



SPECIAL ISSUE: Sexual and Reproductive Health of Women with Disability

Brief report

A study on sexual violence inflicted on individuals with intellectual developmental disorder



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ABSTRACT

Background: Rates of violence and abuse perpetrated on people with intellectual and developmental disability (IDD) have been reported to be significantly higher than on individuals without disability. However, rates of sexual violence against people with IDD in some less industrialized countries, such as Sri Lanka, have not been previously reported.

Objectives: To describe characteristics of victims and perpetrators as well as the types of abuse found during medicolegal examinations of patients with IDD.

Methodology: This is a cross-sectional study that utilized a convenience sample of individuals with IDD who presented after abuse at three hospitals in Sri Lanka from 2011 to 2015.

Results: All subjects had mild or moderate IDD; 90.2% were females; 48.8% were between the ages of 11–20 years; and 47.56% lived with both parents. Most of the victims (48%) disclosed the abuse and 29% of the events were witnessed. The perpetrators were known to the victim 49% of the time, and 49% reported a single episode of abuse. Victims reported that the abuse had taken place in the victim's house 47% of the time. Vaginal intercourse and intercrural intercourse were the most common types of abuse, and 23% of patients were found to be pregnant.

Conclusion: In this study that relied on victim report and medicolegal investigation, parties close to the victim usually perpetrated the sexual abuse. Therefore, it is important to have more than one level of support and care for individuals with IDD so there is more opportunity for reporting.

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The literature reveals that rates of violence and abuse perpetrated on people with intellectual and developmental disability (IDD) appear significantly higher than for people without these disabilities.¹ This could be due to a number of reasons; but the main possibility is that individuals with IDD are unaware about what could be considered abuse and have less mental capacity to stand up against the violence committed against them. Other suggested causes mentioned in the literature are “emotional and social insecurities,” “powerless position in society,” “naïveté,” and “an underlying need to be accepted.”²

Even though the world is becoming increasingly conversant about the fact that people with IDD are not asexual beings, in a

country like Sri Lanka with conservative values, the concept of sexuality and sexual activity is seldom discussed openly. The literature has shown that individuals with IDD are capable of having fulfilling sexual relationships, marriage, and children³; therefore, it is important not only to recognize the sexual needs of these individuals but to reduce the risk for potential abuse by providing them with education about sex in a way that they can comprehend and by providing support that can reduce the opportunities for abuse. It is also essential to inculcate caretakers with the knowledge that, although adults with IDD have a right to engage in consensual sexual activity, vigilance is needed to protect them from sexual abuse, unwanted pregnancy, and sexually transmitted diseases.

Numerous studies have been conducted internationally about the sexual experience and sexual abuse of individuals with IDD,² but a thorough literature search showed that no survey has been conducted in Sri Lanka to identify the rate of sexual abuse of

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individuals with IDD. A population-based census was undertaken in 2002 in Sri Lanka to identify the number of individuals with IDD, which showed that approximately 275,000 individuals had IDD, which represented about 1.6% of the total Sri Lankan population of 16,864,544.

Method

The main intention of this study was to establish a baseline view of individuals with IDD who had been subjected to sexual abuse. This was a descriptive cross-sectional study of individuals with IDD who were alleged patients of sexual abuse and who were admitted for clinical forensic examination in three healthcare institutions in Sri Lanka. We describe the sociodemographic profiles of victims and perpetrators, and we report the findings from the medicolegal examinations, including circumstances relating to abuse/violence, forms of presentation, and nature of injuries.

The victims were examined at these three facilities: Teaching Hospital Peradeniya, Teaching Hospital Kandy, and General Hospital Panadura. The Ethical Clearance committee at the University of Peradeniya granted ethical clearance for the study. In Sri Lanka, once sexual abuse is reported the police are legally bound to inform a medical officer or a judicial medical officer (JMO) for a medicolegal opinion, regardless of the consent of the allegedly abused party. Any medical officer or JMO is considered an expert witness by law, and these physicians are mandated to take a history and perform a general and vaginal examination on any alleged victim and to provide their medicolegal opinion. In addition to the medicolegal referral, these patients are referred to psychiatrists, venerologists, gynecologists, and, if necessary, pediatricians, despite the consent of the patients. Because the study was broader than the typical abuse investigation, the history taking and examination was done after obtaining consent from the patient, and in cases where patients are under the legal age of consent or who have IDD, consent from the guardian is obtained as well.

Individuals with IDD alleging sexual abuse were referred to the JMOs at these three hospitals by the police and health authorities. Subsequent to medicolegal examination, the JMOs referred all patients to a psychiatrist to determine if IDD was an accurate diagnosis; and eighty-two individuals diagnosed with IDD by the psychiatrist were recruited for the study. Written informed consent was obtained from both the patients and their legal guardians for routine medicolegal procedures and for being included in the study. After IDD was established, patients were interviewed by a board certified specialist in forensic medicine, trained in history taking and examination of pediatric patients and patients with psychiatric disorders, including IDD. Proxy respondents were allowed to be present during the interviews, and other relevant information was obtained from the proxies, as needed, as well as from police investigations. A specialist in forensic medicine recorded the information and the data was analyzed using Microsoft Excel and SPSS software (ver. 22.0).

Results

The study included 82 patients with mild to moderate IDD. The etiology of the disability was known in only four patients: two had congenital hypothyroidism and two had Down syndrome. The results are shown in the Table 1 for both the victims and the perpetrators. It is important to note that 48.8% of the victims were between the ages of 11–20 years, of which 2 child victims (2.4%) were younger than 10 years of age, and 90.2% of the victims were female. We found that 47.5% of the victims lived with both parents, and only 4.8% were living in institutions.

The perpetrators were overwhelmingly male (95.1%); and,

although the perpetrator's age was unknown in 29.2% cases, for the remaining 58 cases where the perpetrator's age was known, 31.0% were between the ages of 21 and 40 years.

The evidence found during medicolegal examinations showed that for the 82 cases analyzed, male perpetrators had abused females in 90.2% of the cases, male perpetrators had abused males in 4.9% of the cases, and female perpetrators had abused male patients in 4.9% of the cases. Importantly in terms of prevention, the victims knew the perpetrators 92.7% of the time. Among these known perpetrators, 42.1% were relatives, 38.2% were family acquaintances, 7.9% were neighbors, 6.6% were boyfriends, and 5.3% were the fathers of the victims. In only 7.9% of all cases, the victim did not know the abuser.

Almost 9.7% of patients could not specify the time period during which they were subjected to abuse. In 48.7% of the cases, the victim only reported a single case of abuse while others reported being abused over a period of time, ranging from a few days to a maximum of 3 years. In 53.6% of the cases, the abuse had taken place in the victim's house, while 30.5% were abused in the perpetrator's house. Among the others, there were 2 cases where the abuse occurred in an out-of-home placement home where the victim resided, 7.3% had taken place in multiple places, and in some cases (6%), abuse had occurred after luring the victim into isolated places outdoors.

In most cases, more than one form of abuse had taken place simultaneously. Vaginal intercourse and intercrural intercourse were the most common methods of abuse. There were 4 cases of anal intercourse, and the patients were male in all four. No injuries were seen on examination in 85.4% of patients; others had non-grievous injuries, mainly abrasions. Fresh hymeneal tears were seen in 10.9% of females on examination. However, old hymeneal

Table 1
Characteristics of victims and perpetrators of sexual violence.

	N (%)
Victims	
Age in years	
<10	2 (2.44)
11–20	40 (48.78)
21 to 30	22 (26.83)
31 to 40	13 (15.85)
41 to 50	4 (4.88)
>50	1 (1.22)
Living Environment	
Both parents	39 (47.56)
Single parent	25 (30.49)
Adult sibling	6 (7.32)
Institution	4 (4.88)
Grandparent(s)	2 (2.44)
Spouse	6 (7.32)
Perpetrators	
Age in years	
>20	13 (15.85)
21 to 30	18 (21.95)
31 to 40	7 (8.54)
41 to 50	11 (13.41)
51 to 60	6 (7.32)
61 to 80	3 (3.66)
Unknown	24 (29.2)
Type of sexual abuse	
Masturbation of victim by abuser	2 (2.04)
Display of sexually explicit material to victim	4 (4.08)
Oral intercourse	4 (4.08)
Anal intercourse	4 (4.08)
Fondling of victim	4 (4.08)
Digital manipulation of victim's genitals	8 (8.16)
Intercrural intercourse	32 (32.65)
Vaginal intercourse	34 (34.69)
Not specified	6 (6.12)

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