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## Defining the Problem

Sexual offending is clearly one of the most sensitive and upsetting social issues of our age. The immediate, visceral, upset emotional response that most of us have to sexual offending is mostly because of our awareness of who the likely victims are—women, children, and other vulnerable persons. In this guidebook, “vulnerable persons” will often refer to persons with intellectual disabilities or other difficulties associated with cognitive processing. In this introductory chapter, we will set the context and establish the working definition of the problem for our continuing discussion of sexual offending.

### **Is Sexual Abuse Really That Big a Problem?**

Statistics show that sexual abuse occurs at an alarming rate. According to various studies of child sexual abuse, as many as one in four girls and one in seven boys will be sexually abused at some point in their childhood (i.e., prior to age 18). Many researchers consider these figures to be underestimates (Badgley, 1984; Finkelhor, 1984—although we acknowledge that these are somewhat dated references, they are definitive on the matter and it appears that subsequent investigations have come to consistent conclusions). That means that if you are in a room with one hundred people, between 15 and 25 of those in the room might have been sexually abused in childhood. Those numbers are daunting, but when you add the numbers of persons who are sexually abused as adults, you start to get a sense of how truly pervasive a problem this is in our society.

Among persons with intellectual and other disabilities, sexual abuse is an even bigger problem. In fact, studies have shown that the rates of sexual abuse of people with disabilities are astronomically larger than they are among the mainstream population. For example, upwards of 70 percent of females with intellectual disabilities are sexually abused as children (Blasingame, 2005). Our comments in this chapter about sexual victimization of persons with intellectual disabilities are very brief. Chapter 10 features a much broader discussion of these issues.

### Sexual Offending

The past 25 years have seen a flurry of research into the nature and consequences of sexually offensive behaviour. However, we suggest that it is odd that the focus has come so late in the game. We have no doubt that people have committed sexual offenses at long as there have been people to be offenders and people to be victims—thousands and thousands of years. Why has the attention shifted to identifying causes only recently?

When a high-risk sexual offender is released to the community, the event often receives a great deal of media attention. Sometimes, this attention provokes fear in the community and leads people in the community to question why such people would be allowed to be free. The simple truth is that most persons who sexually offend receive determinate sentences—that means that they do not get “life.” As a consequence, nearly all persons who sexually offend will be released back to the community at some point.

When that happens, there are several stakeholders:

Stakeholders	
Victims (past, present, or future)	Person who has committed a sexual offense
Citizens	
Mental Health Personnel	
Legal and Correctional Personnel	
Law Enforcement	
The Media	

*Stakeholders in the integration of a person who commits sexual offenses into the community*

In this list, you will notice that we separated the offenders from the other parties. In many respects, this is what actually happens in the community: an “us versus them” scenario. This polarization sometimes manifests in legislative and community responses to sexual offenders in the community. Some of you may know the acronym NIMBY—Not In My Back Yard. Persons who sexually offend become pariahs (people whom nobody likes and with whom nobody wants to spend time), for reasons that may be entirely understandable. However, some of the laws and rules regarding persons who sexually offend in the community may not actually help anybody to stay safe. Sometimes, these policies drive offenders underground and into hiding—an outcome that is not good for anyone. In the end, true community risk management will require us to be more involved in the lives of those sexual offenders we know about, if only to make sure that they never again engage in this harmful behaviour.

It is important to note that these issues also affect persons with intellectual disabilities. Keep in mind that many of our clients are already stigmatized because of their disabilities. Consider how much worse the stigma might be if they were suddenly identified as both disabled and a sexual offender.

As you read through this guidebook, we hope to provide you with some helpful information and tips regarding how you can be a part of a network of persons working to ensure effective risk management in the community.

## Victims and Offenders

One simple truth that we must keep in mind whenever we talk about sexual offending is that there are many more offenders and many more victims than we actually know about. Sexual offenses are crimes of secrecy. One of the most alarming statistics regarding sexual abuse is that as many as 80 to 90 percent of victims never tell anyone who is in position to help them (Finkelhor, 1984). This silence mostly occurs because of shame, guilt, and secrecy.

*Sexual abuse is a very maddening problem—the offender does not want you to know and, tragically, neither do most of the victims. Worse still, many others in the community would rather not talk about such troubling issues and experiences.*

The end result of all this secrecy is that the police and courts cannot tell you about these “unknown” persons who sexually offend because they do not know who they are. However, the research tells us that they are often people we know in our families and in our community. Ironically, most are people we trust. It has been said that there is a dangerous person in every child’s life. Parents and other caregivers need to be on guard and thoughtful with everyone, even with those they trust.

When we talk about sexual abuse, we know that we are able to talk about only the smallest part of the problem. Everything we say is subject to the qualifier “based on what we know.” And, unfortunately, there is still a lot we do not know.

## Why Is Under-reporting Such a Problem?

There are many reasons that persons who are victimized choose not to report their experiences of sexual abuse. Generally, persons who are victimized as adults fail to report because they do not trust “the system” to take them seriously and to follow up with charges and punishment against the offender. This is likely the number one reason why women fail to report rapes or other sexual offenses committed against them.

Male persons who are victimized often under-report due to socialization (for example, the idea that “boys don’t cry”). Also, boys in many cultures are still socialized to see any sexual experience as a positive thing, which complicates the reporting of offenses perpetrated by women. Sometimes, men who commit offenses against boys “groom” a boy to believe that what they do is a “special secret” that others will try to take away from them.

Female persons who are victimized often under-report because of the context in which they are victimized—typically in relationships. Reporting abuse that occurred in a family context can be quite complicated: loyalties may be distorted, and the victim may fear disbelief or negative consequences.

Children are likely the largest group of persons who are victimized, and, for a number of reasons, they may also be the ones least likely to report their abuse.

## Glossary

### compliance training

A method of training that introduces progressively more intrusive prompts (e.g., verbal instruction, modelling the desired behaviour, physically guiding the person to behave as required) depending on the degree of noncompliance the person demonstrates to the instruction.

First, because of their developmental status, many children don't understand that what is happening to them is abuse. Adults ask children to do many things they don't want to do (called **compliance training**)—like eat their vegetables—so, identifying inappropriate touching as abuse may not occur to them until later in life. Furthermore, even when children do understand that what is happening to them is wrong, the abuse is often occurring in a family setting that has so many other problems that the children feel that they do not have any way to report the abuse. Most children are abused in family settings, often at the hands of family members who say that they love them (and, indeed, who likely do love them). It is much harder to report abuse by a family member than by a stranger.

Perhaps one of the greatest social challenges facing modern society is how to help persons who are victimized to feel emotionally and psychologically strong enough to come forward, to tell us about their abuse, and to allow us to help them and their abusers. We must acknowledge that it will take a lot of effort if we are to meet our ultimate goal of “no more victims.”

## Who Are the Abusers?

People who engage in sexually abusive behaviour are likely to be people we know. Most often, a person who engages in this behaviour is someone we care about. It would be easy to identify persons who sexually offend if they were like the ones we see in the media—strangers hanging around the edges of playgrounds or in the corners of video arcades. But persons who commit sexual offenses are hardly ever like that, in reality. In the vast majority of child sexual abuse cases, the child knows and probably trusts the person who commits the abuse. This is also true of rape cases and other offenses against victims who are adults. It is hard to face that someone we know—and maybe even love—could be sexually abusing a child or engaging in other sexually abusive behaviour.

Persons who sexually offend come from virtually every walk of life. Most are male, but females who engage in sexually abusive behaviour do exist (see Gannon & Cortoni, 2010). Offenders can be doctors, lawyers, construction workers, teachers, security guards, and even police officers. Tragically, they are often parents. As we will outline in the material that follows, there are certain features that many persons who sexually offend have in common, but these factors are not specific to any one culture, socioeconomic background, or other life circumstance. Caregivers, including family, friends, staff members, and volunteers, form a high proportion of those who sexually abuse persons with intellectual and other disabilities. Regrettably, when a person with a disability is abused, the abuser frequently is a staff member or a volunteer.

## Consequences of Abuse

On the surface, the easiest answers to the question “What are the consequences of abuse?” are:

- Emotional, social, and psychological complications for victims, and
- Prosecution and punishment/rehabilitation for offenders.

But the issue is a lot more complex than that.

Clearly, being sexually abused is a profound, life-changing experience. Some persons who are victimized deal with the aftermath much better than others. We know very little about what contributes to the resiliency (or, the ability to “bounce back”) of some persons who are victimized, or why others seem so much more affected by the events. However, it stands to reason that being abused has some degree of influence on every person who is victimized.

Above, we reported that up to 90 percent of persons who are victimized never tell anyone who is in a position to assist them. That means that there is an awful lot that we do not know about the real effects and consequences of being sexually abused. The following is a brief list of some of the more commonly observed consequences for persons who are sexually abused:

- Maladaptive sexuality (either hyper-sexuality or hypo-sexuality)
  - Prostitution
  - Promiscuity
  - Inability to express one’s own sexuality
  - Genital disfigurement
  - Sexual addiction
- Eating disorders
- Personality disorders (antisociality, borderline features)
- Dissociative disorders
- Anxiety, post-traumatic stress disorder, and depression
- Suicidal and self-harming behaviours
- Interpersonal problems (e.g., trust issues, loneliness, inability to link with others)
- Loss of relationships with significant others (either because of the abuse or because of secondary victimization)
- Substance abuse
- Violence and aggression
- Exacerbation of already existing conditions (e.g., mental health problems)

Several very good books have been written about the consequences of sexual abuse victimization. The *Courage to Heal* series by Bass and Davis is particularly good. So are Jan Hindman’s *Just Before Dawn* and Mike Lew’s *Victims No Longer*, the latter dealing with victimization of boys. However, these books are mostly about sexual abuse and persons without disabilities. There are not very many similar resources specifically for persons with intellectual disabilities. One good book, which is unfortunately difficult to find, is *Violence and Abuse in the Lives of People With Disabilities: The End of Silent Acceptance?* by Dick Sobsey (1994).

Overall, we cannot do justice to the literature on sexual victimization in this small section on victimology. We encourage those who wish to know more about persons who are victimized and their experiences to check out the aforementioned resources.

### **Is Healing from Sexual Abuse Possible?**

Yes, healing from sexual abuse is possible. The lives of persons who are victimized may be forever changed, but we have many wonderful examples of children and adults healing from the abuse and living out caring and productive lives. Some children want to talk about the abuse and deal with it soon after it happened; however, the literature tends to suggest that children who are victims do not report until they are older and have more understanding of their experience. These others choose to go on with their childhood and deal with it at a later time. Caregivers can help children the most by providing love as well as support from a counsellor with experience in counselling children who have experienced sexual abuse. Adults who experienced victimization as children also require love and support—from counsellors, family, and friends.

### **Offenders as Victims**

Offenders can also be victims. Indeed, the research literature suggests that as many as half—and possibly more than half—of those who victimize others were themselves victimized physically, emotionally, or sexually, often as children. However, when it comes to sexual abuse, it appears that there is no hard and fast relationship between being sexually abused and being a person who sexually abuses. It would appear that persons who suffer some sort of abuse—verbal, psychological, physical, emotional, or sexual—are at greater risk for maladaptive behaviour, some of which may be sexually oriented. Meta-analytic research (studies that look at the collected findings of a group of studies) suggests that, as a group, persons who are sexually victimized are more likely to engage in sexually offensive behaviour (see Jespersen, Lalumiere, & Seto, 2009), but there is no way to know for certain which persons will and which persons will not.

Traditionally, histories of personal victimization have not been principal clinical targets in treatment programs for persons who sexually offend; however, recent changes in the way we offer treatment (e.g., Pathways/Self-Regulation Model and the Good Lives formulation—see below, as well as Yates, Prescott, & Ward, 2010) have increased the level of focus on possible links between experience of abuse in those who are offenders and how this may have played a role in their own later abuse of others.