

Chapter 9 : Substance Abuse

- Self- medication – use of prescription medications may not be affordable if not covered by ODSP and/or there may be a belief that non-prescription medication is more effective.
- They have misinformation about the side effects of non-prescription drugs compared with the better known negative side-effects of their prescription medication.
- Abuse of prescription medication can be a result of a lack of understanding of or the ability to follow the prescriber's instructions.
- People who have a dual diagnosis often have limited vocational skills, restricted ability to engage in different activities and a reduced exposure to the world. This can lead to ignorance of or lack of information about the risky behaviour including the use of drugs and alcohol.
- Services and supports for people who have intellectual disabilities and dual diagnosis who have drug or alcohol dependencies are often insufficient, unavailable or inaccessible.

Nonetheless, a referral to a substance abuse program is the most appropriate step to address the needs of a person who has an intellectual disability/dual diagnosis and substance abuse problem.

Chapter 10 : Sex Offenders

A sex offender can be defined as a person who has engaged in sexual behaviour that would constitute a criminal sexual offence regardless of whether it resulted in criminal prosecution.¹

A nationwide study in the United States in 1997 found that the most common sexual offences committed by people with intellectual disabilities/dual diagnosis are:

- Inappropriate sexual behaviour in public – 62.2%
- Sexual behaviours and stimulation that inappropriately involved others – 42.6%
- Sexual activity involving minors – 42.6%
- Assaultive/non-consensual sexual activity not involving minors 34.5%²

When considering people who have intellectual disabilities/dual diagnosis, research indicates that inappropriate sexual behaviour often stems from:

- Not having enough opportunities for appropriate sexual expression
- Ignorance of what is considered appropriate
- Inadequate social education
- Poorly developed or absent self-control
- Lack of information about or opportunities for sexual expression and intimacy
- Lack of social skills and training on appropriate/safe sexual behaviour and building relationships
- History of sexual or physical abuse
- Exposure to violence and/or pornography
- Socioeconomic factors
- Pervasive use of restriction in daily life
- Limited or no available sexual partners
- Difficulty predicting consequences of behaviour
- Difficulty recognizing and expressing emotions³

¹ McGrath, R.J., Livingston, J., & Falk, G. (2007). Community management of sex offenders with intellectual disabilities: characteristics, services and outcomes of a statewide program. *Intellectual and Developmental Disabilities*, 45 (6): 391-398.

² Ward, K.M., Trigler, J.S., & Pfeiffer, K.T. (2001). Community services, issues, and service gaps for individuals with developmental disabilities who exhibit inappropriate sexual behaviors. *Mental Retardation*, 39 (1): 11-19.

³ Maguth, C., Nezu, A.M., Dudek, J.A. (1998). A cognitive behavioral model of assessment and treatment for intellectually disabled sexual offenders. *Cognitive and Behavioral Practice*, 5 (1): 25-64.

Chapter 11 : The Impact of Trauma

People who have intellectual disabilities/dual diagnosis have been subject to higher rates of sexual abuse, physical abuse, emotional abuse, and neglect in childhood and adulthood than the general population.¹

The risk of sexual abuse of persons with disabilities "appears to be at least 150% of that of individuals of the same sex and similar age without disabilities". It is estimated that only 20% of sexual abuse cases involving disabled people are ever reported to the police, community service agencies, or other authorities.²

Among adults who are developmentally disabled, as many as 83% of the females and 32% of the males are the victims of sexual assault.³

The rate of sexual abuse for girls with disabilities is four times that of the national average.⁴

83% of women with disabilities will be sexually assaulted during their lifetime.⁵

When a person who has an intellectual disability experiences a traumatic event, they may have fewer internal and external resources to be able to process what has happened and to move forward. Support must be accessed to assist the person understand what has happened to them.

This will help to minimize the traumatic effect and the likelihood that PTSD will develop.⁶

"Front-line workers and service providers must also help these individuals, and their families and caretakers, to understand that seemingly unrelated mental health problems are often actually responses to — and attempts to cope with — the psychological and physiological disruptions caused by abuse-related trauma."

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¹ Furey, E.M., & Niesen, J.J. (1994). *Sexual abuse of adults with mental retardation by other consumers. Sexuality and Disability*, 12 (4): 285-295.

² Disabled Women's Network Ontario. (2006). DAWN Ontario. Retrieved from <http://dawn.thot.net/fact.html>

³ Johnson, I., Sigler, R. (2000). Forced Sexual Intercourse Among Intimates. *Journal of Interpersonal Violence*, 15 (1).

⁴ Razack, S. (1994). Consent to responsibility, from pity to respect: subtexts in cases of sexual violence involving girls and women with developmental disabilities. *Law and Social Inquiry*, 19.

⁵ Stimpson, L., & Best, M.(1991). *Courage Above All: Sexual Assault Against Women with Disabilities*. Toronto, ON: Disabled Women's Network Canada.

⁶ Doyle, C. and Mitchell, D. (2003). Post-traumatic stress disorder and people with learning disabilities. *Journal of Learning Disabilities*, 7 (1): 23-33.

Chapter 11 : The Impact of Trauma

Some of the signs of abuse-related trauma are:

- anxiety
- sleeplessness
- depression
- eating disorders
- self-harming behaviour
- agitation

Working with People with ID in the Criminal Justice System

It is important for corrections officers to recognize the behaviours and signs that a person with ID/DD may have experienced trauma and how it may affect their interactions. If you recognize or suspect that a person with ID is experiencing symptoms of trauma, advise a social worker or medical professional within the facility to assist the person.

The likelihood of a person who has ID experiencing a traumatic event within a corrections environment is higher than the general population due to their specific vulnerabilities to abuse, exploitation, manipulation, misunderstanding of what is expected of them, and inability to benefit from most existing treatment programs within correctional facilities.