Characteristics and Prevalence of LifetimeSexual Victimization Among a Sample of Men and Women withIntellectual Disabilities

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Abstract

This study examines the prevalence and characteristics of sexual victimizationexperiences suffered by people with intellectual disabilities (ID). The sample consisted of 260 adults with an ID diagnosis (154 men and 106 women),ranging in age from 20 to 71 years (M = 41.69, SD = 12.05). The results showed that 35% of the sample had been sexually victimized at some pointin their life. Being a woman, being declared legally incapable, and having comorbid mental health diagnoses were the most relevant characteristicsof sexual victims with ID. Fondling was the most reported victimization, and rape showed the greatest gender differences, with a higher risk for women with ID of being raped compared to their male counterparts (oddsratio = 4.28, $p < .05$). The offender was generally a known male adult, and the percentage of incidents reported to the authorities was very low (7.4%). The psychological consequences of abuse were general distress, anxiety, and depressive symptomatology. Intervention and prevention programs targeting this population, as well as the training of professionals and caregivers, are essential to deal with sexual victimization and to protect and ensure the quality of life of people with ID.

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Keywords

intellectual disability, sexual abuse, sexual victimization, JVQ, psychologicalconsequences

Introduction

People with intellectual disabilities (ID) have a greatly increased risk of inter-personal victimization (Hughes et al., 2012; Jones et al., 2012) and especiallysexual and violent

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victimization (Fisher et al., 2016; Nixon et al., 2017). Having a chronic mental condition (i.e., involving low IQ, learning difficul-ties, or functional limitations) is strongly associated with the risk of sufferingchild sexual abuse (Assink et al., 2019). People with ID are thus considered more vulnerable to abuse, and the reasons behind their vulnerability regard- ing sexual victimization are multiple and strongly linked to their need for care and their subsequent dependency (Wissink et al., 2015). Simply assum-ing that an ID will lead to victimization is an error that should be avoided, since this has more to do with a range of cumulative factors. At an individuallevel, personal risk factors can lead to greater accessibility and the risk of being sexually victimized. These include difficulties discerning limits of inti- macy due to continued physical contact with caregivers (Saxton et al., 2001),dependency as a result of disability (Plummer & Findley, 2012), a lack of sexual education (Byrne, 2018; Medina-Rico et al., 2018), limitations in identifying and avoiding situations that can lead to victimization, as well as alimited repertoire of defense strategies (Assink et al., 2019; Fisher et al., 2016). From a social point of view, people with ID face a unique kind of discrimination and oppression. The inherent ableism in Western societies dominated by a hegemonic medical model perceiving disability as a patho- logical abnormality (Olkin & Pledger, 2003) contributes to non-disabled people having negative attitudes and stereotypes of those with ID, which often revolve around inferiority and incapacity (Meer & Combrinck, 2015). Some forms of ableism, such as dehumanization, objectification, or infan- tilization (Nario-Redmond et al., 2019), alongside the false assumption of asexuality (Milligan & Neufeldt, 2001) has resulted in people with ID beingnot seen as having sexual agency, which means that potential perpetrators may consider consent to be dispensable in sexual interactions (Meer & Combrinck, 2015). Intersectionality can contribute to a better understandingof the complexity of the experiences of people with ID, especially when we talk about women and sexual victimization, addressing the confluence of multiple stigmatized identities (Turan et

al., 2019).

The prevalence of sexual abuse in the general population indicated by cur-rently available metanalyses (Barth et al., 2013; Pereda et al., 2009; Stoltenborgh et al., 2011) varies significantly between countries, although sexual abuse is a universal phenomenon affecting between 10% and 20% of the population. The prevalence among individuals with ID is difficult to determine due to variability between studies due to their methodological dif-ferences, a problem that has been repeatedly highlighted (Byrne, 2018; Fisheret al., 2016; Hughes et al., 2012), and this ultimately leads to an inconsistentpicture of the phenomenon (Byrne, 2018). Existing prevalence rates range from 14% to 32% (Balogh et al., 2001; Briggs, 2006) for children with ID, and from 7% to 34% for adults with ID (Lin et al., 2009; Mitra et al., 2011).Meanwhile, a meta-analysis featuring studies with child samples with intel- lectual and mental disabilities (Jones et al., 2012) reported a pooled preva- lence of 15% for sexual abuse, and more than 4 times increased risk for this type of victimization in comparison with children without disabilities. For adult samples, the meta-analysis by Hughes et al. (2012) showed higher pop-ulation rates of violence in those with ID when compared with the general population as well as individuals with other disabilities. Unfortunately, for sexual abuse, neither the pooled prevalence nor the risk could be estimated because of an insufficient number of studies. Nevertheless, more recent reviews (Byrne, 2018; Fisher et al., 2016) agree that, in any case, people withID report high rates of sexual victimization.

Regarding the characteristics of sexual victimization in people with ID, the evidence shows that it is more common among women with ID than among their male counterparts (Cambridge et al., 2011; Fisher et al., 2016; McCarthy & Thompson, 1997; Nixon et al., 2017), although some studies (Mitra et al., 2011, 2016; Nixon et al., 2017) suggest that men with ID have an increased risk of suffering such abuse in comparison with men and women without disabilities. Nevertheless, it is true that studies focusing on sexual victimization

among men with ID are less frequent than those with female samples (Byrne, 2018). In addition, the review by Fisher et al. (2016) showedthat experiencing multiple episodes of sexual victimization was more com- mon than a single one in the majority of studies examined. This pattern was also found by McCormack et al. (2005) in their longitudinal study of sexual abuse victims with ID. The perpetrator is usually a male and known to the victim (Beadle-Brown et al., 2010; Cambridge et al., 2011; Fisher et al., 2016; McCarthy & Thompson, 1997).

When it comes to reporting abuse, these victims encounter personal barri-ers that may affect disclosure such as fear, communication difficulties or a low level of sexual knowledge, and understanding (McGilloway et al., 2020).When the abuse is revealed, it is usually disclosed to close relatives, such as the parents, or to a well-known trusted adult (Gil-Llario et al., 2019; McCormack et al., 2005; Reiter et al., 2007). In terms of reporting to the authorities, previous studies suggest that sexual victimization involving peo-ple with ID is highly under-reported (Petersilia, 2001). In addition, when a report is submitted, the capacity and credibility of the victim are often ques-tioned, and the justice system tends to rely less on their report and testimony(McGilloway et al., 2020; Wissink et al., 2015). The mere Knowledge that thevictim has an ID acts as a bias in the jurors' perceptions of the credibility of their testimony irrespective of the quality of their actual statement (Peled et al., 2004). The testimony of those with ID often contains fewer details whenfree recall is used (Henry et al., 2011; Manzanero et al., 2015), indicating thatthere is a lack of knowledge on those who take the testimony about how to doit properly by adapting the methods to the characteristics of the victim.

The psychological consequences that people with ID experience in the face of sexual victimization differ from those without ID not so much by typebut by the intensity and severity of the emotional, physiological, and behav-ioral symptoms (Byrne, 2018; Dembo et al., 2018, 2019; Murphy et al., 2007;Rowsell et al., 2013; Smit et al., 2019). According to Smit et al.'s

review (2019), anxiety, depression, and posttraumatic stress disorder (PTSD) are equally prevalent in individuals with and without ID who have experienced sexual abuse, while conduct disorders, sexualized behaviors, self-harm, poor feelings of personal safety, and persistent feelings of anger are more common in those with ID. Unfortunately, no physical sequelae of sexual abuse were reviewed in existing studies with ID samples (Smit et al., 2019), meaning that it remains unclear whether, apart from the possible physical injuries resulting from the force exerted during the victimization, the other consequences are similar to those in the general population or differ somehow. In the absence of studies entirely on an ID population, Dembo et al. (2019) analyzed the conse-quences of violence (including sexual assault) on adolescents and young adults with disabilities (with high representativeness of people with cognitive disabilities) and found that those with disabilities, in comparison with those without such disabilities, were more likely to experience physical symptoms such as head and stomach aches, sleep problems, changes in food habits, fatigue, muscle pain, and severe distress. In that sense, these authors suggest that broadly, the effects of violence both on physical and mental health are worse for those with disabilities compared to non-disabled individuals.

In Spain, there is increasing interest in this phenomenon, although research is scarce. In an attempt to better understand the experiences suffered by this highly understudied group, González et al. (2013) conducted a study in a sample of 2,099 people with different disabilities who had been involved in police reports over 3 years. They found that among those with ID (46.64%), 11% suffered sexual victimization in the country. Along the same line, Vara et al. (2019) analyzed the specific characteristics of 25 national proven cases of sexual abuse reported by police and forensic-medical evidence involving vic-tims with ID, finding rates between 40% for males and 60% for females, with penetration being the most common form of victimization (68%) and a known adult being the most common perpetrator (92%). Gil-Llario et al. (2018, 2019) explored the prevalence of sexual abuse among 360 Spanish adults

with ID, observing that the prevalence of abuse was 6.10% (9.4% in womenand 2.8% in men) when the abuse was self-reported by the victims and 28.6%(27.8% in women and 29.4% in men) when the abuse was reported by profes-sionals. Among the self-reported cases, 86.4% said they were hurt as a conse- quence of the abuse, while 59.1% disclosed the incident to someone.

However, even today, most studies and recent reviews (Byrne, 2018; Fisher et al., 2016) highlight that further research is needed on sexual victim-ization among people with ID, both to have more updated data on the phe- nomenon and to introduce new elements that allow us to continue understanding this phenomenon, especially in Spain.

Purpose of the Study

Studies of sexual victimization among people with ID are scarce, especially in relation to its specific characteristics. Therefore the objectives of this study were as follows: (1) to identify the prevalence of different forms of sexual victimization in a sample of adults with ID throughout their lives; (2)to explore whether there are gender differences with respect to the different experiences of sexual victimization; (3) to examine the main characteristics of the sexual incidents; (4) to describe the physical and psychological con- sequences that followed these experiences; and (5) to determine the associa-tion of sociodemographic characteristics in connection with the sexual victimization in these victims versus those of other victims experiencing no sexual violence.

Method

Participants

The sample consisted of 260 adults, 154 men and 106 women (59.2% and 40.8%, respectively), aged between 20 and 71 years (M = 41.69; SD = 12.03)with an ID diagnosis, recruited from the Catalan Federation of Non-profit Entities for People with ID (DINCAT), which runs social entities that work with people with ID and their families in

the northeast of Spain. The day

care centers involved in this study are dedicated to providing support, educa-tion, employment, or leisure services to people with ID. The majority of the people with ID in Spain live with their families or in residential centers and receive public assistance through care services and financial support (Navaset al., 2017).

The main sociodemographic characteristics of the participants from this study are shown in Table 1. Non-probabilistic sampling of consecutive caseswas applied, and the inclusion criteria were as follows: participants had to beover 18 years of age, have an ID diagnosis and be capable of understanding,consenting to the study, and communicating their thoughts and experiences tothe interviewer (by themselves or with the help of their usual caregiver). The purpose was to include cases of all severities, as far as possible. The only exclusion criterion applied to individuals with severe cognitive difficulties that prevented them from understanding the study and its objectives.

Procedure

Following approval by the DINCAT, a collaboration agreement was signed,and the express consent of all participants and/or their legal representatives was obtained. The participation was voluntary. Easy-to-read versions of the documents were created to ensure that the participants understood the objec-tives and nature of the study. Ten interviewers with previous experience in dealing directly with people with ID were trained in the application of the tool and the recording of the responses. The questionnaire was administeredindividually in interview format with the use of pictograms, and only a smallnumber of participants were helped by their usual caregiver to respond to thequestions (9.6%). The study was carried out in accordance with the basic ethical principles of the Helsinki Declaration on Research Involving HumanSubjects (World Medical Association, 2013).

Measures Sociodemographic data.

Personal data were collected through a sociodemographic datasheet created ad hoc for the study. This included age, gender, country of origin, disability information (whether they were legally declared incapable, and the type of support they received), as well as information about other possible secondarydisability diagnoses. This information was mostly self-reported (78.5%) at the beginning of the interview, but in some cases, if this was not possible, it was provided by the caregiver themselves afterward (21.5%).

Table 1. Sociodemographic Characteristics of the Sample.

Variable	Male		Female		Total	
	n	%	*n*	%	*n*	%
Age						
20-40 years	74	48.1	52	49.1	126	48.5
41-71 years	80	51.9	54	50.9	134	51.5
Country of origin						
Spain	147	59.3	101	40.7	248	95.8
Other	7	63.6	4	36.4	11	4.2
Legal incapacity[a]						
Yes	96	59.3	66	40.7	162	62.3
No	54	58.7	38	41.3	92	35.4
Unknown	4	66.7	2	33.3	6	2.3
Place of residence						
With family/relatives	90	58.5	61	57.5	151	58.1
Group home/ institution	64	41.6	45	38.7	109	41.9
Type of support needed[b]						
General	1058.8		7	41.2	177.8	
Extensive	3166.0		16	34.0	4721.5	
Limited	4963.3		26	34.7	7534.2	
Intermittent	3948.8		41	51.2	8036.5	
Secondary disability diagnosis[c]						
No	4957.0		37	43.0	8633.1	
Yes	10560.3		69	39.7	17466.9	
Type of secondary diagnosis						
Physical disability	4560.8		29	39.2	7442.5	
Mental disability	4464.7		24	35.3	6839.0	
Both	1650.0		16	50.0	3218.4	

[a]Legally considered unable to handle personal, financial, and legal affairs and needs a legalguardianship.
[b]Degree of support required to carry out daily activities.
[c]Another diagnosed disability that coexists alongside the main intellectual disability.

Victimization

An adaptation of the Juvenile Victimization Questionnaire, Adult Retrospective Version (Finkelhor et al., 2005), was used in interview formatto collect the victimization experiences of the participants. The Spanish ver-sion of the questionnaire was used, as it has shown adequate psychometric properties, like the original version (Finkelhor et al., 2005; Pereda et al., 2018). The Spanish version comprises 28 specific victimization events dis- tributed in five modules: common victimization, caregiver victimization, sexual victimization, witnessing and indirect victimization, and electronic victimization. Only the six items of the sexual victimization module were examined for this study: (1) sexual victimization with physical contact, whichincludes those victimizations involving tangible physical victim-offender contact (forced kiss, fondling, masturbation or sexual stimulation, and rape),and (2) sexual victimization without contact, which includes those victimiza-tions in which the victim is exposed to sexual victimization without physicalinteraction with the offender (exhibitionism and indecent sexual exposure). When the participants answered affirmatively to an item, they were asked about the last incident. The information provided was their age at the time ofthe episode, their relationship with the perpetrator, and the age and gender ofthe perpetrator, whether the victimization had been reported to somebody, and if so, to whom. They were also asked about the consequences of those experiences both physically (if they were injured as a result) and psychologi-cally (how they felt after the incident).

Data Analysis

Version 26 of the IBM SPSS Statistics program was used to run the statisticalanalysis. A univariate descriptive analysis was performed for sociodemo- graphic data and sexual victimization experiences. Then bivariate analysis was conducted to examine the association between variables. The odds ratio(OR) measured the effect size of the association between gender (male versusfemale) and the sexual victimization rates. The OR was considered

statisti- cally significant when the 95% confidence interval (CI) did not include the value of 1. Males and females were compared in relation to the characteristicsof the last sexual victimization episode (offender's age, offender's gender, victim-offender relation, resulting injury, disclosure, and feelings). The OR and its associated significance were obtained. Finally, sexual victims were compared with victims of other events (common victimization, caregiver vic-timization, witnessing and indirect victimization, and electronic victimiza- tion) with regard to their sociodemographic characteristics (gender, age, place of residence, being legally incapable, and secondary mental disorder diagnosis). The chi-square test was used to determine whether there was an association between variables, and the size of this association was quantifiedby obtaining the OR.

Results

Prevalence of Sexual Victimization

Thirty-five percent of the sample reported experiencing some type of sexualvictimization during their life course, with a higher risk for women in com- parison with men (OR = 2.64, $p < .05$). Among the victims, of the 6 possiblevictimizations, 39.6% had experienced a single type, 24.2% had experienced2 types, and 36.3% from 3 to 6 different types. Thus, more than half of the victims (60.5%) had experienced multiple sexual victimizations during theirlife course. Sexual victimization implying physical contact was more preva-lent (32.5%) than victimization without contact (17.1%). The most frequent victimizations were fondling (19.2%) and indecent exposure (13.1%), respec-tively. Meanwhile, of all typologies, the one showing the greatest gender dif-ference was rape (OR = 4.28, $p < .05$), with women having a 4 times greaterrisk of being raped compared to their male counterparts. For further details, refer to Table 2. Regarding the frequency at which the victims experienced the different types of victimization, for all the modules, experiencing multi- ple episodes (61.7%) was more frequent than an isolated event (30.2%).

Table 2. Lifetime Prevalence of Sexual Victimization.

	Total		Gender (%)		
Sexual Victimization	*n*	%	Male	Female	OR
Any sexual victimization[a]	91	35.0	26.0	48.1	2.64
With physical contact	82	32.5	24.2	44.7	2.53
Forced kiss	40	15.8	11.4	22.1	2.20
Fondling	50	19.2	12.3	29.2	2.94
Masturbation/sexual stimulation	32	12.3	8.4	17.9	2.37
Rape	37	14.3	7.1	24.8	4.28
Without physical contact	44	17.1	11.2	25.5	2.71
Exhibitionism	29	11.2	6.6	17.9	3.10
Indecent exposure	34	13.1	9.1	18.9	2.33

[a]Participants who reported at least one sexual victimization among their lifetime.

Characteristics of Sexual Victimization

Since a large proportion of the victims experienced multiple episodes of vic- timization, the characteristics of the most recent episode of sexual victimiza- tion were extracted. According to this, 36.9% of the victims were underage when the episode took place, while 59% were adults. The most usual location of the incident was a house (37.8%), with either a relative's or the own vic- tim's or perpetrator's house being the most frequently reported location. Public spaces (18.9%) such as the street, a park, or the beach, followed by residential facilities (13.5%) were the other most reported locations of victimization.

Regarding the offender and their relation to the victim, Table 3 displays the main characteristics from the last incident. In both men and women, the general trend was for the perpetrator to be an adult and male, although some gender differences were observed. Men had more frequently been abused by a minor than women (OR = .32, $p < .05$), while women were more frequently victims of adult offenders (OR = 3.10, $p < .05$). Regarding the gender of the offender, in comparison with women, men were more targeted by women offenders (OR = .26, $p < .05$).

In relation to the type of relationship, perpetrators were most often known by the victim, being colleagues, friends, or neighbors (40.5%), and familiars or relatives (39.6%). Once again, the gender differences merit particular attention: women experienced more abuse by strangers (OR = 1.78, $p < .05$) in comparison to men, and men were victimized by colleagues, friends, and neighbors (OR = .63, $p < .05$) more than by any other type of offender.

Regarding disclosure, 60.8% of the victims had explained what had hap- pened to someone else, with women being more prone to share their experi- ence than men (OR = 1.48, $p < .05$). The person to whom the disclosure was made was in most cases someone close to the victim, usually a family mem- ber or a friend (67.4%), with the victim's mother being the most frequent confidant (47.3%). The victimization was disclosed also or directly to a pro- fessional

such as social educators, caregivers, psychologists, or doctors in 44.4% of the cases. Only 7.4% of the incidents were reported to the authorities.

Consequences Related to the Experience of Sexual Victimization

In relation to the consequences derived from these experiences, victimiza- tions involving physical contact may result in some kind of harm or injury because of the violence of the act. As a result of these victimizations[1], 37.9% of the victims reported having been injured. Women were more likely to be harmed (OR = 2.05, $p < .05$), especially as a consequence of rape (OR = 2.05, $p < .05$). In addition, when they were asked how they felt after the victimiza- tion, the most commonly reported answers for both genders were feeling dis- tressed (49.1%) and anxious-depressive symptoms (12.2%). Other feelings like shame/guilt (8.6%), anger/rage (6.8%), and fear (4.5%) were less fre- quently reported. Gender differences were detected in the two most com- monly reported psychological consequences. While male victims suffered more distress (OR = .54, $p < .05$), females displayed more anxious-depressive symptomatology (*OR* = 2.48, $p < .05$) compared to their counterparts.

Table 3. Characteristics of the Offender and Relation to the Victim.

	Total (%)	Male (%)	Female (%)	OR
Age of the offender				
Minor (less than 18 years)	14.4	24.1	9.3	0.32
Adult (18 years or more)	81.1	75.9	90.7	3.10
Gender of the offender				
Male	79.7	47.9	60.8	1.69
Female	17.1	21.4	6.5	0.26
Both	1.4	30.8	32.7	1.09
Relationvictim-offender				
Stranger	11.7	8.4	14.1	1.78
Family/relative	39.6	38.6	41.5	1.13
Partner/ex-partner	2.7	1.2	48.2	1.78

Colleague/ friends/ neighbors	40.5	48.2	37.0	0.63
Caregiver/ professionals	3.6	3.6	3.7	[a]

[a]The 95% CI does not include the null value (OR = 1).

Table 4. Sociodemographic Significant Characteristics of the Sexual and Non-sexual Victims.

	Sexual Victims(*n* = 91)		Victims With No Sexual Victimization Experiences(*n* = 169)		Association Measure
	n	%	*n*	%	
Gender					
Male	40	26.0	114	74.0	$\chi^2(1) = 13.53^{**}$OR = 2.64, 95% CI [1.56-4.46]
Female	51	48.1	55	51.9	
Age					$\chi^2(1) = .00$OR = 1.01, 95% CI [.61-1.68]
20-40 years	44	34.9	82	65.1	
41-71 years	47	35.1	87	64.9	
Country of origin					$\chi^2(1) = .01$OR = 1.08, 95% CI [.31-3.78]
Spain	86	34.7	162	65.3	
Other	4	36.4	7	63.6	
Place of residence					$\chi^2(1) = .24$OR = .88, 95% CI [.53-1.47]
With family/relatives	51	33.8	100	66.2	
Group home/institution	40	37.7	69	69.6	
Declared legally incapable					$\chi^2(1) = 10.02^{**}$OR = 2.51, 95% CI [1.41-4.47]
Yes	69	42.6	93	57.4	
No	21	22.8	71	77.2	
Needs support					$\chi^2(1) = .23$OR = 1.19, 95% CI [.58-2.43]
Yes	78	35.6	141	64.4	
No	13	31.7	28	68.3	
Secondary mental disorder diagnosis					$\chi^2(1) = 4.67^{*}$OR = 1.90, 95% CI [1.06-3.43]
Yes	28	46.6	32	53.3	
No	63	31.5	137	68.5	

[a]Significance was shown by asterisks: $^{*}p < .05$; $^{**}p < .01$; and $^{***}p < .001$.

Sociodemographic Characteristics of the Sexual Victims

The sociodemographic characteristics (previously presented in Table 1) of the group of sexual victims were compared with those of other ID victims with no sexual victimization experiences, and the significant associations areshown in Table 4. The victims of sexual victimization were more often female, with a secondary mental disorder diagnosis and declared legally inca-pable. However, no association between sexual victimization and age, placeof residence, type of support needed, or other secondary disabilities was observed.

Discussion

The rates of sexual victimization found in this study were high for both gen-ders, but consistent with other studies that examined lifetime sexual abuse inpeople with ID (Mitra et al., 2011; Powers et al., 2002, 2008). In this context,the prevention of sexual victimization in this group is a relevant issue that professionals and caregivers should pay more attention to, for both males andfemales (Doughty & Kane, 2010).

Characteristics of Sexual Victimization

Women with ID were more frequently sexually victimized than men, which is also consistent with previous studies comparing samples from both gen- ders (Cambridge et al., 2011; McCarthy & Thompson, 1997; Nixon et al., 2017). Women showed a clearly higher risk, not only for any type of sexual victimization, but also for each and every one of the types separately. The victimization that presented the most marked gender difference was rape, in which 70% of the victims were women. This upward trend of sexual penetra-tion in people with ID has been highlighted by some authors (Akbaş et al., 2009; Basile et al., 2016; Vara et al., 2019) and is a highly worrying fact giventhe extra advantage of the aggressor toward their victim due to the victim's condition, and because the more severe forms of sexual abuse are associatedwith greater severity of disturbance (Sequeira et al., 2003), which obviously translates into worse negative effects on the victim.

The most usual location of the victimization was the house of the victim or the perpetrator, being the perpetrator mainly a known male adult. In that sense, we found the same general trend for both genders that studies have been finding repeatedly (Beadle-Brown et al., 2010; Cambridge et al., 2011;Fisher et al., 2016; McCarthy & Thompson, 1997; McCormack et al., 2005).Some gender differences in terms of victims were noted regarding the offender, since in the case of female underage offenders, they target male victims more often than female victims. We do not know the reason behind this, but together with the fact that the most usual perpetrators were friends and colleagues, and the people in this sample belonged to entities working entirely with this disability type, this makes it highly probable that these aggressors were also ID peers. This suggests the importance for futureresearch of examining the overlapping phenomenon, in which one can be experiencing sexual victimization and may be acting as a sexual offender at the same time or may have previously been a victim of sexual abuse before becoming the sexual offender (Jennings et al., 2014). This sexually abused-sexual abuser interaction has been well described in the general population (Jespersen et al., 2009), and explored in samples with ID of both sexes (Lindsay et al., 2011), indicating that one possible explanation is that those abusers with ID might be less able to understand the abusive nature of the sexual victimization and consequently more likely to replicate it without understanding that what had happened to them should not be repeated on others.

Despite the general underreporting of sexual violence found in previous studies (Willott et al., 2020), more than half of the present sample disclosed the victimization to someone. This result contrasts with the low reporting ofcases to the authorities, considering that a high percentage of these disclo- sures was made to professionals who should be committed to the care and protection of this group of people. The social reactions to disclosure of sexualviolence in people with ID have been shown to be negative, such as perpetra-tors not being held accountable (Rittmannsberger et al., 2020). The fact is that professionals usually do not do

what they should do with the informationthey receive, either because of a lack of knowledge, a deficit in the collabora-tion between service providers, or little investment of resources for these cases (McGilloway et al., 2020). It is important to underline the secondary victimization that people with ID suffer due to these gaps and poor manage-ment of their reports by professionals. Secondary victimization is not usuallystudied in this group and is surely more relevant than it might seem, since when a system is not prepared to understand and meet everyone's needs, it isexcluding and causes discomfort to those who are outside its scope (Spaan &Kaal, 2019). In this sense, it is worth noting the pre-disposition and accuracywith which the participants developed their responses to the interview con- ducted in this study, demonstrating that when asked, people with ID can offera story as credible and sincere as anyone else. So, a real need, as McCormacket al. (2005) said, is to train the professionals in abuse detection to create an organizational culture intolerant of abuse.

Consequences Related to the Experience of Sexual Victimization

The participants in this study reported serious consequences derived from thesexual victimization experience. However, they generally indicated that no treatment was received as a result. In this sense, it is important to highlight the possible diagnostic overshadowing in which the presence of ID overshad-ows some indicators of psychopathology, wrongly ascribed by the profes- sionals to the disability rather than to the actual disorder (Reiss et al., 1982).Therefore, it is necessary to pay close attention to signs that are out of the ordinary as they can indicate a sexual victimization experience and, in that case, as in any other group, its consequences need to be treated as soon as possible.

We found that women suffered more anxious-depressive symptoms than men as a consequence of sexual victimization, and this is backed up by stud-ies such as that by Lunsky (2003), which claimed that similar to the correla-tion between mental health problems and victimization in the general population, women with ID coming from abusive situations such

as sexual abuse present higher depression scores. However, the fact that male victims also reported a high level of distress should not be ignored and is equally worrisome. Some studies have concluded that these psychological symptomscould be explained by the PTSD conceptual framework (Rowsell et al., 2013); however, there is a lack of evidence obtained from victims with ID toconfirm that this is actually so (Mevissen & De Jongh, 2010). Thus, it is essential to intervene early and in the most targeted and effective way in thesecases of sexual victimization, in order to try to mitigate their long-term con-sequences. This is especially relevant because some studies have shown the very limited recovery made by victims of violence with ID (Rowsell et al., 2013). Nevertheless, specific techniques and tools for this specific group should be developed and used to evaluate these cases in order to avoid the chronification or exacerbation of mental issues, which are already more prev-alent among people with ID (Mazza et al., 2020).

Sociodemographic Characteristics of the Sexual Victims

Those sociodemographic variables that were shown to be associated with sexual victimization were being a woman, having been declared legally inca-pable, and having a diagnosis of mental health coexisting with the ID. This issomething that is well known in the risk factors literature and was recently confirmed by Assink et al. (2019), who found that the most significant risk factors associated with sexual abuse were the child's characteristics, involving being female, having psychiatric disorders, and having chronic mental conditions. The intersectional approach can explain how all these negative and inca- pacitating labels may contribute to this cycle of vulnerability: when gender interacts with disability status itself, it increases the risk of sexual victimiza-tion (Bones, 2013), in the same way that a comorbid mental health diagnosisadded to ID doubles the likelihood of being victimized (Thomas et al., 2019).Being declared incapable only accentuates the status of disability, in additionto stripping the individual of any real capacity to exercise their rights, which

paradoxically contributes to the lack of protection of this collective.

Surprisingly, contrary to what we expected, age did not have much to do with sexual victimization, demonstrating that similarly to other types of vic-timization analyzed in samples of people with ID that took into account gen-der and age, gender accounts for more of the differences than age, since the victimization phenomenon has more to do with the fact of having lifelong IDstatus than any age factor (Codina et al., 2020).

Limitations

This study presents some limitations. Due to the type of sampling used, the small number of participants, and the fact that they came from specialized centers, the results should be interpreted with caution and are not consideredto be generalizable. The collaboration agreement between the federation of associations, DINCAT, gave us access to some of the institutionalized peoplewith ID from a specific region in Spain. This left out from the sample indi- viduals who are not institutionalized, those who are more socially isolated, and those who attend other centers different from ones participating in the study. People with severe cognitive or communicative difficulties werepoorly represented in this study due to the limited number of these individu-als in the final sample. Although the response rates were considered rela- tively good, there were issues with some of the items requiring details of the victimization. Although the questionnaire was adapted to take into account the special needs of the people with ID, information regarding the number ofepisodes, the stage when the victimization occurred, and the age of the vic- tim/offender when the victimization happened was difficult to obtain. To helpaddress this, the items that normally involve numerical answers were con- verted into general and easy-to-understand categories. Another limitation of this study was recall bias. Since this was a retrospective study, problems could have arisen in the accuracy, or the details of past experiences. Finally,some of the participants were assisted by another person or caregiver duringthe interview, which affected the participant's anonymity

and confidentiality, but was unavoidable given their special needs. Thus, some of the incidents reported or details may have been hidden or omitted due to the presence of the other person, who could have even been the perpetrator or known to them.

Conclusions

Given the high rates of sexual victimization presented in this study, especiallythe most serious types such as rape, it is essential to know more about this problem and to encourage the other regions of Spain to generate new researchto collate results.

Since there is a lack of public initiatives to prevent sexual victimization and other related risky behaviors, institutions that care for and provide ser- vices to people with ID should use the findings of this study to launch a pre-vention and detection campaign among their users, as well as promoting campaigns to target the users who are the most difficult to reach. Sexual andaffective education can prevent exposure to potentially abusive situations, while early detection and an effective intervention can mitigate the injuries and psychological effects resulting from the sexual abuse. In this sense, earlyeducation and prevention should be encouraged in a language and format appropriate to this group. It is also essential that professionals, as well as thepeople responsible for caregiving and education, become more aware of the problem and begin to address it as a key issue for protecting and ensuring the quality of life of people with ID. They must also be aware of their duty to report sexual victimizations and to provide suitable attention and psychologi-cal support if it has already happened. This is only possible if there is a real effort to build awareness, for example, through the dissemination of informa-tion on specific aspects of sexual victimization in this group such as the onesprovided in this article, the rates of the victimizations, the characteristics of the most vulnerable victims, the potential aggressors, the harmful conse-quences of victimization, and the low reporting rates.

Acknowledgments

The authors gratefully acknowledge the support and participation of the DINCAT in this study, and all the participants and volunteers who made it possible.

Declaration of Conflicting Interests

The author(s) declared the following potential conflicts of interest with respect to theresearch, authorship, and/or publication of this article: This work is original and has been neither published elsewhere, nor currently under consideration for publication elsewhere. We report no conflict of interest. We alone are responsible for the contentand writing of the paper.

Funding

The author(s) disclosed receipt of the following financial support for the research and/or authorship of this article: This research was partially supported by the Catalan Institution for Research and Advanced Studies (ICREA Academia 2016).

Author's Note

In this article, the acronym ID is used to refer to both intellectual disability and intel-lectual disabilities in the plural.

Note

1. Computed taking into account the items fondling, masturbation/sexual stimulation,and rape. Forced kiss was not included since no one reported being physically harmedas a consequence.

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