

MOVING BEYOND A PROTECTIVE APPROACH TO STOPPING SEXUAL VIOLENCE OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

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EXECUTIVE SUMMARY

Living a life free of sexual violence is essential to having a good life.

Individuals with intellectual and developmental disabilities (I/DD) have some of the highest rates of sexual violence of any group—at least **7 times** the rate for people without disabilities. ⁽⁶⁾ Attempts to alleviate this problem have been unsuccessful and based on the Medical Model of Disability, which views people with I/DD as inherently vulnerable and in need only of protection. Viewing people with I/DD as inherently vulnerable further stigmatizes them and increases dependency on others, instead of fostering capabilities and independence. Minnesota needs to move beyond taking a protective “recognize, report, and respond” approach, to taking a comprehensive approach to sexual violence prevention. We must invest in an array of **Primary Prevention** and **Risk Reduction** strategies to address the serious and pervasive problem of sexual violence perpetrated against children, adolescents, and adults with I/DD. Primary prevention and risk reduction need to start early with children and their caregivers in the places where they live, learn, and play to teach skills for self-advocacy, healthy relationships, distinguishing harmful caregiving from respectful caregiving, where to report crimes, and where to get help. We need to provide education and support self-determination through self-advocacy of people with I/DD as equal partners in our comprehensive approach. ⁽²⁾ We need to create change in cultural attitudes, norms, and policies to promote opportunity, freedom to make meaningful choice, inclusion, self-determination, and increased quality of life for all people with I/DD. Every person has a right to safety and a right to live their life free of sexual violence. At the forefront of Minnesota’s comprehensive approach must be the voices of people with I/DD.

UNDERSTANDING THE PROBLEM

It is hard to become a survivor when no one knows, listens to, or believes when people with I/DD experience sexual violence.¹⁵

In Minnesota, almost half a million people, or roughly 10.9% of the population, has one or more disabilities, with 5% of children ages 5-17, 9% of adults 18-64, and 32% of older adults 65+ having a disability. ⁽⁴⁾ Among the child population and adult population, a cognitive (that includes intellectual disability) is the most common disability. ⁽¹⁾

A 2018 National Public Radio six-part series *Abused and Betrayed* ⁽⁸⁾ found unpublished [National Crime Victim Survey](#) numbers showing the seriousness and pervasiveness of the problem of sexual violence perpetrated against people with I/DD. ⁽⁸⁾

- People with I/DD, ages 12 and older, are sexually assaulted **7 times greater** than people without disabilities. ⁽⁶⁾
- Other research finds sexual abuse of children with disabilities **2.9 times greater** than children without disabilities. ⁽³⁾
- Experiencing sexual violence is traumatic and has long-lasting negative effects that detrimentally impact the lives of children and adults with I/DD: Post-traumatic stress disorder (PTSD), Chronic pain, Anxiety and Depression, and Negative self-image. ⁽⁹⁾
- Unrecognized trauma can appear as ‘negative’ or unwanted behavior. When ‘behaviors’ are viewed as unwanted, it is resolved with behavior management instead of a therapeutic, listening approach. ⁽¹⁵⁾

The policy recommendations are not endorsed by Minnesota State University, Mankato.

MINNESOTA’S PRIMARY POLICY APPROACH

Minnesota’s primary approach is to recognize, report, and respond after sexual violence has occurred. This secondary prevention approach does not focus on stopping the harm from occurring in the first place. ⁽²⁾

Current disability services and protection systems operate from the **Medical Model of Disability**—a traditional way of viewing people with disabilities as weak, sick, suffering, dependent, and in need of protection. ⁽²⁾

- From this way of thinking, people with disabilities are assumed to be **“inherently vulnerable”** to sexual violence because of their disability. ⁽²⁾
- Ignored is the fact that “many of the characteristics that are believed to make people with disabilities more vulnerable are a direct result of the lack of knowledge, skills, opportunities, and experiences because of the **power and control** held by others.” ⁽²⁾
- The unintended outcome is making people with disabilities even more vulnerable to abuse and neglect. ⁽²⁾

Two laws govern Minnesota’s approach to addressing sexual violence of people with I/DD.

- Under the **Maltreatment of Vulnerable Adults Act** the public policy approach is to “protect adults who, because of physical or mental disability or dependency on institutional services are particularly vulnerable to maltreatment.” ⁽¹²⁾
- Under the **Maltreatment of Minors Act** the public policy is “to protect children whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse.” ⁽¹³⁾

Figure 1 below shows where Minnesota’s secondary prevention approach fits within a comprehensive approach to sexual violence prevention.

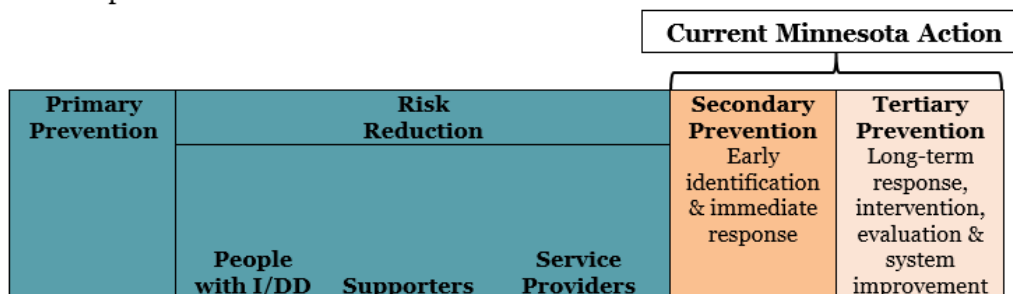


Figure 1: Minnesota’s Current Primary Approach: Secondary Prevention

BROADENING MINNESOTA’S APPROACH: COMPREHENSIVE PREVENTION

In 2015, Minnesota adopted the state’s initial **Olmstead Plan** ⁽²⁾ — “a broad series of key activities our state must accomplish to ensure people with disabilities are living, learning, working, and enjoying life in the most integrated setting.” ⁽¹¹⁾ In 2016, the Olmstead Subcabinet added a new goal: “to develop a comprehensive plan to educate people with disabilities, their families, and the public on how to identify and report abuse and neglect and to develop a prevention plan.” ⁽²⁾

The **Comprehensive Plan to Prevent Abuse and Neglect of People with Disabilities** ⁽¹¹⁾ proposes understanding disability and vulnerability from the **Social Model of Disability**.

- “Rather than focus on disability as a deficit in how the brain or body works, the **Social Model** focuses on the history of oppression, discrimination, and harmful societal attitudes, barriers, and policies that make life difficult for people with disabilities.” ⁽²⁾

- **Vulnerability** to sexual violence, based on the **Social Model**, does not lie within people because their brains or bodies work differently. Rather, vulnerability lies within society and perpetrators who devalue, discriminate, isolate, victimize, and limit opportunities for full participation and leadership in our society.

The Comprehensive Plan recommends investing in two approaches missing in how Minnesota addresses sexual violence perpetrated against people with I/DD: **Primary Prevention** and **Risk Reduction**.⁽²⁾ Figure 2 below shows where primary prevention and risk reduction approaches fit within a comprehensive approach to sexual violence prevention.

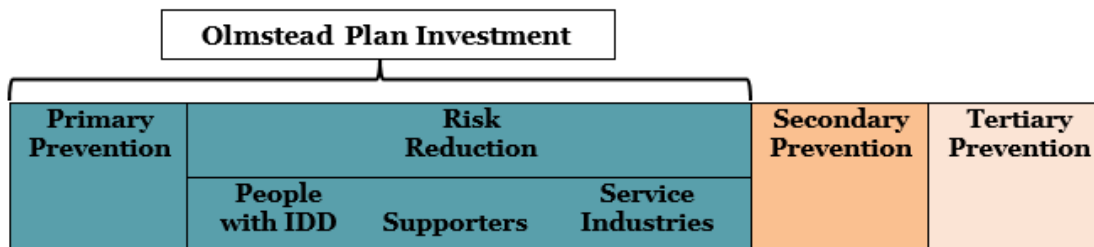


Figure 2. Primary Prevention & Risk Reduction within a Comprehensive Approach

Primary Prevention refers to getting at the root cause of the problem by changing attitudes, behaviors, cultural norms, and policies that reinforce and perpetuate sexual violence by promoting relationships based on equality and respect, and inclusive nonviolent communities. Primary prevention strategies include:

- Supporting [consumer-directed](#) models of service with self-advocacy training.⁽²⁾
- Promoting equality by elevating and supporting [self-advocacy](#) and community engagement.⁽²⁾
- Increasing opportunities for people with disabilities to participate in leadership development training, such as [Partners in Policymaking](#)® with supports and opportunities to use leadership skills and influence public policy.⁽²⁾

Risk Reduction refers to education teaching people with I/DD, and the support people in their lives, the ways to decrease the risk of being a victim of sexual violence and the risk of perpetrating harm.⁽²⁾

- Risk reduction helps people with I/DD to empower themselves to reduce their chance of experiencing sexual violence by using specific techniques.⁽²⁾
- Risk reduction contributes to creating knowledgeable, safe, and approachable family members, service providers, and other supporters by teaching them to recognize warning signs and support the empowerment of people with I/DD.⁽²⁾

Risk reduction strategies include:

- Using the [Ring of Safety model](#) and safety planning approaches used by community-based victim advocates to create safer plans.^(5, 10)
- Teaching people with disabilities and their supporters about harmful caregiving behaviors and relationships using the [Caregiver of People with Disabilities Power and Control Wheel](#).⁽²⁾
- Teaching people with disabilities and their supporters about caregiving behaviors and relationships based on equality and respect using the [Caregiver Equality and Interdependence Wheel](#).⁽⁷⁾
- Promote [supported decision-making](#) as an alternative to guardianship to improve life outcomes, including health and safety.
- Children and adolescents with I/DD need the same healthy relationship and sexuality education that their peers receive that is adapted to their needs. A tool for this is: [Healthy Relationships, Sexuality and Disability Resource Guide](#).⁽¹⁴⁾

RECOMMENDATIONS

Living a life free of sexual violence is essential to having a good life.

Minnesota needs to move beyond taking a protective recognize, report, and respond approach to taking a comprehensive approach to sexual violence prevention. All of our efforts must be in service of two goals:

- (1) Provide education and support self-determination through self-advocacy of people with I/DD as equal partners in comprehensive prevention of sexual violence. ⁽²⁾
- (2) Create change in cultural attitudes, norms, and policies to promote opportunity, freedom to make meaningful choice, inclusion, self-determination, and increased quality of life for all people with I/DD. ⁽²⁾

At the forefront of Minnesota's comprehensive approach must be people with I/DD.

- Listen to and learn from people with I/DD as we develop, implement, and evaluate new approaches. ⁽²⁾
- Identify and support leaders from within the I/DD community to help lead this effort. ⁽²⁾
- Fully include people with I/DD from across the spectrum of human diversity. ⁽²⁾

We must invest in an array of **Primary Prevention** and **Risk Reduction Education** strategies to address the serious and pervasive problem of sexual violence perpetrated against children, adolescents, and adults with I/DD. Primary prevention and risk reduction need to start early with children and their caregivers in the places where they live, learn, and play to lay a strong foundation of knowledge and skills for self-advocacy, healthy relationships, distinguishing harmful caregiving from respectful caregiving, where to report crimes, and where to get help.

To access this document online go to: <http://sbs.mnsu.edu/socialwork/policybriefs.html>

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