Understanding the Risk of Sexual Abuse for Adults with Intellectual and Developmental Disabilities from an Ecological Framework

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Abstract

Current research on sexual violence perpetrated against individuals with Intellectual and Developmental Disabilities (IDD) focuses on rates of victimization and individual risk factors. This research suggests that individuals with IDD are at a greater risk for sexual violence compared with the general public. At this time, there is no comprehensive theoretical framework to explain sexual abuse risk factors for individuals with IDD. This article describes such a framework by examining how an ecological perspective can be used to understand why individuals with IDD are at increased risk as well as provide a roadmap for how to prevent sexual abuse. An ecological framework, first introduced by Bronfenbrenner in 1979, examines individuals at multiple contextual levels. Current research on sexual violence and adults with IDD is reviewed through an ecological lens. We argue that an ecological approach is necessary for examining the nature of sexual violence and IDD, understanding why individuals with IDD are at a greater risk for sexual violence, and providing insight into how to prevent sexual violence.

Key Words: intellectual disability, sexual abuse, prevention, policy, practice

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Within the field of Intellectual and Developmental Disability (IDD), there is wide consensuses that sexual violence is a serious issue that must be addressed. However, in practice, sexual violence perpetrated against individuals with IDD is often tolerated or ignored. The World Health Organization (2012) defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion." This definition includes such acts as rape or attempted rate (perpetrated by a stranger, acquaintance, or romantic partner), sexual harassment, forced cohabitation, and forced or coerced sexual contact. To understand the boundaries of sexual violence for individuals with IDD, there are two unique additional factors to consider. First, sexual conduct of any type between an individual receiving services and a helping professional, such as a doctor, therapist, or direct care worker is generally considered to be sexual abuse (Schneider & Irons, 1996). Second, the ability to give consent is an important factor when considering sexual violence and individuals with IDD. There is no standard agreement on the criterion for the ability to give consent, however, basic sexual knowledge, an understanding of the consequences of sexual relations, norms of sexual behavior, the ability to recognize abusive situations, and the ability to dissent are important considerations (Murphy & O'Callaghan, 2004). Thus, in addition to forced and coerced sexual acts, individuals with IDD may also be sexually victimized during participation in sexual activities if there were impairments to their ability to fully consent.

It is difficult to calculate the prevalence of sexual assault in the developmental disability community. In 2017, Byrne conducted a systematic review of 29 articles that addressed the prevalence of sexual abuse. He found prevalence rates to vary widely ranging from 14% - 32% for children and 7% to 34% for adults. In 2011, Plummer and Findley conducted a systematic review examining rates of sexual violence and found that women with disabilities experience abuse at similar or increased rates of victimization to women without disabilities; however, there is a reason to believe that rates of abuse may be even higher than those estimates. In January of 2018, Shapiro, a reporter for National Public Radio (NPR), released a series of news articles that were the result of his year-long investigation into the sexual assault of individuals with IDD. NPR (2018) released unpublished data from the United States Justice Department showing that people with IDD were more than seven times more likely to experience sexual assault than people without disabilities; women with disabilities were 12 times as likely.

Despite the severity of the problem, at this time there is not a systematic framework for understanding why individuals with IDD are at a greater risk for sexual victimization, and what is needed to prevent sexual abuse. Given the size and complexity of the challenge, the scope of action must be broad and sweeping (Fyson & Kitson, 2010). To describe such a framework, this article examines how Bronfenbrenner's Ecological Systems Theory (1979, 2005) can be used to understand the increased risks faced by individuals with IDD from a comprehensive perspective as well as a roadmap for how to address these vulnerabilities. First, we define ecological systems

theory, then we review the literature on sexual abuse and individuals with IDD that applies to each level of the ecological theory. The goal in doing so is to provide an integrative perspective that has been alluded to, but not clearly articulated in the discourse.

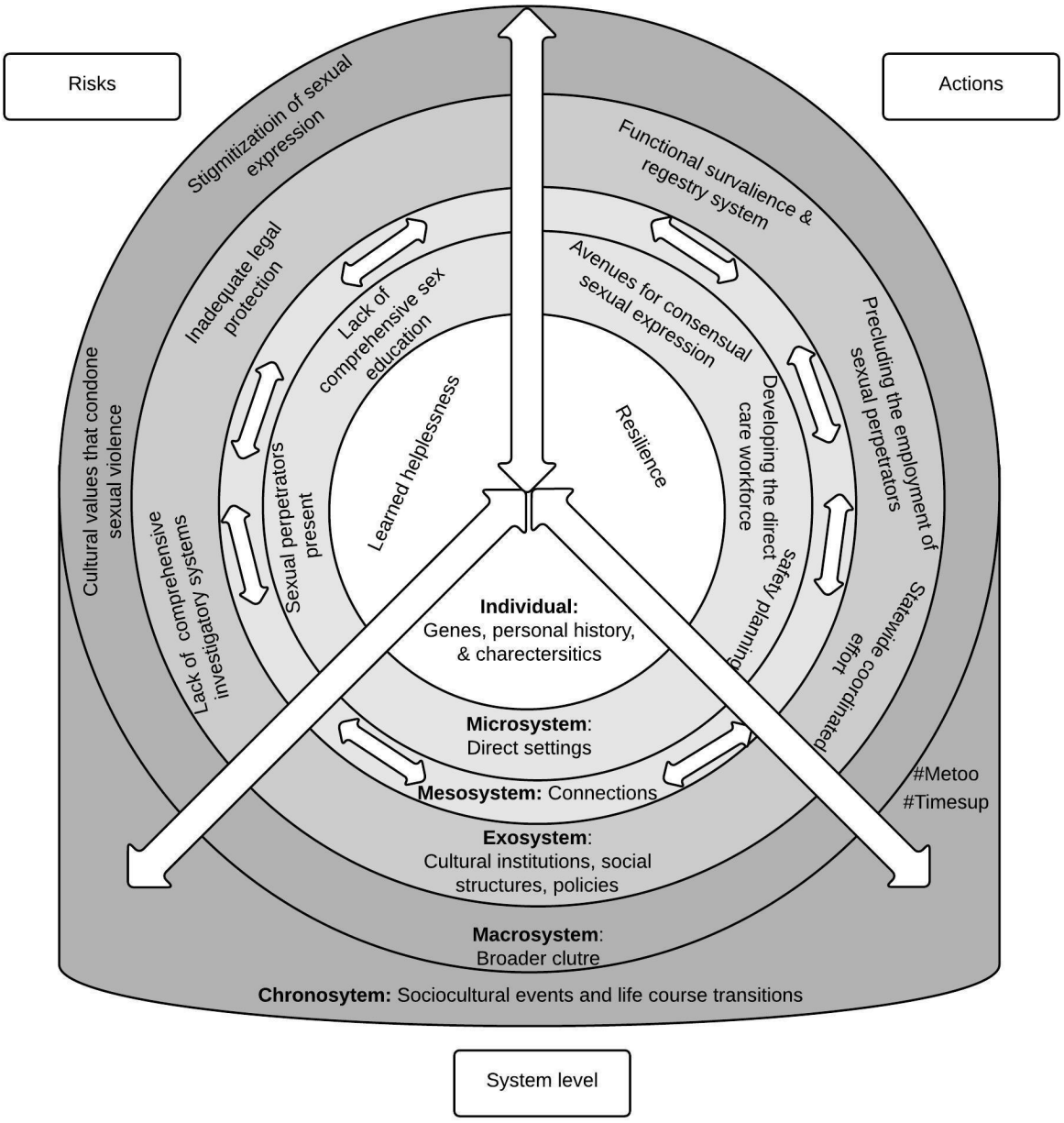
Ecological Systems Theory and Sexual Exploitation Among Individuals with IDD

The Ecological Systems Theory (Bronfenbrenner, 1979, 2005) was created to understand the development of an individual within the context of the multiple systems that make up their environment. Within this theory, there exist five distinct system levels. Each of these system levels influence, interact and shape one another. The *chronosystem* consists of transitions throughout the life course and sociohistorical events. The *macrosystem* is the culture in which individuals live. The *exosystem* consists of cultural institutions, policies, and social structures. The *microsystem* consists of the immediate settings in which individuals live (e.g., home, work, school) and the *mesosystem* consists of interactions between the microsystems. The *individual* level consists of factors such as identity, health, personal history, and gender. Ecological systems theory can help to further the understanding of the sexual victimization of individuals with IDD by examining factors between and within each system level. It can also elucidate understandings of what resources exist within each ecological system that may prevent abuse. Within this framework, vulnerabilities at one level of the system may be addressed by changes at another level. Each of these levels will be discussed in more detail by (A) identifying critical vulnerabilities and risk factors at each level of the ecological system as it pertains to sexual assault for adults with IDD, and (B) proposing areas for partnership between individuals with IDD, families, and service providers to disrupt the systemic pattern of violence and address vulnerabilities. See Figure 1 for a summary of the risk factors and steps to address vulnerability at each systemic level.

Chronosystem and Macrosystem Sexual Abuse Factors

The chronosystem consists of sociohistorical events such as the disability rights movement, the sexual liberation movement, and the deinstitutionalization of individuals with IDD. Events in the chronosystem both shape and are shaped by the broader culture in which individuals live - the macrosystem. Beginning in October 2017 with the New York Times publication by Kantor and Twohey regarding the allegations of sexual misconduct by Harvey Weinstein, there has been a cultural shift in how the country, and even the world, has been discussing sexual assault. This cultural shift is often referred to as the #MeToo or the #TimesUp movement. The terms are “hashtags” that allow for thematic conversations across social media platforms. #MeToo is an effort to raise awareness of the rates of sexual violence and harassment. #TimesUp is a call to action for ending sexual violence, sexual harassment, and gender inequality. These movements have given popular awareness to issues that have been discussed in feminist discourse for decades: that cultural values and beliefs condone and enable sexual violence, especially against women (Herman, 1984). Cultural beliefs that explicitly and implicitly condone sexual violence are one macrosystem vulnerability. Cultural beliefs that stigmatize the sexuality of individuals with IDD is another.

Figure 1. Sexual abuse risk factors and action steps for each level of the ecological system.



The sexual disenfranchisement of individuals with disabilities is well documented. Individuals with IDD have experienced a long history of sexual repression ranging from physical punishment for expressions of sexuality to being denied access to the supports needed to carry out their sex lives (Gomez, 2012). There has been a persistent denial by individuals without disabilities that those with IDD experience sexual maturity and develop sexual identities (Azzopardi-Lane & Callus, 2014). There is a complex intersection with cultural beliefs that perpetuate sexual violence and cultural beliefs that stigmatize the sexuality of individuals with IDD (Campbell, 2017). One of the mechanisms by which sexual violence is allowed to continue is through the culture of shame, secrecy, and guilt around sexual expression and sexual violence

(Aakvaag et al., 2016), and this is exacerbated for individuals with IDD. Individual-level advocacy can make a difference in *shifting cultural values*; however, changes at this level are extraordinarily complex (Pittenger, Huit, & Gansen, 2016). The current popular movement may bring an opportunity to move forward at each ecological level to promote sexual safety, especially if families and professionals can partner to include individuals with IDD to effect changes in policy and the broader social system.

Exosystem Sexual Abuse Factors

The exosystem is the larger social system that exists around the individual. Although the processes in the ecosystem do not have a direct effect, they can have a powerful impact through proximal effects (Tudge, Mokrova, Hatfield, & Karnik, 2009). For individuals with IDD, some examples of salient exosystem factors include state-wide policies that provide and regulate disability services, legal statutes regarding sexual assault, and the sexual abuse surveillance and registration systems. The state of Illinois provides a case example of how exosystem level influences have failed individuals with IDD and contributed to vulnerabilities for sexual assault. Illinois was chosen as an example due to a published report of the state-wide service system. In 2008, Equip for Equality, a state-mandated legal advocate, conducted an investigation and found that the state of Illinois did not have an effective, comprehensive investigatory system. Specifically, they found; (a) a lack of accessible information pertaining to where to report abuse due to an overly complex system of jurisdiction; (b) unregulated psychiatric day programs; (c) unregulated residential homes; (d) a lack of oversight by state agencies for licensed day programs; and (e) the ineffectiveness of state abuse registries due to errors, lack of oversight, and a lack of collaboration between state agencies. Despite knowledge of these problems, little was done to address the systemic failure of the reporting system. In 2016, an investigative report by Berens and Callahan of the Chicago Tribune found 1,311 cases of documented harm: 27% more than publically reported by the Illinois Department of Human Services. The failure to properly document harm suggested an inability to provide adequate oversight of the service system.

Broadening beyond an example from a specific state, there is a long history of the criminal justice system failing to address the sexual assault of individuals with IDD (Antaki et al., 2015). The sexual assault of individuals with IDD often goes unreported, uninvestigated, and unprosecuted, and thus perpetrators are rarely on sex offender registries. Taking the step of precluding the employment of sexual perpetrators would require, at the very least, preventing the hiring of individuals with histories of sexual abuse through a national registry of documented sexual abuse allegations and investigations. Despite common beliefs that there is a national sex offender registry, each state, territory, and Indian tribe has its own registry with unique laws dictating how sex offender information is collected, maintained, and displayed (The United States Department of Justice, n.d.). Furthermore, efforts to encourage law enforcement to investigate the sexual assaults of individuals with IDD and for prosecutors to advance those cases would not only prevent additional sexual abuse but also ensure justice for victims.

Unfortunately, changes to the criminal justice system are slow and difficult. However, there are some policies in place to offer additional protections to individuals with IDD. Because

of the high burden of proof needed for criminal sex offender registries, each state has its own system for surveilling suspected and alleged sexual abuse of employees who work with individuals with IDD. The burden of proof is much less in an administrative investigation than in a criminal case, and the investigating agency can mandate provider changes even without a substantiated finding if they identify procedures that pose undue risks (Office of the Inspector General, 2015). Unfortunately, the reporting guidelines can be extraordinarily difficult to navigate (see Disability Rights Ohio, 2015, and Equip for Equality, 2008, for examples). Additionally, these databases are not connected or searchable across all states simultaneously. Furthermore, as the investigative report by the Chicago Tribune (Berens & Callahan, 2016) indicates, there is a reason to believe there has been suppression of reports at the community and state levels. Without a functional surveillance and registry system, it is difficult to assess risk and preclude the employment of perpetrators of sexual violence. Additionally, if the reporting and investigation system is broken, it cannot function adequately in its capacity to change site-specific policies and procedures that can prevent future instances of abuse. Advocating for fixing the administrative investigation system is an actionable step for families and communities to address.

The state of Ohio provides a case example of how to develop a plan for creating institutional change to address sexual assault. This example was chosen because Ohio published a comprehensive report on their process. In 2015, Disability Rights Ohio worked with government agencies, public and private providers, victim advocates, law enforcement, families, and researchers to understand how to create a statewide coordinated effort across all of the stakeholder groups. Their plan consisted of an evaluation of factors that contributed to abuse and recommendations for improving the system; how to best support individuals with IDD who have experienced sexual assault; and gaps in the criminal justice system. In order to create institutional and policy level change, an effort would be needed of this magnitude in every state to develop the plan and move forward on the recommendations. One specific area that parents and professionals could partner to advocate for change is around issues related to reporting and registering allegations of abuse. These types of policy (exosystem) changes would have implications for the microsystems in which individuals with IDD work and live.

Microsystem and Mesosytem Sexual Abuse Risk Factors

The microsystem is the immediate settings that affect individuals with IDD such as home, work, and school. The mesosystem refers to the interactions between those systems. The fundamental microsystem level vulnerability is that there are perpetrators of sexual violence in the settings in which individuals with IDD live, recreate, and work. Individuals with IDD are more likely than others to be abused by someone they know (Park, as cited in Shapiro, 2018). NPR (2018) released unpublished data from the State of Pennsylvania of the 500 cases of suspected abuse that were reported in 2016: suspected offenders were other individuals with IDD (42%), professional service providers (14%), relatives (12%), and friends without IDD (11%). These data may under-represent the assaults committed by individuals without IDD as these individuals often use sophisticated tactics to cover up their crimes (Ward & Hudson, 2000).

Individuals with IDD may also be unwilling or unable to report offenses committed by their caregivers (McCarthy & Thompson, 1997). Furthermore, if an individual with IDD reports abuse to a family member or a support staff, that person may be reluctant to report, or confused as to how to report the allegation to the appropriate channel (Equip for Equality, 2008). Additionally, biases regarding the sexual expression of individuals with IDD may lead to consensual sexual activities being seen as deviant (Lindsay, 2002), thus over-representing the reports of suspected abuse perpetrated by individuals with IDD. There are likely different processes underlying the perpetration of sexual violence of individuals with and without IDD (Keeling & Rose, 2005) which leads to different strategies for addressing microsystem vulnerabilities. As the previous section discussed exosystem contributes to sexual abuse by perpetrators who do not have IDD, this section focuses on peer-based sexual violence.

There is not a strong body of evidence to suggest that individuals with IDD perpetrate sexual abuse at higher rates than the general population (Curtiss & Ebata, 2015); however, it is estimated that between 1% and 20% of men have committed at least one act of sexual aggression in their lifetime (Hanson & Morton-Bourgon, 2005). Individuals with IDD may perpetrate sexual violence because impairments related to their disability make it difficult to understand social signals and respond in the appropriate manner (Bowen & Swift, 2017). Additionally, because individuals with IDD are often denied access to comprehensive human sexuality education, they are left to infer rules about consent (Dukes & McGuire, 2009). Furthermore, when healthy sexual expression is highly stigmatized, such as it is for individuals with IDD, it may make the boundary between wanted and unwanted sexual contact extremely difficult to navigate (Hollomotz, 2011). Each of these risk factors can be at least somewhat mitigated by providing access to comprehensive sexuality education and avenues for consensual sexual expression; however, there also needs to be a fundamental shift in the risk assessment and management of intellectual disability services (Dixon & Robb, 2016). Both of these strategies will be discussed.

The settings in which individuals with IDD live, work, and recreate must provide avenues for physical and emotional intimacy as loneliness is itself a risk factor for both victimization (Gilmore & Cuskelly, 2014) and perpetration (Wheeler, Clare, & Holland, 2013). In-depth interviews and focus groups with family members and support workers (n = 28) recognized individuals with IDD as lonely and disempowered (Eastgate et al., 2012). Despite recognizing the right to sexual expression, few environments that individuals with IDD encounter facilitate physical and emotional intimacy and often actively discourage intimacy (Wade, 2002). Individuals with disabilities have reported having to hide their romantic relationships or risk having their relationship prevented by support staff (Healy, McGuire, Evans, & Carley, 2009). Whittle and Butler (2018) integrated findings across several qualitative studies and found that both paid and unpaid caregivers' beliefs about people with IDD inhibited or facilitated expressions of sexuality. The stigma and discrimination of individuals with IDD persists, despite both ideological shifts that affirm the sexual expression of individuals with IDD, and perceptions of support workers as being comfortable with individuals with IDD engaging in intimate and

non-intimate relationships (Evans, McGuire, Healy, & Carley, 2009). The paradox between values and behavior must be addressed in order for individuals with IDD to have avenues for sexual expression. For example, individual support plans can include strategies to facilitate the development of romantic relationships, and outline approaches for doing so. Families, community providers, and sexual abuse prevention specialists will need to partner to create policies that enable adults with IDD to have greater control over their daily lives while also managing risks (Seale, Nind, & Simmons, 2013).

When considering risks, it is important to consider both intervention and prevention. For individuals with IDD who have sexually offended, efforts must be made to intervene and prevent recidivism. The ARMIDILO-S (Boer et al., 2004) is a dynamic risk assessment tool that has been found to be useful for predicting sexual recidivism for individuals with IDD (Lofthouse et al., 2013). Keller (2016) proposes an integrative framework that relies on clinical judgment, actuarial tools, collaboration, a focus on individual factors, and strength-based intervention. This framework uses person-centered principles to advance dynamic risk assessment tools like the ARMIDILO-S to develop more robust intervention procedures.

Whereas intervention efforts focus on sex offenders with IDD, prevention efforts can reduce both opportunities for problematic sexual behavior and exposure to sexual abuse. The Disability Abuse Project and Stop it Now! Abuse Prevention Services both recommend agency-family partnerships around creating individualized safety plans. Developing an individualized safety plan requires having frank discussions and formal guidelines regarding what policies need to be in place to address the specific needs of an individual (Baladerian, 2014; Stop it Now!, n.d). For example, an individualized safety plan could include specific procedures around personal care support so that the boundaries of appropriate touch are defined. It could include having a procedure for initiating touch, such as requiring service providers to ask for permission before beginning tasks that require physical contact. A safety plan could strategize appropriate levels of supervision in various contexts to balance safety and autonomy. Safety plans also include training for parents and professionals to have a better understanding of both healthy sexual expression and sexual abuse risks among adults with IDD. This type of planning provides clear actionable steps for families and practitioners to address microsystem vulnerabilities and prevent abuse.

Providing access to comprehensive sexuality education, avenues for consensual sexual expression, and adequate risk assessment and management will require developing the direct care workforce. Dailey and colleagues (2015) conducted a national study of direct care workforce innovation and identified five guiding principles; (a) supporting educational and career development, (b) increasing wages and benefits, (c) creating workforce development partnerships, (d) using evidence-based practices to train staff and assess service fidelity, and (e) strengthening supervision. These changes did not only lead to a healthier working environment for direct support professionals, but they also led to improved clinical and rehabilitation outcomes (Daily et al., 2015). The guidelines can provide an outline for family advocacy efforts to change the system of care for adults with IDD.

Individuals with IDD are often denied access to basic human sexuality education, and this education can be a powerful self-protective tool (Barger et al., 2009). It enables individuals to understand their bodies, desires, rights, and responsibilities. Providing human sexuality education is an important area for partnership with families. The Sexuality Information and Education Council of the United States (SIECUS) affirms the role of parents as the primary source for human sexuality education (SIECUS, 2004). Unfortunately, parents often feel ill-equipped to support their children with IDD with sex education and sexuality topics (Nicholas & Blakely-Smith, 2010). Comprehensive human sexuality education is an area where practitioners and families can work together to provide consistent, accurate information. A study of practitioners found that educators perceived families as being extremely supportive of human sexuality education (Curtiss & Ebata, 2015). However, some parents may still have concerns, believing that discussions of sexuality will only lead to increased interest and participation in sexual activities (Cheng & Udry, 2003; Evans, McGuire, Healy, & Carley, 2009; Sinclair et al., 2015; Swango-Wilson, 2009). Many parents also feel they need additional resources to understand the importance and appropriateness of sex education. Among 40 parents of young adults with IDD, the majority felt they did not have sufficient education or training to teach their child about sex education topics, which often led to them avoiding the topic altogether (Isler, Beytut, Tas & Conk, 2009).

Both the Guidelines for Comprehensive Sexuality Education (SICUS, 2004) and the National Sexuality Education Standards (Future of Sex Education Initiative, 2012) provide direction regarding content to teach and appropriate learning objectives. Barger and colleagues (2009) suggest seven criteria for sexual abuse prevention programs. Programs should be comprehensive, theoretically based, intensive, tailored to the needs of the participants, focused on skill development, have sufficient follow-up, and participant ownership. There have been several curricula developed for teaching comprehensive human sexuality education to individuals with IDD such as "Teaching Sexual Health" (Alberta Health Services, n.d.), "The Birds and the Bees" (Curtiss, 2013), "Sexuality Education for People with Developmental Disabilities" (McLaughlin, Topper, & Lindert, 2009), and "YAI Relationship Series" (YAI, n.d.). There are also specific curricula for individuals with IDD that teach self-protective skills and safety planning such as "We Can Stop Abuse" (Laesch & Paceley, 2004), "ESCAPE-DD" (Hickson, Khemka, Golden, & Chatzistyli, 2015), "Living Safer Lives" (Johnson, Frawley, Hillier, & Harrison, 2002), and "S.A.F.E. Safety Awareness for Empowerment" (Hafner, 2005). Although comprehensive sexuality education is important, due to the complexity of interactions at each ecological level when it comes to the causes of sexual abuse education is unlikely to be sufficient for preventing sexual violence (Rozee & Koss, 2001). Vulnerabilities need to be addressed at each level of the system (Barger et al., 2009).

Providing sex education has its own set of barriers. There is a lack of clarity regarding whose responsibility it is to provide sex education: parents, educators, or healthcare providers (Sinclair et al., 2015). Formal sex education is typically provided in schools, however, the type and quality of sex education varies greatly from state to state and even between school districts

(National Conference of State Legislators, 2016). Furthermore, individuals with IDD are often precluded from participating in sex education when it is provided (Stein, Kohut, & Dillenburger, 2017). One reason for this discrepancy is biases stigmatizing the sexual expression of individuals with IDD coupled with a fear that teaching individuals with IDD about sex will encourage sexual exploration (Walker-Hirsch, 2007). Another reason individuals with IDD do not receive adequate sex education is that special education teachers may have received very little training on human sexuality and may not feel qualified to provide instruction (Howard-Barr, Rienzo, Pigg, & James, 2005). An in-depth interview study with adult service providers (n = 5) and special education high school teachers (n = 5) found that the adult service providers felt more comfortable than the teachers in the role of a sex education instructor (Wilkenfeld & Ballan, 2011). Another reason individuals with IDD may not be provided with sex education is that special educators and practitioners may have difficulty obtaining appropriate resources (Travers, Whitby, Tincani, & Boutot, 2014). For example, most sex education curricula rely on verbally mediated teaching procedures which may be ineffective for individuals with severe and profound intellectual disabilities (Doughty & Kane, 2010). Despite these challenges, providing comprehensive sex education for individuals with IDD is possible. Sinclair and colleagues (2017) provide guidelines for implementing sex education which includes collaborating with school boards, district personnel, school administrators, families, teachers, and students. Understanding the experiences of sexuality from the perspective of individuals with IDD is critical to creating accessible and appropriate sexual health education and service (Bernert, 2011). There is a strong need for research that listens to the voices and experiences of self-advocates with IDD, to ensure adaptations to sexuality education are most impactful for this population (English, Tickle & dasNair, 2018; Whittle & Butler, 2018).

Individual Sexual Abuse Risk Factors

The individual level of the ecological system refers to genetic, personal history, and personal characteristics. There are several established immutable individual-level risk factors for sexual assault: childhood victimization, drug and alcohol use, parent's marital abuse, depression, young age at first sexual experience, and being a person of color (Brooks-Russell et al. 2013; Cloutier et al., 2002; East & Hokoda, 2015; Makin-Byrd et al. 2013; Ullman & Vasquez, 2015). For individuals with IDD, there may be other factors associated with their disability that may increase their risk (Sinclair et al., 2015). Additionally, there are preventable individual characteristics that may increase an individual's susceptibility to abuse such as learned helplessness. Although the presence of any of these individual factors may increase the risk of sexual abuse, in and of themselves they do not explain why individuals are sexually abused as none of these factors cause sexual assault (Barger, Wacker, Macy, & Parish, 2009). Risks introduced at each level of the ecological system create an environment that perpetuates systemic violence. Furthermore, individuals with IDD often have personal characteristics that they draw upon for resilience such as self-advocacy skills and determination.

Conclusion

Applying the Ecological Systems Theory (Bronfenbrenner, 1979, 2005) to issues of sexual abuse and exploitation for individuals with IDD allows us to recognize the complexity of the multiple systems and how these systems create layers of risk that must be addressed in order to prevent sexual abuse. This has many practical and applied uses. Using this model, we can see how specific practices in one area of an individual's life can have an impact on practices within other areas. For example, changing practices to raise awareness of abuse within the general population at the Macrosystem level has already had impacts on how individualized safety plans are created for individuals at the Microsystem level. This model can also be used to help recognize the policy changes that would be most effective. For example, changing policies to eliminate the existing barriers to comprehensive sex education would help individuals develop knowledge and language around sexuality that would help with eliminating barriers to disclosure.

At each ecological level, there are vulnerabilities to the system that perpetuate an epidemic of sexual violence; however, there are also opportunities to address these risks and improve the lives of individuals with IDD. At the individual level, comprehensive human sexuality education can give individuals the information they need to understand their bodies, desires, rights, and responsibilities. Microsystems can be made safer by ensuring avenues for consensual sexual expression, establishing risk assessment and management procedures, developing individualized safety plans, and professionalizing the direct care workforce. Exosystem level initiatives such as a coordinated statewide effort to address sexual assault can facilitate lasting and meaningful changes. Additionally, creating a functional surveillance and registry system can preclude the employment of sexual perpetrators. Macrosystem shifts that reflect a movement to end sexual violence can give weight and urgency to these issues. Partnerships between individuals with IDD, their families, and communities are necessary at each ecological level to prevent sexual violence.

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