

# Treating Sexual Abuse and Trauma with Children, Adolescents, and Young Adults with Developmental Disabilities

*A Workbook for Clinicians*

A close-up photograph of a young girl with long, wavy brown hair. She is holding a large, white, fluffy teddy bear. Her face is partially visible, looking towards the camera with a gentle expression. She is wearing a purple garment. The background is softly blurred, showing a wooden bedpost.

**Vanessa Houdek, Psy.D.  
Jennifer Gibson, Psy.D.**

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# TREATING SEXUAL ABUSE AND TRAUMA WITH CHILDREN, ADOLESCENTS, AND YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES

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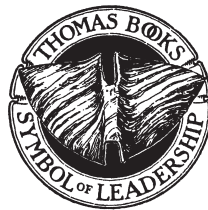
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## PREFACE

The Childhood Trauma Treatment Program (CTTP) has provided clinical services to child and adolescent survivors of sexual abuse and maltreatment since 1979 through Advocate Family Care Network (AFCN), a division of Advocate Health Care. Our mission is to assess and provide therapy and counseling for children, adolescents, and families that have experienced sexual abuse, maltreatment, psychological trauma, and sexual behavior problems, to teach clinicians to provide these services, and to prevent child sexual abuse through special workshops for adults. As a nonprofit agency treating trauma in the community for over 35 years, we became aware of a significant lack of knowledge, resources, and services for one of the most vulnerable populations: children, adolescents, and young adults with developmental disabilities who experienced sexual abuse.

CTTP provides three main functions in our community. First, we provide counseling and assessment services for children, adolescents, and families who experienced sexual abuse. Second, we provide training for adults in the community on ways to prevent and respond appropriately to child sexual abuse. Third, we train doctoral clinical psychology graduate students in the final year of their doctoral training in ways to assess and treat childhood trauma and abuse within a clinical setting to promote best practice skills in the field. While there are a number of prevention and intervention programs which exist to address sexual abuse in children, few to none address specialty considerations for people with developmental disabilities. As experienced providers in treating trauma and with the knowledge that individuals with developmental disabilities are at greater risk for experiencing sexual abuse but have limited treatment options, CTTP was compelled to create a user-friendly treatment manual for clinical professionals so that they may feel better equipped to treat children, adolescents, and young adults with developmental disabilities who experienced sexual abuse. Additionally, this clinical workbook provides information related to more general trauma treatment as well as prevention of sexual abuse in this vulnerable population. Currently, there are very limited trauma treatment resources for these individuals. We hope our efforts increase and enhance this extremely important and under-researched area and assist others as we continue our mission together to treat and prevent child sexual abuse in our communities.



## INTRODUCTION

If you are reading this workbook, you are likely looking for guidance or finding a lack of knowledge, resources, and skills within the community to best approach sexual abuse and trauma treatment with children, adolescents, and young adults with developmental disabilities. Our ultimate goal with the creation of this workbook is to promote a standard in the field for clinicians to increase confidence, competence, and effectiveness in addressing child sexual abuse and trauma treatment with children, adolescents, and young adults with developmental disabilities. The treatment model presented in this workbook may be easily referred to as Trauma Treatment for Children, Adolescents, and Young Adults with Developmental Disabilities (TT-CAYDD).

We hope that this workbook is used as a guide for masters and doctoral-level clinicians who are either licensed or are in-training and under the supervision of a licensed mental health professional. The workbook is divided into two parts: the first part is focused on research and education regarding trauma treatment, developmental disabilities, and our module for treatment within this population while the second part of the workbook presents examples of interventions, worksheets, and therapeutic activities for use with clients. The second part is meant as a supplement to part one and is not an exhaustive list of interventions, worksheets, or therapeutic activities that can be utilized to achieve similar goals in treatment. This workbook can be used flexibly with clients as modules within the treatment can be utilized in varying orders or omitted as appropriate. For example, the module on sexual behavior problems will not apply to all children, adolescents, and young adults seeking trauma treatment. We do suggest that psychoeducation modules occur within the beginning of treatment, coping skills within the middle phase, and trauma narratives toward the end of treatment.

Throughout this manual we utilize the term “survivor” to denote any individual who experienced sexual abuse rather than the term “victim.” Our hope is that individuals will feel empowered by this term; however, we acknowledge that surviving sexual abuse is not synonymous with healing from sexual abuse. Many individuals have engaged in long-term counseling services or other healing practices and have not only survived abuse but are now thriving. It is our hope that all survivors thrive.

We utilize the term “developmental disability” through this manual. A variety of disorders and conditions apply to this category. Disorders such as Cerebral Palsy, Down Syndrome, Autistic Spectrum Disorders, Attention Deficit/Hyperactivity Disorder (ADHD), Nonverbal Learning Disorder, and



Fetal Alcohol Syndrome or Effects are reviewed in this manual. Additionally motor, communication, sensory, and feeding problems are briefly discussed. It is important to note that developmental disorders each lie on a wide spectrum of functioning level and severity and by no means, are the disorders discussed in this manual representative of all developmental disabilities. This manual is not intended to provide detailed information on all developmental disabilities but rather provide a general overview of more common developmental disorders to increase understanding of assessment and treatment interventions discussed. It is intended for use with individuals with a moderate to high functioning level. Clinicians must consider the functioning and developmental level of each individual and the appropriateness of interventions.

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**Part I**

**CLINICAL CHAPTERS FOR CLINICIANS**





## Chapter 1

### SEXUAL ABUSE (SA) AND TRAUMA

Sexual abuse can have devastating effects on an individual. Painful and challenging internalizing and externalizing behaviors can result from abusive experiences. Internalizing issues are defined as psychological problems that cannot be more easily seen by others such as depression, suicidality, anxiety disorders, posttraumatic stress disorder, guilt and shame. Externalizing behaviors are defined as behaviors that are more easily observed by others which include aggression, behavioral disorders, substance abuse or dependence, and sexual risk taking. Some consequences of sexual abuse can be defined as both internalizing and externalizing, such as eating disorders and nonsuicidal self-injury since the emotional distress is unseen to others yet the physical symptoms (e.g., low body weight, scarring) can be apparent. Relationships can suffer as survivors may struggle with trust, intimacy, and sexual relations. Additionally, survivors may suffer from negative health outcomes because of abuse, which can include chronic pain syndrome, fibromyalgia, and somatic complaints. These are only a few examples of how a person's physical health may deteriorate because of sexual abuse. Sexual abuse among people with developmental disabilities is not well-researched; however, the research that is available indicates that individuals within this population experience similar effects to children and adolescents within the general population. Clinicians must consider the individual's level of functioning to determine appropriateness of each intervention.

#### Defining Sexual Abuse

Defining what constitutes sexual abuse is not an easy task and there is continued debate among professionals. Individuals in a variety of fields, such as medical, psychology, anthropology, and sociology, have produced various definitions of abuse (Haugaard, 2000). One issue is the age-range the term "childhood" covers, which may include anyone under 18, 17, or 16 years old depending on the study and/or researcher (Haugaard, 2000). This age range may expand to older ages when

working with individuals within the developmentally disabled population due to various impairments which may limit the ability for a young adult with a developmental disability to consent to sexual activity. The World Health Organization uses the term “sexual violence,” which is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work” (World Health Organization. (WHO), 2002, p. 149). Although there is debate among the field in regards to what constitutes sexual abuse, understanding the prevalence, risk factors, consequences, and protective factors regarding sexual abuse is extremely important to help survivors heal and prevent future abuse.

### **Prevalence of Sexual Abuse**

Since there is debate among what constitutes sexual abuse, rates of occurrence are likely lower than actual rates of abuse. In addition, many abuse cases go unreported due to the survivor feeling ashamed or fearful of telling, especially if the perpetrator is a family member or trusted adult. Individuals with developmental disabilities may struggle to communicate abusive experiences to trusted adults or authorities due to communication or cognitive difficulties. Research has shown that 1 in 10 children are sexually abused before 18-years-old (Townsend & Rheingold, 2013). The researcher Sobsey (1996) reported that individuals with disabilities are at a much greater risk, over four times as likely, to be victims of crime than individuals without disabilities. Sullivan and Knutson (1998) further found that children with communication disorders were more likely to be physically and sexually abused. Sexual abuse is unfortunately not a rare experience. Sexual violence occurs at high rates all over the world, including in the United States. With such high prevalence rates, understanding risk and protective factors as well as the consequences of abuse is paramount to helping abuse survivors heal and protecting potential abuse victims.

### **Common Risk Factors**

There are a multitude of common risk factors for sexual abuse within the general population; however, children and adolescents with developmental disabilities are at increased risk for a variety of reasons (Ryan, 1994). According to the National Child Traumatic Stress Network (2004), the federal definition of a developmental disability is “a severe, chronic disability that is attributable to a mental or physical impairment or combination of both, occurs prior to 22 years of age,