to prevent abuse, neglect & exploitation of an individual in care.
Credit Hours	1 Hour
Date Developed	January 2017
Developed by	<i>Carol Brewster</i> , SFC Program

This skill building instruction has been approved for Specialized Family Care Provider training by:

	2/27/2017
Specialized Family Care Program Manager	Date
	2-27-2017
Content Reviewed and Updated by: Carol Brewster, FBCS	Date

Training Objectives:

- Specialized Family Care Provider will have a better understanding of why abuse happens and the effects of sexual violence
- Specialized Family Care Provider can identify prevention methods to reduce sexual abuse in the intellectually/developmentally disabled population
- Specialized Family Care Provider can recognize behaviors of abusers

Training Procedures:

- Specialized Family Care Provider initiated self-study
- Test completed by Specialized Family Care Provider
- Review of test responses by Family Based Care Specialist and Specialized Family Care Provider

I certify that I have completed all the materials associated with this training module. I feel that I have a basic understanding of the material completed.

Specialized Family Care Provider	Start Time	End Time	Date
Reviewed by: _____			
Family Based Care Specialist			Date

This Program is funded by the WV Department of Health & Human Resources, Bureau for Children & Families and administered by the Center for Excellence in Disabilities, West Virginia University.

WVDHHR/CED/SFC/ABUSE. NEGLECT.EXPLOITATION/ January 2017

Definitions

SEXUAL ASSAULT

- Crime of violence, anger, power and control where sex is used as a weapon against the victim
- Includes any unwanted sexual contact or attention achieved by force, threats, bribes, manipulation, pressure, tricks or violence
- May be physical or non-physical
- Includes: rape, attempted rape, incest and child molestation and sexual harassment, fondling, exhibitionism, oral sex, exposure to pornography or inappropriate sexual remarks

“People with Intellectual Disabilities and Sexual Violence” Davis, L. (2009)

SEXUAL ABUSE

- Pattern of sexually violent behavior
- Ongoing
- Can occur in the home or outside the home, on the job or transportation systems, or virtually anywhere

“People with Intellectual Disabilities and Sexual Violence” Davis, L. (2009)

General Statistics

- Stranger sexual assault can occur at any time of the day
- Acquaintance sexual assault occurs most frequently on weekends between 10 p.m. and 2 a.m.
- Three out of five sexual assaults occur in the victim’s home or the home of an acquaintance

West Virginia Foundation for Rape Information and Services (2003, 2008)

Why Sexual Abuse May Occur

- The offender may be motivated by the need to feel powerful or in control
- Sexual assault is prompted by an urge to control another human being
- Rapists surprise their victims by catching them off-guard, by tricking them, and taking advantage of the situation when they have gained trust

West Virginia Foundation for Rape Information and Services (2003, 2008)

How Victims May Be Forced

PERPETRATORS MAY:

- Use threats to scare or intimidate
- Have sex with someone too drunk or high to say “no”
- Not take “no” for an answer
- Threaten to harm a friend or family member
- Manipulate or trick the victim by not telling the truth or leading them on
- Physically overpower someone who is smaller
- Imply that something even worse will happen if advances are refused

West Virginia Foundation for Rape Information and Services (2003, 2008)

Risk Factors for Individuals with Intellectual/Developmental Disability

INDIVIDUALS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

MAY:

- Not be able to report assaults committed against them
- Live alone, which reduces risk of interruption of assault
- Be less able to defend themselves
- Be more trusting of others
- Be perceived as non-sexual beings

“People with Intellectual Disabilities and Sexual Violence” Davis, L. (2009)

INDIVIDUALS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITY ARE:

- Often not educated about abusive, abnormal or illegal sexual activity
- Often denied basic information about sexual health and relationships
- Not always afforded formal education about sex. Sexual education is rarely provided in special education classrooms or not tailored to people with disabilities

“People with Intellectual Disabilities and Sexual Violence”. Davis, L. (2009)

Prevention

- The first step is recognizing the magnitude of the problem and facing the reality that people with intellectual/developmental disability are more likely to be assaulted sexually than those without disabilities

- Sexual violence must be reported in order for repeat victimization to stop
- Employment policies must change to increase safety
- Sex education must be provided on a regular, on-going basis, and self-determination and relationship-building skills taught so individuals with intellectual/developmental disability can learn how to develop safe relationships

“People with Intellectual Disabilities and Sexual Violence”. Davis, L. (2009)

Methods of Prevention

- Sex Education
- Good Touch, Bad Touch
- Exposing Bribes and Threats
- Assertiveness Training
- Protection
- Alertness to Distress

“A Parent’s Guide to Protecting Kids with Intellectual Disabilities from Sexual Abuse”. Hartwell-Walker, M. (2002)

Sex Education

TO BE EFFECTIVE, IT SHOULD:

- Include education about abuse
- Teach about sex in concrete terms
- Explain what is and isn’t okay

- Teach attitudes, skills and values to make appropriate and healthy choices in sexual behavior
- Teach prevention of sexually transmitted diseases, such as HIV and HPV, teenage or unwanted pregnancies, and domestic and sexual violence

Good Touch, Bad Touch

- Because many people with intellectual/developmental disability require assistance with personal care, knowing the distinction between good and bad touch is essential.
- Some resources that can be used to teach good touch, bad touch include:
 - *The Right Touch: A Read Aloud Story to Help Prevent Child Sexual Abuse* by Sandy Klevin and Jody Bergsma
 - *It's My Body (2002 Edition)* by Lory Freeman and Carol Deach
 - *Just Say Know!* by D. Hinsburger

Assertiveness Training

TO BE EFFECTIVE, IT SHOULD TEACH INDIVIDUALS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITY TO:

- Value their rights
- Identify their needs and wants, and ask for them to be satisfied
- Acknowledge that people are responsible for their own behavior
- Express negative thoughts and feelings in a healthy and positive manner

- Receive criticism and compliments positively
- Learn to say "no"

Protection

SOME WAYS TO PROTECT INDIVIDUALS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITY FROM SEXUAL ABUSE INCLUDE:

- Ask to meet significant others
- Be prepared to help out in risky situations
- Impose limits

Alertness to Distress

- Watch for change in behavior
- Ask direct questions
- Trust your instinct

What to Look For

- Physical: Bruises or pain in genital areas, tearing of vaginal or anal area, signs of physical abuse, headaches, stomachaches, sexually transmitted diseases, pregnancy
- Behavioral: substance abuse, withdrawal, avoiding specific settings/people, sleep or appetite changes, seizures, self-destructive behavior, feelings of panic, sexually inappropriate behaviors, resisting physical exam, learning difficulties, change in habits/mood
- Psychological: depression, crying spells, phobias, regression, guilt/shame feelings, severe anxiety/worry, irritability

“People with Intellectual Disabilities and Sexual Violence”. Davis, L. (2009)

Perpetrator Profile

Offender Statistics:

- Perpetrators are often those who are known by the victim, such as family members, acquaintances, residential care staff, transportation providers and personal care attendants
- Research suggests that 97 to 99% of abusers are known and trusted by the victim who has intellectual/developmental disability
- In 32% of cases, abusers were family members or acquaintances
- 44 % had a relationship with the victim specifically related to the person's disability (such as residential care staff, transportation providers and personal care attendants)

“Patterns of sexual abuse and assault. Sexuality and Disability” Sobsey, D. (1991)

HOW DO YOU REPORT ABUSE, NEGELCT, EXPLOITATION

In West Virginia reports can be made to the hotline at 1-800-352-6513

7 Days a Week, 24 hours a day. You can also call 911 and report to local law enforcement.

National Sexual Assault Hotline at 1-800-656-HOPE

For free and confidential help and support:

www.preventchildabuse.org or www.disability-abuse.com

References

- Sobsey, D. (2008), "Relative victimization risk rates: people with intellectual disabilities."
- Sobsey, D. Doe, T. (1991) "Patterns of sexual abuse and assault. *Sexuality and Disability*". *Sexuality and Disability*
- Hartwell-Walker, M. (2002) "A Parent's Guide to Protecting Kids with Intellectual Disabilities from Sexual Abuse".
- West Virginia Foundation for Rape Information and Services (2003, 2008) "Sexual Assault in West Virginia: An Informational Handbook".
- Smith, N. (2013) "Sexual Abuse of Children with Disabilities: A National Snapshot". Center on Victimization and Safety.
- Davis, L. (2009) "People with Intellectual Disabilities and Sexual Violence". ARC.