Sexual abuse and learning disabilities

Another iceberg

Only recently has sexual abuse in children and adults with learning disabilities received much attention, and estimates of its prevalence are still scanty and imprecise. American studies suggest that between one in three and one in four teenagers and young adults with learning disabilities have suffered sexual abuse, which is higher than the rate of one in 10 estimated for all children in Britain. The results of a postal survey suggest that British consultants believe that the prevalence of abuse among their patients is 4-5%, with sexual abuse being more common than physical abuse or neglect. This is likely to be an underestimate. Although the true figure may not be as high as the American studies suggest, the indications are that the rate for people with learning disabilities is higher than that for the general population. Surprisingly, most of the subjects with learning disabilities referred for psychoanalytic psychotherapy to the Tavistock Institute’s learning disabilities team over the past 10 years have had a current or past history of sexual abuse, prompting extensive research (V Sinason, personal communication).

Children with a disability are, in general, more at risk from all types of abuse, and children with learning disabilities are overreported among those who have been physically abused, neglected, or sexually abused. Vulnerability to sexual abuse associated with learning disabilities may therefore be seen as part of vulnerability to all types of abuse. Several factors may account for this, including the stresses associated with caring for a “difficult child” and the state of dependency on others for care, which may last for all of the affected person’s life. The lack of privacy that often exists for those in care and a lack of adequate sex education may also contribute to this vulnerability.

The main preconditions for child sexual abuse are availability, opportunity, and secrecy, and the crucial factor in most cases is the maintenance of secrecy by threat, guilty complicity, or the victim’s inability—through developmental language delay or poor communication skills—to disclose abuse to others. Extrapolating from the presentation of child sexual abuse provides pointers to the clinical picture, particularly in young adults. Cases rarely present early and are usually long standing when first seen. Sexualised behaviour may be the presenting symptom and should always give rise to the suspicion of abuse in an adult with learning disabilities. Temper tantrums, challenging behaviours, and psychiatric symptoms should also give rise to suspicion, especially when there is a sexual content to the symptomatology.

Disclosure in adults is often through discovery or suspicion by third parties and often arises during psychotherapy for some other problem. It may be past or current abuse and, whatever the route, is always slow and painful. Victims characteristically feel guilty, betraying, secretive, and ashamed. As a result they may find it difficult to return for further counselling or treatment after the initial disclosure. Anxiety may increase around the time of disclosure. Once disclosure has occurred and statutory agencies have become involved families may find it extremely difficult to continue functioning.

Sexual abuse has adverse long term effects on personality, growth, development, and the ability to have stable adult relationships, although people vary greatly in how they cope with these problems. Abuse diminishes global intellectual attainment, and thinking and memory may be affected. Psychological trauma associated with sexual abuse may therefore delay cognitive development, which could add to, or result in, learning disabilities. Language delay, for example, is common in children who have been sexually abused. Children with developmental delay resulting from sexual abuse may therefore be incorrectly labelled as having learning disabilities. Being abused also increases the risk of becoming an abuser in later life—most perpetrators of sexual abuse were victims themselves—and this has been described in cases of learning disabilities.

The law is complex and does not always provide the protection to victims with learning disabilities that it does for other groups. Sex with a minor is simply illegal, and no difference is drawn between children with learning disabilities and children in general. Where adults are concerned, the laws relating to trespass to the person, incest, rape, and indecent assault apply to those with a disability as much as to those without. There seems, however, to be a lack of clarity in the courts as to whether adults with a learning disability can be regarded as full adults with respect to the law or whether they should be regarded as part adult and part child. For example, in a recent case of alleged rape the judge ruled that the 16 year old victim’s evidence was unacceptable because her “mental age” was less than 8 and therefore her evidence could not be accepted by the court. The judge said that the law prevented a person younger than 8 giving evidence under oath, and the alleged victim’s mental age brought her into that category. This strict adherence to the concept of mental age contrasts sharply with clinical practice, in which the term is rarely used. It denies the adulthood of the person and perpetuates a situation that leaves many people with learning disabilities unheard in court and thus vulnerable and unprotected.

Against this background is the complex issue of consent and people with learning disabilities. Regarding sexual...
relationships, adults with learning disabilities should, like anybody else, have the right to say yes as well as to say no, and these decisions cannot be made for one adult by another.19 There is, however, no legislation in the United Kingdom that specifically allows for the protection of adults who may be vulnerable or at risk in this way. The Sexual Offences Act (1956) does not address the issues of risk and vulnerability, and guardianship under the Mental Health Act (1983) relates to supervision of care and treatment rather than protection. The emphasis on legislation to remove the victim rather than the perpetrator of abuse perpetuates the tendency to blame the victim rather than to provide him or her with care and protection...

The situation is further complicated by the seldom used but significant legal concept of a "defective" (usually equivalent to someone with severe learning disabilities).20 It is an offence for a man to have unlawful sexual intercourse (that is, outside marriage) with a female defective. Being incompetent, a defective is incapable of giving consent. If this was interpreted broadly it would mean that any sexual activity by many people with learning disabilities would be illegal. Although this may seem ridiculous, the law is meant to protect people who may be vulnerable to exploitation.12 Recently a man was sentenced to two years in prison after pleading guilty to sexual intercourse with a defective.21 This is a lighter sentence than that for rape, which varies from five years to life imprisonment.22 The ordeal of court for the rape victim is considerable and is one of the reasons why prosecution is rarely pursued. In child sexual abuse, removing the victim from where the abuse has occurred or removing the perpetrator is often regarded as important and requires social workers and sometimes the police. Where adults are concerned this is often not possible, which seriously impedes clinical management. Perpetrators may need to be kept away by incarceration, court injunction, or conditions of bail; the support of the legal system is needed to achieve this. No statutory framework exists within which social services can act, as it does where children are concerned, unless staff are allegedly involved and disciplinary action can proceed.

Management of sexual abuse should consist of a multilevel approach allowing for support of the victim, the dynamics of the family, and some work with the perpetrators. The victim often has the problem that the perpetrator is also a loved one, and the relationship includes love as well as abuse—management must be sensitive to these conflicting feelings. As in cases of child sexual abuse, adults should always be offered individual counselling or psychotherapy and family therapy should be available. Research is needed to identify the extent of the problem and to evaluate how cases are managed and the adequacy of legal protection. Services for learning disabilities need to address questions of funding, training of staff, and interdisciplinary coordination.

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The consequences of child sexual abuse

Psychosocial disorders are common in adults abused as children

The recorded frequency with which children are exposed to sexual advances from adults varies according to the definition of abuse, the age range studied, and the methods of ascertainment. Contact abuse—which ranges from inappropriate fondling to intercourse—is experienced by over 20% of girls and some 10% of boys before they reach 14 years.15 Most of the perpetrators are men known to the child, often in some position of authority such as teachers or activities leaders or trusted friends of the family. Contrary to popular opinion, relatively few abusers come from the child’s immediate family.

Sexual contact between adults and children is usually an abuse of power and an exploitation of the vulnerable, which is deeply repugnant in our culture; nevertheless, some voices still question the nature of the long term impact of child sexual abuse on mental and physical health. A few authorities have questioned whether non-violent sexual contact with children does any immediate or continuing harm. A recent book, Children’s Sexual Encounters with Adults, claims that boys’ sexual encounters with older men “are, for the most part, fairly innocuous” and that “adult child [sexual] relationships in general are possibly neither coercive nor in themselves damaging to the children involved.” This attempt to minimise the impact of sexual abuse is coupled with an apologia for paedophiles, who are described as “men who approach boys . . . looking for what amounts to a love relationship” and who “employ gradual and gentle persuasion.”

At the other end of the spectrum of child sexual abuse the raised awareness among the general public and health professionals may, on occasion, lead to a state of mind that