

# Lifetime Victimization and Poly-Victimization in a Sample of Adults With Intellectual Disabilities

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## Abstract

People with intellectual disabilities appear to be more vulnerable to victimization. However, few studies have assessed victimization in these groups and those that do exist are highly heterogeneous and tend to focus only on specific forms of violence. This study attempts to shed light on the phenomenon of victimization among adults with intellectual disabilities by assessing victimization and poly-victimization throughout their life course. The sample consisted of 260 adults (154 men and 106 women) with an intellectual disability diagnosis, recruited from the Catalan Federation for People with Intellectual Disabilities (DINCAT) in Spain. They ranged in age from 20 to 71 years ( $M = 41.69$ ,  $SD = 12.05$ ). Victimization experiences were assessed by means of an adaptation of the retrospective version of the Juvenile Victimization Questionnaire (JVQ). The results showed that 96.9% of the participants had suffered some kind of victimization throughout their lives. With respect to the types of victimization, the most frequent were common victimization (87.7%), witnessing and indirect victimization (67.3%), victimization by caregivers (59.2%), sexual victimization (35%), and electronic victimization (23.5%). Women and early adults tended to experience higher rates of victimization. The poly-victimized group experienced 13 or more incidents of victimization throughout their lives. This study highlights the elevated rates of lifetime victimization among people with intellectual disabilities. It adds to previous evidence that special protection programs are required to address this issue and emphasizes the need for prevention and intervention measures in this particularly vulnerable group.

## Keywords

intellectual disability, victimization, poly-victimization, Juvenile Victimization Questionnaire, gender, early adults, middle-late adults

## Introduction

Disability is a strong risk factor for interpersonal victimization in both adults and children (Hughes et al., 2012; Jones et al., 2012). According to meta-analyses (Hughes et al., 2012), the probability of victimization is 1.5 times

higher in adults with disabilities than in samples without disabilities. Moreover, those with intellectual disabilities (ID) are 1.6 times more likely to suffer violent victimization. When age is taken into account, older adults with general disabilities are the group at the highest risk of violence and abuse (Cooper et al., 2008).

Thus, compared with other forms of disability (such as physical disabilities, mental disorders, and other nonspecific disabilities), people with ID seem to be at a greater risk of victimization, especially the most violent types (Fisher et al., 2016; Horner-Johnson & Drum, 2006; Nixon et al., 2017; Rand & Harrell, 2009). The review by Fisher et al. (2016) shows that lifetime prevalence rates of sexual abuse may be as high as 80% in people with ID. The general consensus seems to be that sexual victimization is more common among women with ID than among men with the same disability (Cambridge et al., 2011; McCarthy & Thompson, 1997). However, Byrne (2018) suggested that the very fact that a man has an ID increases his risk of suffering sexual abuse throughout his life compared with men without disabilities or with other types of disability. Other studies (Powers et al., 2002, 2008), carried out in the United States, with samples of men and women with ID, indicate that 65% of men and 67% of women have suffered physical abuse at some point in their lives, whereas 53% of women and 24% of men have suffered sexual abuse. Beadle-Brown et al. (2010) examined official U.K. figures for several consecutive years and found that almost half of the ID sample, which included both males and females, had suffered some form of physical abuse (48%), whereas 20% had experienced sexual abuse.

Another form of victimization studied in people with ID is intimate partner violence (IPV). Ward et al. (2010) conducted a study in Alaska and found that 60% of the participants in their sample had suffered some type of IPV, emotional violence being the most common (90% of men and 79% of women). A national study carried out in Taiwan showed that 41.5% of people with disabilities who had experienced IPV had an ID; this made them the most frequently victimized group (Lin et al., 2010). Two recent studies with Spanish samples addressed the growing phenomenon of cyber-victimization among adult populations with ID and found that 15.2% (Jenaro et al., 2018) and 64.4% (Iglesias et al., 2019) had suffered some type of electronic victimization. Both studies agreed that verbal victimization was the most common type (88% and 74.5%, respectively).

Finally, other types of criminal behavior, such as common crimes, have been largely unexplored among this group. Wilson and Brewer (1992) conducted a study that examined 174 adults with ID from Australia and detected higher rates of several types of victimization, including assault (11.4%) and robbery (5.1%). Bryen et al. (2003) conducted a study on a sample of 40 people with communicative and cognitive difficulties and found that 56% of the participants had suffered a theft and 44% had been threatened with a physical attack over the past year. McMahon et al. (2004) explored 127 cases involving people with ID and reported that the three most common types of

victimization were simple assault, intimidation, and property damage. In addition, the risk of being a victim of a hate crime motivated by ID is particularly high and, according to a study conducted in the United Kingdom by Emerson and Roulstone (2014), it affects up to 7% of this population.

However, when studying the phenomenon of victimization, it is important to remember that forms of violence rarely occur in isolation; rather, the same individual may experience a wide range of victimization types throughout their life. In a systematic review by Fisher et al. (2016), the authors warned that, in all studies that addressed more than one form of victimization, most individuals with ID had experienced multiple types. This phenomenon has been named poly-victimization and is defined as the occurrence of multiple victimization experiences in different episodes (Finkelhor et al., 2007). Thus, analyzing a single form of violence or different types in isolation in people at high risk of victimization, such as people with ID, leads to underestimation of the wide range of victimization experiences to which this group may be subjected (see, for example, the study on poly-victimization in minors with ID by Turner et al., 2011).

Finally, it should be noted that studying victimization experiences among adults with ID presents a number of limitations. One of these is that most research on this topic is general in nature and often treats all disability types as if they were a homogeneous group (see, for example, Berg et al., 2015; Krnjacki et al., 2016; Sullivan & Knutson, 2000). Thus, quantitative studies that specifically examine victimization and ID are scarce (Mikton et al., 2014) and frequently focus on sexual victimization (Basile et al., 2016; Cambridge et al., 2011; Gil et al., 2019; McCarthy & Thompson, 1997). Moreover, the literature available on ID and victimization rarely includes victims with severe disabilities, due to the difficulties associated with collecting these data, and focuses only on mild or moderate cases (Krnjacki et al., 2016; O'Callaghan et al., 2003). This prevents the most severe cases from coming to light. In addition, no previous research has evaluated poly-victimization among older adults (Felitti et al., 1998) although it seems to be a frequent phenomenon (Fisher et al., 2016). Furthermore, comparing the results of the studies available on this topic is complex because of the different methodologies, populations, and definitions used. Nonetheless, the common finding of reviews and meta-analyses (Fisher et al., 2016; Horner-Johnson & Drum, 2006; Hughes et al., 2012; Hughes et al., 2011; Jones et al., 2012) is that all studies analyzed reported high victimization rates among people with ID.

## **Aims of the Study**

Thus, this study aims to (a) identify the rates for the different forms of victimization in a sample of Spanish adults with ID throughout their lives, (b) explore whether there are gender differences with respect to different experiences of victimization, (c) analyze whether there are age-related differences among early and middle/late adults with respect to different experiences of victimization, and (d) find out whether the participants are

subjected to poly-victimization or have had multiple victimization experiences throughout their lives.

## Method

### Sample

The sample consisted of 260 adults with an ID diagnosis, recruited from the federation DINCAT, which runs social initiative entities that work to improve the quality of life of people with ID and their families in the northeast of Spain. The majority of the population with ID in Spain live with their families or, less frequently, in a center (Navas et al., 2017). Most of them receive some kind of public assistance (mainly provision of care services and financial support). Other studies (Giné et al., 2015; Vilaseca et al., 2017) have also pointed out that families are the main caregivers of people with ID in Spain.

Non-probabilistic sampling of consecutive cases was applied and the inclusion criteria were as follows: participants had to be above 18 years of age, have an ID diagnosis, and be capable of consenting to the study and communicating their thoughts and experiences to the interviewer (by themselves or with the help of their usual caregiver). The purpose of the study was to include as many individuals with more serious diagnoses and communication difficulties as possible. The only exclusion criterion applied to individuals with severe cognitive difficulties that prevented them from understanding the study and its objectives.

### Measures

**Sociodemographic data.** A sociodemographic datasheet was created ad hoc to collect the participants' personal data. This included the way in which they answered the questionnaire (by themselves, through pictograms, or with their caregiver's support), the age, gender, place of residence, country of birth of the participants and their parents, the type of schooling they received (e.g., regular education or special education), and the service they received from DINCAT (e.g., occupational or care). Disability information was also collected (e.g., whether they were declared legally incapable and who was their guardian), their degree of autonomy, and the type of support they received (e.g., general or limited). Information about other secondary disability diagnoses, disorders, or illnesses suffered by the participants was also collected. This information was sometimes self-reported (78.5%) and sometimes provided by the caregiver (21.5%).

**Victimization.** An adaptation of the Juvenile Victimization Questionnaire, Adult Retrospective Version (JVQ; Finkelhor et al., 2005), was used to collect the victimization experiences throughout the lives of the participants. Twenty-eight specific victimization events distributed in five modules were

evaluated: (a) common victimization (six items), (b) caregiver victimization (six items), (c) sexual victimization (six items), (d) witnessing and indirect victimization (four items), and (e) electronic victimization (six items). The questionnaire was presented in Spanish and administered in retrospective interview format. The original version of this questionnaire has been shown to have adequate psychometric properties (Finkelhor et al., 2005). The Spanish version has also been validated (Pereda et al., 2018). It is, in addition, the most appropriate tool for evaluating poly-victimization (Finkelhor et al., 2005). All participants responded to the questionnaire by themselves, with the help of pictograms, but some were assisted by another person or a caregiver (9.6%).

## *Procedure*

The federation DINCAT was invited to participate in the study. A collaboration agreement was signed and the express consent of all participants and their legal representatives was obtained. Adapted and easy-to-read versions of the documents were created to ensure that the participants understood the objectives and characteristics of the study in which they voluntarily agreed to participate. The understanding and the capacity to answer of the participants were tested by a pre-questionnaire pictogram sheet. Ten interviewers were trained in the application of the tool and the recording of the responses. The questionnaire was administered individually in interview format with the use of pictograms and, if necessary, the participants were helped by their usual caregiver. See an example of the questionnaire and the pre-questionnaire in the online supplemental materials.

The study was carried out in accordance with the basic ethical principles of the Helsinki Declaration on Research Involving Human Subjects (World Medical Association, 2013).

## *Data Analysis*

For the statistical analysis, Version 25 of the IBM SPSS Statistics program was used. A univariate descriptive analysis was performed for sociodemographic data and victimization experiences and, subsequently, bivariate analysis was conducted to examine the association measures between variables. For age, two groups were established: early adulthood (20–40 years of age) and middle/late adulthood (41–71 years of age). The rationale behind these categories is Levinson's adulthood developmental periods (Levinson, 1986) that distinguishes different phases in the life course of adults and sets the early 40s as the entry into middle adulthood. Respecting this transition point idea, we fixed 40 years of age as the cutoff age to create the two categories. Thus, to compare the number of victimization events between age groups and genders, the Mann–Whitney U test was applied, and the significance level was set at  $p$  value at  $<.05$ . The odds ratio (OR) measured the effect size of the association between gender (male vs. female) and age group (early vs. middle/late adult-

hood) with victimization rates, and the corresponding confidence intervals at 95% were obtained. Poly-victims were identified based on the total number of victimization events reported by the participants in the questionnaire. Thus, the top 10% of people with the highest number of victimization events throughout their lives were established as the cutoff point to determine poly-victimization, as suggested by Finkelhor et al. (2009). This approach takes account of the increasing number of victimization types with age.

## Results

### *Sociodemographic Characteristics*

The sample comprised a total of 260 adults, 154 men and 106 women (59.2% and 40.8%, respectively), aged between 20 and 71 years ( $M = 41.69$ ,  $SD = 12.03$ ). The majority of participants were Spanish (95.8%), with a recognized legal disability (62.3%) and a secondary disability diagnosis in 66.9% of the cases. The main sociodemographic characteristics of the participants are shown in Table 1.

### *Victimization Experiences*

Almost all participants (96.9%) reported having suffered at least one type of victimization during their lives. Table 2 shows the rates for the different types of lifetime victimization.

**Common victimization.** A large number of participants (87.7%) reported having suffered common victimization. Among these victimization events, verbal aggression was the most commonly reported (64.5%) and was most likely to occur among women ( $OR = 1.49$ ,  $p < .05$ ) and early adults ( $OR = 0.75$ ,  $p < .05$ ). This same trend could be seen with intimidation ( $OR = 1.68$ ,  $p < .05$ ;  $OR = 0.54$ ,  $p < .05$ ), which was suffered by 38.1% of both women and younger adults. A total of 35.6% of people reported having suffered bias attack, with women having experienced this more than men ( $OR = 1.27$ ,  $p < .05$ ). There were no statistically significant differences between age groups. Robbery was experienced by 47.7% of the participants, followed by assault (39.6%) and threatened assault (31.5%). Both assault and threatened assault were most frequently reported by men ( $OR = 0.77$ ,  $p < .05$  and  $OR = 0.84$ ,  $p < .05$ , respectively) and younger adults ( $OR = 0.56$ ,  $p < .05$  and  $OR = 0.63$ ,  $p < .05$ , respectively).

**Caregiver victimization.** This was reported by more than half of the sample (59.2%). The most prevalent types of victimization were physical abuse (37.3%) and verbal or relational aggression (24.6%). Women and early adults reported more verbal/relational aggression compared with men and middle/late adults ( $OR = 2.13$ ,  $p < .05$  and  $OR = 0.56$ ,  $p < .05$ , respectively). The rate of psychological or emotional abuse was 13.9%, that of

neglect was 19.5%, and that of infringement of personal rights was 18.4%. The most notable differences regarding age groups were observed in incidents of theft by a caregiver, which was suffered by 11.6% of the sample, with younger participants being targeted more than older participants

**Table 1.** Sample Characteristics.

Variable	Male		Female		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Age						
Early adulthood (20-40 years)	74	48.1	52	49.1	126	48.5
Middle/late adulthood (41-71 years)	80	51.9	54	50.9	134	51.5
Country of origin <sup>a</sup>						
Spain	147	59.3	101	40.7	248	95.8
Other	7	63.6	4	36.4	11	4.2
Type of education <sup>b</sup>						
Regular education	60	59.4	41	40.6	101	43.9
Regular education + support	25	50.0	25	50.0	50	21.7
Special education	50	63.3	29	36.7	79	34.3
Legally incapable <sup>c</sup>						
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
Legal guardianship <sup>d</sup>						
Institution	37	57.8	27	42.2	64	26.2
Family members/relatives	54	61.4	34	38.6	88	36.1
Others	5	50.0	5	50.0	10	3.8
Type of support needed <sup>e</sup>						
General	10	58.8	7	41.2	17	7.8
Extensive	31	66.0	16	34.0	47	21.5
Limited	49	63.3	26	34.7	75	34.2
Intermittent	39	48.8	41	51.2	80	36.5
Type of service received <sup>f</sup>						
Occupational center	90	60.8	58	39.2	148	56.9
Special work center	34	50.0	34	50.0	68	26.2
Leisure entity	6	75.0	2	25.0	8	3.1
School	1	33.3	2	66.7	3	1.2
Specialized care center	2	66.7	1	33.3	3	1.2
Regular company	13	81.3	3	18.8	16	6.2
None	7	58.3	5	41.7	12	4.6
Unknown	1	50.0	1	50.0	2	0.8
Secondary disability diagnosis <sup>g</sup>						
No	49	57.0	37	43.0	86	33.1
Yes	105	60.3	69	39.7	174	66.9

(continued)

**Table 1. (continued)**

Variable	Male		Female		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Type of secondary diagnosis						
Physical disability	45	60.8	29	39.2	74	42.5
Mental disability	44	64.7	24	35.3	68	39.0
Both	16	50.0	16	50.0	32	18.4

*Note.* <sup>a</sup>The country in which the person was born. <sup>b</sup>The type of education received in the past: Regular education is traditional education in regular schools; regular education with additional special support; special education means education for children with intellectual disabilities. <sup>c</sup>According to the Spanish Civil Code, a person legally incapable is one who is not able to handle personal, financial, and legal affairs and needs a legal guardian. <sup>d</sup>Is the authority conferred to someone to take care of the one declared legally incapable and help them with decision-making. <sup>e</sup>Support required to carry out daily activities. <sup>f</sup>The type of service accessed at the time of the survey. <sup>g</sup>Another diagnosed disability that coexists alongside the main intellectual disability.

(OR = 0.50,  $p < .05$ ). In general, women showed higher rates of care-giver victimization than men (OR = 1.32,  $p < .05$ ) and the findings were similar for early versus middle/late adults (OR = 0.67,  $p < .05$ ).

**Sexual victimization.** Sexual victimization was reported by 35% of the sample. Its rate was significantly higher in women than in men (OR = 2.64,  $p < .05$ ). The most frequently reported behaviors were fondling (19.2%), followed by forced kissing (15.8%), and rape (14.3%). All types of sexual victimization included in the module were experienced substantially more often by women than men. No age-related differences were found in this module, but when specific victimization experiences were analyzed, exhibitionism and indecent exposure were found to be reported more often by middle/late adults (OR = 1.40,  $p < .05$ ; OR = 1.22,  $p < .05$ ).

**Witnessing and indirect victimization.** A total of 67.3% of the sample experienced some type of witnessing and indirect victimization. No significant differences were detected in this module in terms of gender; however, some age-related differences were observed. Specifically, early adults witnessed this type of victimization to a greater extent (OR = 0.69,  $p < .05$ ). More than half of the sample (55.4%) witnessed other assaults, whereas 25.1% witnessed violence between parents and 24.9% witnessed the assault on a sibling by a parent. Only 4.5% witnessed an assault on another relative by a parent.



**Table 2.** Lifetime Victimization.

Victimization Items	Total		Gender (%)			Age Group (%)		
	<i>n</i>	%	Male	Female	OR	Early Adulthood	Middle/Late Adulthood	OR
Common victimization	228	87.7	87.0	88.7	1.17	87.3	88.1	1.07
Robbery	124	47.7	48.7	46.2	0.91	49.2	46.3	0.89
Verbal aggression	167	64.5	60.8	69.8	1.49	68.0	61.2	0.74
Bias attack	89	35.6	33.3	38.8	1.27	35.8	35.4	0.98
Intimidation	81	31.4	26.8	38.1	1.68	38.1	25.0	0.54
Threatened assault	81	31.5	33.1	29.2	0.84	36.5	26.7	0.63
Assault	103	39.6	42.2	35.8	0.77	46.8	32.8	0.56
Caregiver victimization	154	59.2	56.5	63.2	1.32	64.3	54.5	0.67
Theft by a caregiver	30	11.6	10.5	13.2	1.30	15.2	8.2	0.50
Verbal/relational aggression	64	24.6	18.8	33.0	2.13	30.2	19.4	0.56
Psychological/emotional abuse	36	13.9	11.8	17.0	1.53	14.4	13.5	0.92
Neglect	50	19.5	17.8	22.1	1.32	21.0	18.2	0.84
Physical abuse	94	37.3	32.7	44.1	1.63	39.5	35.2	0.83
Infringement of personal rights	46	18.4	17.4	19.8	1.17	16.9	19.8	1.21
Sexual victimization	91	35.0	26.0	48.1	2.64	34.9	35.1	<sup>a</sup>
Forced kiss	40	15.8	11.4	22.1	2.20	17.1	14.6	0.83
Fondling	50	19.2	12.3	29.2	2.94	21.4	17.2	0.76
Masturbation/sexual stimulation	32	12.3	8.4	17.9	2.37	14.3	10.4	0.70
Rape	37	14.3	7.1	24.8	4.28	16.0	12.7	0.76
Exhibitionism	29	11.2	6.6	17.9	3.10	9.5	12.9	1.40
Indecent exposure	34	13.1	9.1	18.9	2.33	11.9	14.2	1.22
Witnessing and indirect victimization	175	67.3	67.5	67.0	0.98	71.4	63.4	0.69
Witness to violence between parents	64	25.1	22.5	28.8	1.40	26.8	23.5	0.84
Witness to sibling assault by parent	61	24.9	26.8	22.3	0.79	22.9	26.8	1.23
Witness to assault on another relative by parent	11	4.5	4.3	5.0	1.17	6.0	3.2	0.52
Witness to other assaults	143	55.4	55.9	54.7	0.95	61.9	49.2	0.60
Electronic victimization	61	23.5	18.8	30.2	1.86	36.5	11.2	0.22
Harassment	29	11.2	9.2	14.2	1.64	16.7	6.0	0.32
Insults	20	7.7	5.8	10.5	1.89	11.9	3.8	0.29
Sexual solicitations	9	3.5	3.3	3.8	1.16	4.8	2.2	0.45
Exposure to pornography	20	7.7	7.1	8.5	1.21	11.1	4.5	0.38
Sexting	19	7.3	4.5	11.3	2.68	12.7	2.2	0.16
Online grooming	23	8.8	11.0	17.9	1.76	23.0	5.2	0.18

*Note.* OR = odds ratio.

<sup>a</sup>The 95% confidence interval does not include the null value (OR = 1).

**Table 3.** Lifetime Poly-Victimization Status.

	Lifetime (%)				
	Total (n = 260)	Male (n = 154)	Female (n = 106)	Early Adults (n = 126)	Middle/Late Adults (n = 134)
Number of victims <sup>a</sup>	252 (96.9%)	149 (96.8%)	103 (97.2%)	124 (98.4%)	128 (95.5%)
Mean number of victimization events among victims (SD)	6.29 (4.56)	5.64 (4.02)	7.23 (5.12)	6.96 (4.91)	5.65 (4.11)
Victims above mean	98 (38.8%)	63 (42.3%)	42 (40.7%)	56 (45.1%)	51 (39.8)
Poly-victims <sup>b</sup>	25 (9.9%)	8 (5.3%)	17 (16.5%)	15 (12.1%)	10 (7.8%)
Number of victimization events in the poly- victim group	13+	12+	15+	14+	12+

*Note.* <sup>a</sup>With at least one victimization event in their lifetime. <sup>b</sup>The top 10% of the victimized sample with the highest level of lifetime victimization.

**Electronic victimization.** Among the participants, 77.3% said they regularly use some type of electronic device with internet access (mobile, tablet, computer, or other). Among these people, 23.5% reported having suffered electronic victimization. The most frequently reported victimization experiences were harassment (11.2%) and online grooming (8.8%). Differences were detected regarding gender (OR = 1.86,  $p < .05$ ) and age (OR = 0.22,  $p < .05$ ). Thus, women and early adults were found to suffer from more electronic victimization than men and middle/late adults.

**Poly-victimization.** The information regarding poly-victimization is presented in Table 3. Based on the people who were identified as victims, the mean number of victimization events suffered throughout their life was calculated as 6.29, and statistically significant differences in terms of gender and age were observed ( $U = 6,866$ ,  $p = .029$  and  $U = 7,028$ ,  $p = .019$ , respectively). A total of 38.8% of the victims turned out to be above this mean in terms of the number of victimization events suffered, and the top 10% of the whole sample were identified as lifetime poly-victims, that is, those who experienced the highest number of lifetime victimization events (13 or more). In the poly-victim group, the numbers of women (16.5%) and early adults (12.1%) were higher than the numbers of men (5.3%) and middle/late adults (7.8%).

## Discussion

The results of the present study are relevant because they confirm the high rates of lifetime interpersonal victimization experienced by people with ID.

The fact that nearly all of them reported having been victimized at least once and that they had suffered a mean of six different victimization types demonstrates the vulnerability and additional risk associated with ID, and ultimately only highlights the need to safeguard and protect this group.

An innovative element of the present study is the age-related approach toward a sample of adults with ID. It provides new information about how victimization patterns differ according to the stage of adulthood of individuals with ID, an aspect that has barely been explored in the past, particularly in the later stages of life. In this study, the older adults seemed to show lower lifetime victimization rates than their younger peers. As suggested by Hamby et al. (2016), later life is a particularly vulnerable period, so we assumed that a greater range of victimization types and higher poly-victimization rates would be observed among middle/late adults. However, contrary to our expectations, middle/late adults were subjected to more victimization in just three of the victimization types analyzed (infringement of personal rights, indecent exposure, and the witnessing of an assault on a sibling by a parent). These rates are probably underestimated as many older adults may be reluctant to report victimization and younger adults are more likely than older adults to self-report abuse (Acierno et al., 2010). They may also view abuse differently and accept certain acts that professionals would label as abusive (Taylor et al., 2014). As pointed out by Hamby et al. (2016), it is important to assess specific forms of abuse in later life and some important forms of elder abuse that have recently emerged, such as financial abuse (Eslami et al., 2016). This was not included in the tool used for the study and should be explored in future research.

Another strength of this study is that it analyzed different victimization types by means of a tool that has been used in previous works with similar samples (Chan et al., 2018; Turner et al., 2011). However, it also included types that are especially relevant to people with ID, such as infringement of personal rights and bias attack. The most relevant findings revealed that common victimization is relatively frequent among those with ID, but it seems not to occur alone, but rather alongside other forms of victimization. This seems to be a widespread phenomenon that affects people in ID in a similar way, regardless of gender or age, as suggested by Fisher et al. (2016). In line with other studies (Bryen et al., 2003; McMahon et al., 2004; Wilson & Brewer, 1992), assault, intimidation, threats, and robbery were found to be common victimization types. Bias attack was prevalent and presented gender differences, with more females affected than males, but with no age differences, thus suggesting that this phenomenon is due more to the fact of having lifelong ID status than to any age factor. Nevertheless, these results should be interpreted with caution as research conducted on hate crime and disability so far is scarce and limited (Roulstone & Mason-Bish, 2013; Sin, 2014), and the

studies that do exist, such as Emerson and Roulstone (2014), compare people with and without disabilities instead of analyzing intragroup sociodemographic differences of people with ID. These results and the inability to compare them with similar results give rise to the need for further research on this issue, with samples from both genders.

Witnessing was the second most commonly reported victimization type; more than half the sample had witnessed an assault. It seems that gender is not as important as age in this type of victimization. It is possible that older participants regard these experiences as distant memories (e.g., in the case of witnessing violence between parents and parent-sibling abuse) or that they view them as having less obvious negative consequences for themselves and do not identify them as actual victimization experiences (Nandlal & Wood, 1997).

Caregiver victimization was also one of the most widely reported victimization types. That is consistent with the fact that most participants in the sample required some kind of support on a regular basis, thereby resulting in more opportunities for victimization by caregivers. That caregivers are common perpetrators has been noted in studies with both ID samples (Beadle-Brown et al., 2010; Brown & Stein, 2000) and care staff samples (Strand et al., 2004). The three studies mentioned were consistent with ours in that the most commonly reported victimization type was physical abuse. The regular physical manipulation of people's bodies in care situations helps explain why violence manifests itself through physical contact. The gender differences observed were consistent with Brown and Stein (2000), who found that women were the most commonly targeted victims.

Electronic victimization is particularly relevant today, as people are increasingly using the internet and new technologies on a daily basis and those with ID are no exception. Nevertheless, some limitations still appear to exist, as they seem to have less internet access than other groups, due to economic and social barriers, usage restrictions, a lack of experience and support, and individual impairments (Chadwick et al., 2013). However, their progressive engagement in the internet carries some inevitable risks. In this regard, the present study showed that age differences are by far the most pronounced in electronic victimization. This makes sense, as younger adults are more in touch with new technologies and use them regularly, thus increasing their risk of victimization. The gender differences are also notable, with more female victims, in line with the findings of Jenaro et al. (2018). Although harassment and insults are frequently reported by women, gender differences are especially obvious in sexual electronic victimization, particularly sexting. This may be due to the shortage of real-life opportunities to develop romantic or intimate relationships (Healy et al., 2009), which can lead some people

with ID to take risks when interacting with strangers. This is compounded by the perception that young people with ID are more vulnerable to online sexual risk (Löfgren-Mårtenson et al., 2015), which can lead potential perpetrators to take advantage of them. These results reinforce the need to protect this group in both the real and virtual worlds. As technology advances, more forms of victimization will emerge and the risks may increase.

In terms of sexual victimization, our findings were consistent with the Spanish study by Vara et al. (2019), who observed higher rates of rape, which was one of the most frequently reported types of sexual victimization. However, in contrast to their findings, our study showed substantial gender differences in all sexual victimization types. This is nothing new and has been reported repeatedly in other studies (Cambridge et al., 2011; McCarthy & Thompson, 1997). It has similarly been observed in meta-analyses on the general population (Barth et al., 2013; Pereda et al., 2009; Stoltenborgh et al., 2011). In any case, as with our study results, there were no age differences, thus demonstrating that gender accounts for more of the differences than age. In essence, women with ID are more frequently victimized than men, regardless of their age.

In this regard, the gender perspective is relevant in terms of the results of this study as there is a general trend toward greater victimization of women. As argued by Foster and Sandel (2010), intersectionality is key to understanding this as the combination of having a disability, with the associated negative social attitudes and perceptions, and the harmful effects of sexism and misogyny makes women with ID more vulnerable to violent experiences (Meer & Combrinck, 2015). In light of this, recommendations must be issued to care professionals and other social agents to implement targeted strategies to prevent vulnerable women with ID from structural risk of victimization.

A final point to highlight is that violent victimization forms were the most commonly reported, in line with the pattern detected in previous articles (Fisher et al., 2016; Horner-Johnson & Drum, 2006; Nixon et al., 2017; Rand & Harrell, 2009). It seems that ID increases the risk of suffering these particularly damaging types of victimization, which, as Hollomotz (2013) postulated, is due to the fact that disabled people are perceived as being different and having less power, and this label contributes to their marginalization and makes them targeted as victims more frequently.

## *Limitations*

This study presents some limitations. First, with regard to the type of sampling used, the absence of a control group, the small number of participants, and the fact that they came from one region of Spain means that the results should be interpreted cautiously and have limited generalizability.

Furthermore, the people who participated in this study were cared for in specialized centers or institutions belonging to DINCAT; therefore, individuals who did not attend an entity within this federation did not have the opportunity to participate in this study, thus excluding more socially isolated cases. Similarly, those with severe cognitive or communicative difficulties were poorly represented in this study due to the limited number of these individuals in the final sample.

Another point to take into consideration is that the study focuses on lifetime victimization and poly-victimization, leaving out of the scope of the study the analysis of the past-year victimization experiences' rates. Finally, some of the participants were assisted by another person or caregiver to conduct the interview. Thus, the victimization incidents reported may have been altered or biased due to the presence of another person while the individuals were disclosing the abuse and the lack of anonymity this implies. In fact, it was possible that the caregivers themselves were the perpetrators, which would represent an obvious barrier.

## **Conclusion**

This study revealed high victimization rates among people with ID, especially when a lifetime assessment was conducted. There were significant gender and age-related differences with respect to the rates and numbers of victimization events, and this was especially evident in specific types of victimization. Thus, sexual victimization was more common among women and electronic victimization was more common among the youngest individuals in the sample. In addition, it is worth pointing out the way in which poly-victimization was operationalized. By establishing the top 10% to define the phenomenon, the group of poly-victims characterized the most serious cases within the sample. This information is valuable as it not only provides new data on this phenomenon, which has been poorly studied among people with ID, but it also identifies those people with ID who requires special attention. These findings highlight the direction professionals should take, helps provide evidence of the need to develop special protection programs for victimization, and emphasizes the need for prevention and intervention measures among people with ID, especially the most vulnerable individuals, that is, poly-victims.

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