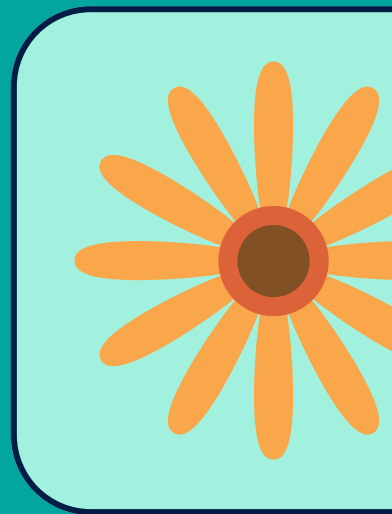


Sexual Abuse and Learning Disability

A guide written *by and for* family, carers and support staff



Purpose of this guide

This guide has been written and created by a survivor with learning disabilities and their parent, both of whom experienced firsthand how difficult it can be to find clear, accessible, and relevant information. With support from Survivors' Network, this guide was developed to support families, carers, and professionals navigating the complex and often overwhelming realities of sexual abuse and learning disability.

That lived experience sits at the heart of this guide. It reflects the importance of creating resources that are shaped by and for the people who need them most. Speaking for all who have and will find this guide useful, we are incredibly grateful to them for their insight, care, and contributions in helping to bring this resource together.

Our aim is for this guide to offer comfort, clarity, and practical support. Whether you are a parent, carer, or professional, we hope it helps you feel more informed, more confident, and less alone in supporting someone affected by sexual abuse.

Table of Contents

01	Introduction	04
	Vulnerability to abuse	06
	How to make people safer	07
02	Abuse & Learning Difficulties	10
	What is abuse?	11
	Learning difficulties and abuse	12
03	What the law says	13
	Legal framework and criteria	14
	Legislation	15
04	How Does it happen?	16
	Who abuses people with learning disabilities?	17
	Abuse by someone with a learning disability	17
	Who is abused?	18
	Where and when does it happen?	18

05	Disclosures	19
	Finding Out: Discovering that someone has been sexually abused.	20
	Recognising signs of sexual abuse	21
	Pregnancy or Sexually Transmitted Infections.	22
	Barriers to disclosure	24
	When someone discloses abuse, how to support, Do's & Don'ts	27
06	What Happens Next	32
	Recent and historic abuse	33
	Reporting & the criminal justice process	34
07	The impact of Sexual Abuse	38
	Trauma: responses and triggers	39
	Supporting and understanding: Flashbacks, Panic attacks, Dissociation and Self-harm	44
08	Ongoing Support	47
	Getting Ongoing Support for the Survivor	48
	Getting Support For Yourself	49
09	Sources of Information and other support	50
	Useful Links	51
	Useful Resources	52
	Acknowledgements	53



01

Introduction

Introduction

Abuse is wrong and anyone who experiences it should get appropriate support. This guide covers how to help adults with learning disabilities deal with sexual abuse and its consequences. It provides basic information for families and care staff about what to do when they suspect or know that someone has been abused, or when someone discloses abuse. It also explains what might happen after abuse is reported, and the support and assistance that might be available.

Most of the information is equally valid for informal or family carers, and for paid carers. However, there are some significant differences about what care staff must do when they identify abuse. It is essential that support staff know their own organisation's policies and procedures on abuse. This information is not a substitute for these.

Some situations involving adults with learning disabilities can raise complex and difficult questions about capacity. These pages attempt to distinguish abuse from consenting sexual behaviour.

There is a separate easy read guide for adults with learning disabilities which can be read alongside. [link](#)

Vulnerability to Abuse

People with learning disabilities have the same rights to consenting and loving relationships as anyone else. They have the right to be treated with respect and dignity and to feel safe. They have the right to make choices and to have information that helps them to do this.

However, adults with learning disabilities can be more vulnerable to abuse than others for lots of different reasons.

If people have lived or are currently living in an institutional setting like a hospital or residential home, then they may have learned to comply with the wishes of others, and to follow instructions. This can make it easier for others to bribe, force or manipulate them.

People may not know or understand their rights – especially the right to say 'NO'. They may never have received good education about relationships, sex, and sexual boundaries. Often people with a learning disability want to please others and may have poor social skills. They may not recognise that abuse is happening.

Communication skills may be poor and some people may lack the words or ability to tell others what is happening. If someone is unable to communicate effectively then any other indications of abuse, such as changes in behaviour, might be misunderstood and regarded simply as part of their disability.

Some people may have hidden disabilities and their comprehension of social and verbal cues may be much lower than would appear. Some may have good verbal skills, but their understanding may not be so good, making them more vulnerable.

Many people with a learning disability have relied on others for all of their lives. They may feel dependent and powerless. Their disabilities or lack of knowledge may prevent them from defending themselves or stopping something from happening.

People sometimes need support that is of a personal or intimate nature and this can reduce awareness of their right to privacy. Many people with learning disabilities have always needed high levels of help with bathing or going to the toilet and this has continued well past childhood. In other circumstances, children begin to set boundaries about who can see them naked but often this has not happened for adults with learning disabilities.

Sometimes people receive intimate care on a one-to-one basis. Staff ratios in care and support services can mean that close supervision is often not possible.

Sometimes the procedures for reporting ill-treatment or abuse are unclear. Even if staff or others have suspicions, they may be reluctant to report abuse or not sure who to tell.

All of these things can make adults with learning disabilities more vulnerable to abuse.

How to make people safer

When someone has been abused – or there are fears and worries about it happening- then a natural reaction can be to increase support in an effort to protect the person.

For example, there might be fears about allowing that person to be alone. Whilst this is an understandable response, it is important that people's rights are respected. Individuals should not have their own liberty restricted or feel punished for something that was done to them without their consent.

One of the key ways to prevent abuse is to make sure that children, young people and adults with learning disabilities know about appropriate behaviours, and are encouraged to talk about their experiences. If they are taught that they will be listened to and their views respected, this will build awareness and confidence. If someone has communication difficulties, then it will be important to use methods, aids and language that most suits [suit] that person. Parents and care staff should already know the person's communication needs but may want to obtain relevant accessible resources that can help increase the person's awareness or spark a conversation or other communication.

Dave Hingsburger, a Canadian therapist who worked with people with learning disabilities, suggested the following ways to protect adults from abuse:



Opportunities for healthy sexuality

People who do not feel loved or loveable are more easily exploited. Make sure people have the chance to build healthy and loving friendships and relationships, and to feel valued by others.

Sex Education

People need to know the names of body parts and their uses, and that sex is supposed to be for pleasure. They need to know about loving relationships, and what consent means.



Knowing what privacy means

People need to understand that their body belongs to them and that no-one should touch it without permission. All parts of the body should be regarded as private – not just some parts. This includes not hugging or cuddling someone inappropriately. Privacy can be demonstrated by treating people with respect, asking permission, and not talking about peoples' private information in a public space.

Being able to say 'NO'

Many people with learning disabilities are not used to having any choice. If they do attempt to make a choice, others often disregard what they say. Set up safe situations where the person has the choice to say 'NO'. Do not falsely offer a choice if there is no choice – otherwise the person learns that saying 'NO' makes no difference.



Having someone who listens

People will not learn to speak up if no-one takes the time to listen to them or others disregard what they have to say.

Understanding personal rights.

People need to know what their rights are and how to complain. Anyone working with people with learning disabilities also needs to understand what rights everyone has, for example, the right to be free from harm, the right to privacy, as well as data protection rights. Joint training for both support workers and people with learning disabilities can be helpful.



Self-confidence and belief

People need to believe that they matter and that they have value. This will help them to resist being abused and to speak up when it happens.

It is not always possible to prevent abuse from happening. However, if people with learning disabilities are confident, are aware of their rights and appropriate boundaries, are practised at saying 'NO' and are encouraged by caregivers not to keep secrets, they are less likely to become victims of abuse.

Supporting Resources

<https://www.choicesupport.org.uk/about-us/what-we-do/supported-loving>.

https://www.sarsas.org.uk/wp-content/uploads/2024/12/What-is-sexual-consent-easy-read_NEWv1.pdf

02

Abuse and Learning Disabilities





What is abuse?

Abuse or assault can happen to anyone of any age or ability and much of the advice is common to all groups. It can happen to people of any gender or ethnic background.

'...(it) may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded into a financial or sexual transaction to which he or she has not consented or cannot consent'

(Department of Health 2000)

People with learning disabilities can experience sexual abuse just like anyone else. The true extent of sexual abuse among people with learning disabilities is hard to know, but research published between 2000 and 2020 all shows increased prevalence compared to the general population, and the UK shows one of the highest rates at 34%*

Globally 90% of people with learning disabilities have been sexually abused. (Office of the High Commissioner for Human Rights 2017). Sexual abuse is taken to include any activity to which an individual does not or cannot consent.

Sexual abuse can take a variety of forms. For example, it includes but is not limited to:

- ✱ Rape
- ✱ Penetration
- ✱ Touching
- ✱ Deliberate exposure of genitals
- ✱ Harassment or sexual innuendo
- ✱ Forcing someone to look at pornography
- ✱ Getting sexual gratification from watching someone receive personal care such as washing or using the toilet
- ✱ Making someone watch sexual content online
- ✱ Taking indecent photos; sharing them
- ✱ Grooming to enable sexual abuse either online or offline

Some activity is also abusive because of the relationship between those involved. It is against the law to engage in sexual relationships with close relatives, and with children. It is a crime for care staff to have a sexual relationship with someone with a learning disability whom they care for.

Most professional bodies prohibit a sexual relationship between certain people even if it is consensual. For example, it is not appropriate for doctors to have sexual relationships with their patients.

03

What the law says





The Sexual Offences Act 2003 defines different kinds of sexual offences including rape and sexual assault explains what consent means and provides extra protection for people with learning disabilities. These provisions only apply to England and Wales. Scotland has its own laws.

Consent means a person agrees by choice and has the freedom and capacity to make that choice. Someone cannot give consent if they;

- ✱ Do not understand what is happening
- ✱ Feel pressured, frightened or manipulated
- ✱ Are under the influence of drugs or alcohol and unable to make a clear decision
- ✱ Lack the mental capacity to understand the nature of the sexual act.

N.B. An absence of apparent resistance is not an indication of consent.
Specific offences involving people with learning disabilities: Sexual Offences Act 2003

The law recognises that some people with learning disabilities may not be able consent to sexual activity because they lack capacity.

It is a crime to engage in sexual activity with someone with a learning disability who cannot give valid consent (sections 30-33)

It is a crime for someone in a position of trust (such as a carer, or support worker) to engage in sexual activity with an adult with a learning disability, even if that adult appears to give consent (sections 38-41) [the definitions relating to adults are much narrower than they are in the case of a position of trust over a child. They do not include educational establishments, only residential care, NHS care and a “catch all” where people provide services related to the disability e.g. complementary therapies]

These offences carry serious penalties, including imprisonment.



Capacity and the Mental Capacity Act 2005

Under the Mental Capacity Act 2005, a person should be presumed to have capacity unless it is established that they do not.

A person may have capacity to consent to sexual relations if they can understand:

- **What sex is**
- **That they can say yes or no and communicate their decision**
- **That sexual activity can result in pregnancy, where relevant**
- **That sexual activity can involve health risks, including sexually transmitted infections (STIs)**
- **That STI risks can be reduced through precautions, such as using condoms**
- **That the other person must also consent and continue to consent throughout the sexual activity**

A person should not be assumed to lack capacity simply because they make a decision that someone else considers unwise.

If there are concerns about whether someone can understand these key aspects of sexual activity, a capacity assessment may be required.



The Care Act 2014

Local authorities have a legal duty to safeguard adults at risk of abuse or neglect.

'Adults at risk' includes people with learning disabilities who need support and may be unable to protect themselves.

Councils must investigate concerns and coordinate protection with police, health services and care providers.

04

How does it happen?



Who abuses people with learning disabilities?

Anyone can be a potential abuser. This can include, but is not limited to:

- Family members
- Care staff
- Partners and friends
- People in their social networks
- People visiting the service that they use
- Other people with learning disabilities

Abuse by strangers is relatively rare. People almost always know their abuser. There is no definitive research that indicates who is currently most likely to abuse someone with a learning disability.

Abuse by someone with a learning disability

Sometimes the abuser is another person with a learning disability. If both the abuser and the victim have learning disabilities then the situation may need even more sensitive handling to clarify what has happened, deal with it and prevent it happening again. In the past abuse that occurred between adults with learning disabilities was sometimes ignored and not taken seriously. It is essential that this does not happen. Everyone involved needs appropriate intervention and support.

Who is abused?

Most victims are women, but people of any gender or sexual orientation are vulnerable to sexual abuse.

People with learning disabilities have a higher risk of being victims of sexual abuse but are less likely to report it or speak out.*

Where and when does it happen?

People are most likely to be abused in the place where they live.

Sadly, for many people with learning disabilities abuse can be a regular occurrence and can continue undetected for years. So, it is vital to give people the confidence and tools to speak out and to have trusted adults they can tell, and for caregivers to be attuned to the signs of abuse.

Do not think 'It can't happen here'. Abuse can happen anywhere.

*(Int J Environ Res Public Health. 2021 Feb18;18(4):1980 Yomsa, Gutu, Cojocar, Gutierrez-Bermejo, Flores, Jenaro. Prevalence of Sexual Abuse in Adults with Intellectual Disability: Systematic Review and Meta-Analysis.)

05

Disclosures



Finding Out: Discovering that someone has been sexually abused.

There is no one way that sexual abuse will be apparent or that a person will disclose it or show that it has happened.

Sometimes there will be direct evidence of abuse. The person may tell you what happened to them, or you may notice obvious physical injuries. In other cases, there may be significant changes in behaviour.

A person might have been abused yet not have any apparent signs. On the other hand, people who have never experienced abuse may show the same symptoms. For example, some people bruise easily from the slightest knock.

It is important that any disclosures, injuries or behaviour changes are investigated properly and additional support is provided where appropriate.



Recognising signs of sexual abuse

Sometimes there are signs and signals that someone may have been abused, or which may raise your suspicions.

Physical Signs

- The person may have physical injuries or there may be other evidence, particularly where the assault is recent.
- This may include
- Cuts, bruises and bleeding, especially in the inner thighs or genital areas.
- Unexplained difficulty walking or sitting
- Complaints of pain or discomfort from intimate areas
- Stained underwear or bedlinen
- Damage to clothing
- Missing items, such as underwear
- Problems urinating
- Sleeping problems
- Tiredness
- Reflux, diarrhoea

Any of these indicators may be important evidence in any criminal investigation. Therefore, take advice from medical staff and police about what to do next after any necessary immediate care is given. It is vital that this is done as soon as possible after the assault as otherwise vital evidence may be lost.

If the person does not want to involve the police at this stage, or wants time to think about it, forensic evidence can be captured and stored by a local SARC (Sexual Assault Referral Centre) for up to 2 years.

It is common for people to freeze and not fight back during an assault or be scared into submission. A lack of physical injuries is not evidence of consent to sexual activity.

Pregnancy or Sexually Transmitted Infections.

Pregnancy or sexually transmitted infections are obvious signs that sexual activity has taken place. In some cases, the activity may have been consensual, and this may raise other issues such as sex education and contraception options.

In other cases, the person with a learning disability may lack the capacity or ability to explain what has happened, or there may be a clear view that the person could not consent to sexual activity. However, do not make assumptions about a lack of consent simply because a person has a learning disability. Options will need to be explored with the individual, and the need for medical treatment considered.

Deciding whether or not to continue with a pregnancy is a significant decision and out of the scope of these pages. However, a woman with learning disabilities has the same choices as everyone else and it is crucial to avoid assumptions about what she wants to happen.

Changes in behaviour

People's behaviour can change after being abused. These changes may be significant in people with learning disabilities who are unable to say or to express what happened to them.

They may not even understand what has happened but feel violated, and that it was wrong. Changes may include:

- Not wanting to go out to see friends or family
- Eating too much or too little
- Pushing people away or the opposite, needing someone close all the time
- Not wanting sex or the opposite, uncharacteristic sexual behaviour
- Self-harm or abuse
- Obsessive behaviour e.g. washing all the time
- Drug or alcohol dependency or abuse

Emotional difficulties

The emotional effects of abuse are often significant. These effects can be short-lived or persist over a long time and will be different for every individual.

These can include:

- Depression
- Anger
- Confusion or mixed emotions
- Loss of trust in others
- Nightmares
- Panic attacks
- Flashbacks
- Low self esteem
- Loss of confidence and hope
- Guilt
- Shame
- Disgust

People will express or deal with their emotions very differently. Some people may appear to be coping but may become distressed months or years later.

Grooming

Grooming is where someone prepares another person to be the victim of harm, often of sexual abuse. The grooming can last for months or years. It can be used by those who know the adult well or by strangers. Grooming can be very subtle. Often the person and their family are unaware that it is happening and that they are being manipulated.

Grooming can take many forms like:

- Paying an inappropriate amount of attention to the person
- Sending lots of texts
- Telling the person that they are 'special'
- Offering, promising or giving gifts
- Offering to help the person or carer in order to gain access to the person
- Openly or "accidentally" exposing the person to nudity or sexual material
- Sharing sexual images online
- Having inappropriate boundaries e.g. sharing 'problems'
- Giving the person special treatment or privileges



Other abuse

Sexual abuse does not always happen in isolation. If someone has been financially, physically or emotionally abused then it is possible that sexual abuse may also have taken place.

Barriers to disclosure

It is not easy for someone to say that they have been sexually abused. It is even more difficult for someone with a learning disability.

Barriers for anyone may include, but are not limited to:

- ✿ Fear of not being believed
- ✿ Not wanting to make a fuss and worrying about being “too sensitive”
- ✿ Feeling that they have done something wrong
- ✿ Not knowing who to tell or how to report it
- ✿ Fear of impact on relationships
- ✿ Fear of negative or violent repercussions
- ✿ Fear of victimisation

Barriers for people with learning disabilities

Key issues are a lack of knowledge, a lack of communication skills and the attitudes of others.

Often people with learning disabilities do not understand that what has been done to them is wrong. Sometimes the abuser will coach the person into feeling it is part of a special relationship. People with learning disabilities can be particularly vulnerable to this because of their need to have friends and feel grown up.

People who need support with communication may have had little or no sex education. They may not have the words or knowledge to describe what has happened. They may also use the wrong words to describe actions. For example they may describe kissing or touching as sex. If someone lacks the correct words to describe exactly what has happened, it does not mean that they were not abused.

The attitudes of others towards sexual relationships and people with learning disabilities can sometimes be unhelpful. It can lead to assumptions such as:

- ✶ ***“They don’t really understand what has happened”***
- ✶ ***“They must be making this up”***
- ✶ ***“No-one would want a sexual relationship with someone with a disability”***
- ✶ ***“It’s better not to talk about it in case we make it worse or put ideas in their heads”***

It is crucial to recognise that sexual abuse does happen regardless of ability, gender, age or ethnic origin, and that it happens more often to people with learning disabilities.

In particular, people with learning disabilities can find that situations are taken out of their control. Often others think that they know what is best for the person and might ignore what the person wants. It is important that the abused person is given as much choice and control as possible so that they do not feel disempowered. They may need support to express how they feel and to say what they want to happen.

Common reasons for not telling

Many people who have been abused do not speak up about it, not just people with learning disabilities. Here are the most common reasons.

✿ Not understanding what has happened

The person may not know or understand that what has happened is abuse. They may not feel that it 'counts' as abuse. They may know they don't like it but do not know that it should never have happened.

✿ How others will react

The person may have been told that family members or friends will not believe what happened, or that they will be angry and think it was the person's fault. They may worry about upsetting their family and friends or being rejected, especially if the abuser is someone known or trusted.

Often people worry about being asked why they did not fight back, struggle or tell before. There are many assumptions about how people would or should react to abuse or assault. Many people believe the natural reaction is to fight back, struggle or scream. However, it is also very common to freeze, or to feel detached from your body and to go floppy. Another reaction is to endure the abuse and comply to avoid worse injury. A lack of a struggle does not imply consent.

✿ Shame and confusion

People may believe or have been told by their abuser that the abuse is their own fault or that they deserved it. They may feel dirty or disgusting and be ashamed, especially if they believe they were to blame in some way. Abuse can also cause worries about sexuality. The person might be worried that the abuse has altered their sexuality.

✿ Finding the right words

It can be difficult to know where to start to explain or how to describe abuse or what words to use. This might be even more difficult if the person has never had a sexual encounter before the abuse.

Worry about what the abuser will do

Some abusers use threats to make sure that people will not tell. People may be fearful that they would not be believed, and the abuse could get worse. Threats can be very subtle and include telling a person what might happen to the abuser if what they have done is disclosed, e.g. the abuser might lose their job.

Conflicted feelings

Abuse is often carried out by a person in a position of trust including family members or caregivers. Although the person may want the abuse to stop, they may also have positive feelings towards the abuser. They may not want to do anything that will stop them having contact. They might be worried that the abuser would get into trouble.

Low conviction rates

The conviction rate for rape and sexual assault is very low. This can lead to a feeling that there is no point in reporting abuse to the police. But in some cases, the same person might have abused or assaulted someone else and that can make it much easier to prove a crime.

When someone discloses abuse

Despite the barriers to telling others, the person you care for might disclose to you that they have been abused or sexually assaulted. The abuse may have happened recently or some time ago. Telling might be prompted by another incident of abuse, the death of the abuser or as a result of sex education and greater awareness. There might be no obvious trigger. The person might simply have reached a point where they want to tell someone what happened.

Sometimes the person may hint or indicate in some way that abuse has taken place but may change the subject quickly. He or she may seem reluctant, or unable to go into any details.

Occasionally someone may talk about abuse generally, or speak about another person who has, or may have been abused, and seem to be looking for your reaction. It is important to let them know that it is o.k. to talk about anything that is making them unhappy or confused.

Being told by someone else

Information about the abuse might come from someone else. The person you care for may have spoken to a friend, family or carer, and they feel it appropriate to pass the information on to you. Or someone else may have witnessed the abuse or been the victim of the same abuser.

How to respond when someone tells you

Dealing with the disclosure of abuse can be difficult, especially if it is unexpected or sudden. It may be difficult for you to hear what someone is telling you. The next section explores how to respond and make sure the person you care for feels listened to, is supported effectively and feels safe.

Treat the matter seriously. Do not ignore suspicions or refuse to respond when someone tells you about abuse. There is always something you can do.

When someone with a learning disability tells you about an incident of abuse, listen carefully and use the method of communication that the person prefers. Don't pressure them into telling you more than they wish. Don't interrupt them or put words into their mouths or distract their thoughts. Keep your voice calm and reassuring – even though you may be feeling distressed yourself.



Do not ask probing or leading questions like “*Was it Mr or Mrs X that did this?*”. Use questions like “*What happened?*” “*What do you mean?*” “*What happened next?*”.

Do not correct or change the person’s choice of words either during the conversation or in any written statement afterwards.

Think about your body language. Sit at a distance and in a position that makes the person feel comfortable. They may not want to look at you when they are telling you. Be careful with physical contact as they may associate touch with abuse.

Ideally, choose a quiet, undisturbed setting. If the person chooses an inappropriate time and place, try to go somewhere more suitable to talk. If you cannot do this straight away, then tell them that what they are saying is very important and arrange a time and place to talk later in the day. Avoid discussing it in a public place where confidentiality cannot be kept.

Make sure the person feels listened to. Allow them to take their time in telling you. However, do not go on probing. Asking too many questions may affect any subsequent investigation by the Police or Social Work department. Once the person has given you information that indicates that abuse has taken place then end the conversation gently. Reassure the person that you believe them, that you want to help and make sure he or she feels supported. Tell the person what you’re going to do next.

DO’s

- **Always believe**
- **Always take what the person says seriously**
- **Show concern**
- **Listen patiently**
- **Stay calm**
- **Reassure the person that telling is the right thing to do.**
- **Name the abuse**
- **Find out what the person would like to happen next**
- **Explain what you are going to do**
- **Be clear and transparent about who you need to share information with**
- **Record anything you have seen including date, time and place.**
- **Reassure the person that what they have told you is confidential and that although you may need to tell the Police or someone in management if you are a care worker, you will not talk about it to anyone else.**
- **Write a factual account of your conversation with the individual as soon as possible while the details are still fresh in your mind. Use the person’s own words. Date and sign the document.**

Sensory Overload

This can occur when a person feels completely overwhelmed. It could involve shouting, running away or not responding. You may need to take regular breaks and ensure that the person feels comfortable and safe in the environment.

Some people may use stimming as a way of self-soothing, to relax and feel calmer. This can include repetitive hand flapping, rocking and jumping. The person may need to stim when talking to you, and it can reduce stress for the person, so it shouldn't be stopped. However, it can sometimes cause self-injury, so you should recognise if it's becoming unsafe.

If you are a care worker

Report the disclosure of abuse immediately to the appropriate manager or designated safeguarding lead so that measures can be taken to protect the individual.

Make sure you know and follow your organisations' safeguarding guidelines concerning procedures and involvement of police and social work services. Seek advice and support from your professional body if necessary.

DONT's

- **Promise to keep the disclosure secret**
- **Comment or make any judgement about what the person is telling you**
- **Appear horrified or disgusted**
- **Ask leading questions or put words into the person's mouth.**
- **Press the person for details if they are reluctant to give any. E.g., the person's name.**
- **Dismiss what they have told you for any reason**
- **Make assurances such as "you will feel better now you've told me", or "it will never happen again"**
- **Tamper or remove any possible forensic evidence**
- **Put your opinions in any report that you write**
- **Take sides or 'cover up' for a colleague**
- **Warn or confront the abuser**
- **Discuss the matter with anyone without the person's consent. If you are a care worker you will have a professional obligation to share within your organisation according to safeguarding procedures, but you should never tell your friends or family.**

If you are a family member or friend

If you are a family member or a friend, you can talk to the person about what they want to happen next. Often, when someone is abused, they do not want to involve the police. While it is good to respect a person's choice, you need to think this through carefully, especially if you think the person does not understand the situation, or the abuse is ongoing.

Family members do not have the same legal obligations as care workers. However, anyone with a 'duty of care' may be obliged to report harm or abuse to the appropriate authority. If you have any doubts about what to do, then contact a support agency to talk through any anxieties in confidence.

Rape Crisis England <https://rapecrisis.org.uk/>

The Survivors Trust <https://thesurvivorstrust.org/>

Dealing With Recent Abuse

If a sexual assault is recent, then make sure the evidence is not destroyed. This means the person is not washing their body or their clothes and should contact the police as soon as possible. The person can also choose whether to go to a local Sexual Assault Referral Centre (SARC), where specially trained staff will take forensic evidence, give medical help and emotional support.

They can put the person in touch with their local Rape Crisis Centre, where there will be access to information, counselling and an Independent Sexual Violence Adviser (ISVA). An ISVA can guide and support someone through all the steps in the legal process and act as a single point of contact. An ISVA works in partnership with a range of agencies, including specialist learning disability professionals and organisations, to ensure the specific needs of the person are responded to.



Historical Abuse

If the abuse happened some time ago then there is unlikely to be any physical evidence. However, it is important to take the allegations seriously and still consider involving the police at an early stage. The person may also benefit from specialist counselling.

06

What Happens Next



What Happens Next

Avoid making promises you can't keep, particularly around confidentiality. While it's important that the person feels supported and empowered to make decisions about what happens next, you should not take on the role of investigating the situation yourself.

Trying to manage this alone can mean the person doesn't receive the full range of practical and emotional support they may need. It can also leave them at continued risk, as the abuser may go on to intimidate, harm them further, or target others.

If you are a care worker your organisation will have policies in place that you must follow. You must alert a more senior manager and follow the procedures, which are likely to say that the abuse needs to be reported to the local authority. It is important you make this clear to the person and explain the reasons why.

Dealing With Recent Abuse

If a sexual assault is recent, then make sure the evidence is not destroyed. This means the person is not washing their body or their clothes and should contact the police as soon as possible. The person can also choose whether to go to a local Sexual Assault Referral Centre (SARC), where specially trained staff will take forensic evidence, give medical help and emotional support.

They can put the person in touch with their local Rape Crisis Centre, where there will be access to information, counselling and an Independent Sexual Violence Adviser (ISVA). An ISVA can guide and support someone through all the steps in the legal process and act as a single point of contact. An ISVA works in partnership with a range of agencies, including specialist learning disability professionals and organisations, to ensure the specific needs of the person are responded to.



Historical Abuse

If the abuse happened some time ago then there is unlikely to be any physical evidence. However, it is important to take the allegations seriously and still consider involving the police at an early stage. The person may also benefit from specialist counselling.

Reporting

- If someone is in immediate danger, call 999
- Contact Adult Social Care (the local safeguarding team)
- You can also contact the police directly.

Be aware that the person may feel embarrassed or ashamed and may be very scared about the impact of talking to professionals. They will need reassurance of their safety and an explanation of why you need to tell other professionals.

The Safeguarding Enquiry

The local authority will carry out a Section 42 enquiry (under the Care Act 2014). A Social Worker will talk to the person, and consider issues like

- Whether there is an immediate or continuing risk of harm
- Whether it is likely an offence has been committed
- What support the person needs, including support to take part in any investigation
- What the person wants to happen
- The person's ability to consent to sexual activity and their level of capacity to make decisions.

If a crime has been committed or is suspected, the police will be involved and will investigate. The Care Quality Commission may also need to be informed if a person uses a registered care service.

Going to the Police

All police forces have specially trained staff who deal with rape and sexual assault. These staff will speak to the person and try to establish what happened. It is usually possible to ask the police to visit the person at home rather than attend a police station or to request a female or male officer, depending on the person's preference. It can be useful at this point to ask if the police staff who interview are specially trained to ensure individual needs are met.

If the assault is recent, the police may request an immediate medical examination and may also ask to photograph any injuries. They will ask for consent for this to happen. The person has the right to refuse a medical examination and the right to refuse to be photographed and this must be respected, although it may have implications for the likelihood of a conviction, and this should be explained to the person.

Usually, these examinations will take place at your local SARC (Sexual Assault Referral Centre), which is a clinical forensic environment with highly trained staff providing practical and emotional support. If there are access needs that mean the survivor is unable to attend the SARC, special measures can be applied upon request, such as home visits or examination taking place at a medical facility that can be accessed.

Where there is doubt about a person's capacity to consent to a medical examination, there needs to be careful consideration by carers and health professionals to determine their best interests.

It is possible to request a female or male doctor, depending on the person's preference, but this might not always be possible. A medical examination may involve taking blood, swab or urine samples. These tests can prove that intercourse or other contact happened as well as showing whether someone was under the influence of alcohol or any other drugs that might have impaired their ability to consent to sexual activity. Where unprotected sex has taken place, emergency contraception may be recommended and the risk of sexually transmitted infections assessed.

People with learning disabilities often need some support in explaining what has happened to them, especially if there are communication difficulties. The person may be asked who they would like to support them. However, if the person they choose is likely to be a witness, then that person will not be allowed to provide support. It is common for the person who discovered the abuse to be a witness. It can be confusing for someone with a learning disability if they cannot have support from the person they want or expect, so it is important to explain the reason behind any decision.

The police will ask a lot of questions. Reassure the person that this is normal. Let the person know that they can ask what the questions mean. They can say they do not know or cannot remember what happened, if this is the truth. This is better than giving contradictory statements.

The police will investigate what happened. If there is enough evidence that an offence has been committed, they will arrest and question the suspect.

Making A Statement

The police will ask the person to give a signed statement which would be used in Court if the case goes to a trial. The police should follow the ABE guidelines (Achieving Best Evidence), which sets out the interview process for vulnerable witnesses. Often the person will be asked to give a video statement rather than a written one. To obtain best evidence, the police may request a registered Intermediary to help.

The National Crime Agency manages the **Intermediary Scheme**. A registered Intermediary is an *impartial, self-employed communication specialist* who enables vulnerable witnesses to give evidence to the police.

They come from a variety of professional backgrounds such as speech and language therapy, teaching, social work or psychology, and are fully trained in the work. An intermediary supports and facilitates any communication with the person and the police and enables them to give their best evidence.

They can often be the difference between a person being able to give evidence or not.

They will give impartial recommendations about a person's specific communication needs, including the types of questions that are likely to get the best response, the types of questions that should not be asked, and when a break is needed. In court they can help to rephrase a question the person does not understand, and make sure a person understands and can follow what is happening.



Prosecutions

The police will investigate and gather as much information as they can. If they think there is enough evidence that someone should go to Court, then they will pass all the details of their investigation on to the Crown Prosecution Service (C.P.S.). The C.P.S will review all the evidence and make a decision about whether to charge the alleged abuser and take the case to Court.

The C.P.S has detailed information about the entire legal process, including all the special measures that could be taken to ensure that someone with a learning disability is fully supported.

Supporting the person through the legal process

The police investigation and legal process can take a very long time. You will need to continue to support and reassure the person at every stage. If there is an ISVA, they can help with all the information about each step in the process. But the person will also need a great deal of support from other people, such as counsellors, G. P's, and if they want it, friends and family. Help-lines can also give confidential and specialist support, and anyone can call.

Supporting someone through sexual abuse can be challenging and demanding, so it is important you also look after yourself. These same avenues of support are also available to you.

Additional Resources and Links

- [CPS \(Crime Prosecution Service\) easy-read guide.](#)
- [Legal Disability Rights](#)



07

The impact of Sexual Abuse



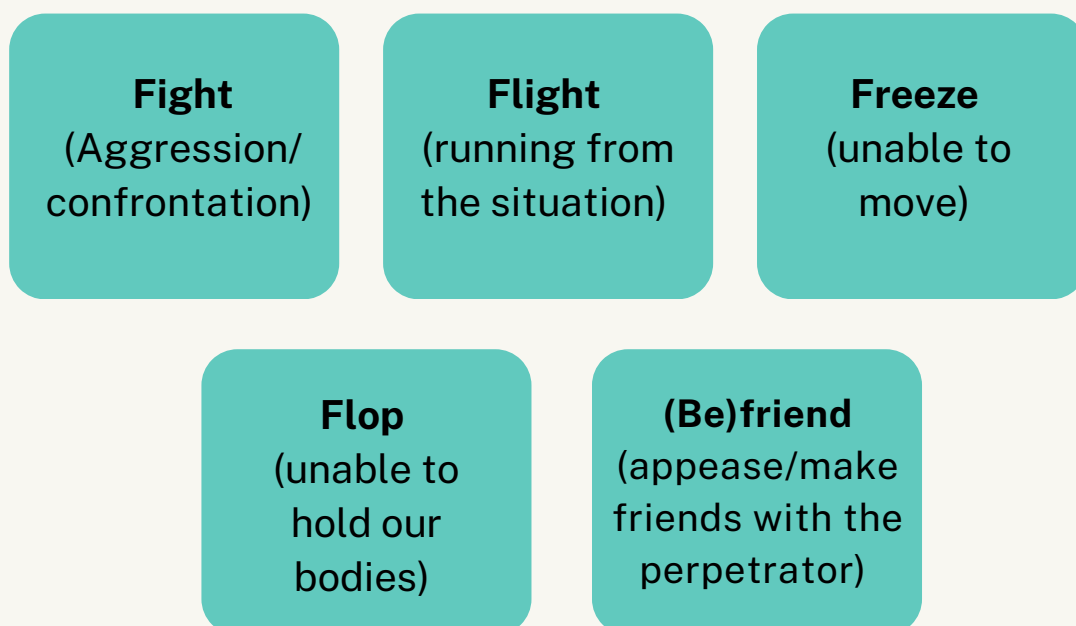
Trauma

Trauma is a lasting emotional response that can occur following a frightening or harmful experience. Experiencing a traumatic event can cause strong physical, emotional and behavioural reactions. This can include depression, low self-esteem, self-blame and guilt.

Understanding what trauma is and how to recognise the signs is important if you are supporting someone who has experienced sexual abuse. Trauma symptoms can be especially upsetting for a person with learning disabilities. Some people may not be able to communicate or understand why these reactions are happening, or whether they will happen again. Having an awareness of the impact of trauma can provide an understanding of what the person may be feeling and experiencing.

Trauma Responses

The human brain is both rational and intuitive. When someone is exposed to danger or to traumatic events, the intuitive side takes over, and the person will do what they need to do in order to survive. There are five instinctive **automatic** reactions;



The brain will choose the reaction that is most likely to lead to survival and the least harm. The person will not be aware of the decision-making process, it is unconscious. During rape or abuse, fight or flight often aren't the first reactions. They may lead to further physical or mental harm from the abuser. The last three options are very common as they expose the survivor to the least danger.

If there is a safe outcome (survival), the brain will learn to use that reaction again. This means that even after the traumatic event is over, the brain will continue to use this response repeatedly in other situations regardless of any actual level of risk. This can lead to a heightened state of arousal, anxiety, or feelings of numbness.

Recognising trauma

It is common for people who have been sexually abused to experience flashbacks, nightmares, fearfulness, panic and wanting to avoid people and places. This can result in relationship difficulties, self-harm, depression and even suicide.

The impact of trauma may be felt immediately after the abuse, or it can occur weeks, months or even years later. It is important to support people to understand that what they are feeling is a natural reaction to what has happened. Everyone's experience is unique, but there are some common responses shared by many survivors of sexual abuse. They can include, but are not limited to:

Physical Signs

- Problems sleeping
- Tiredness
- Sweating
- Headaches
- Racing heart
- Tight chest
- Reflux, diarrhoea

Behavioural Signs

- Changes in eating
- Neglecting personal hygiene
- Increased/ excessive smoking, drinking, drug use
- Not wanting to go out
- Self-harm
- Changes in sexual behaviour
- Loss of personal modesty

Emotional Signs

- Feeling of guilt/shame
- Panic attacks
- Nightmares
- Anger
- Irritability
- Loss of confidence
- Flashbacks

As well as being aware of the common signs of trauma, you should also look out for changes in everyday actions and behaviours. This may be particularly important if the person is unable to communicate their feelings and emotions verbally.

Sometimes professionals may use terms like 'challenging behaviours' or 'off baseline' to describe increased anger, aggression and self-injury. If these behaviours are getting worse, then it is important to try to understand what the person is experiencing and what is triggering them.

Triggers

A trigger is anything that reminds someone of a traumatic event. Anything can be a trigger-smells, sounds, words, places or images. Triggers can be unique to the individual.

If someone who has experienced sexual abuse is triggered, they can be re-traumatised or feel that they are re-living the abuse. The person may not know or be able to say what the trigger is, but they do need support to find the best way to deal with the frightening sensations.



Triggers: How To Give Support

Help a person to understand or recognise the triggers. This could be sounds, smells, places, people, certain time of the day or time of the year, anything that reminds them about the abuse. You could help them to keep a diary, or a record of when this happened, to try and help recognise the triggers.



Make a trigger plan. Support the person to think about ways to feel better when they are triggered. This could be things they could do for themselves like thinking of a trusted person or a favourite place, or it could involve others, like contacting a trusted person.

Support the person to look at grounding techniques. These are simple things you can do to become aware of the present and your surroundings. This can include things like breathing techniques, putting on some music or stroking a pet.

Support the person to think about things that make them happy, activities they like doing, things that make them feel good. This could be going for a walk in the fresh air, having a warm bath or eating something comforting. Support them to make a list or a picture or collage of these things.

People may need support to recognise the emotions they are feeling. It might help to use tools such as an emotions wheel to help identify the feelings.

Flashbacks

Many people who have been sexually abused experience vivid images of what happened, making them feel like it's happening all over again. These are known as flashbacks and are active memories of a past event. Flashbacks can arrive at any time, be out of a person's control, and once they arrive, can be difficult to get rid of. They can feel very scary and overwhelming, and they sometimes have physical as well as emotional manifestations, such as uncontrollable shaking.

Flashbacks: How to give support

Help the person understand that they are having a flashback and that this is a natural response to what they have experienced.

Practice grounding techniques and/or self-soothing techniques like:

- **Orient to the present** - Gently encourage them to look around and describe what they can see, hear, and feel in their environment.
- **Name and describe surroundings** - Ask them to identify objects nearby and describe them in detail (colours, textures, shapes).
- **Mental distraction games** - Suggest simple tasks like naming animals, cities, or foods for each letter of the alphabet.
- **Age orientation** - If they feel like they've "gone back in time," support them to slowly count up to their current age to reconnect with the present.
- **Guided imagery** - Invite them to imagine moving away from the distress; for example, flying, walking, or "changing the channel" in their mind.
- **Safety reminders** - Gently prompt them to remind themselves: "I am safe right now." Encourage awareness of the current date, time, and location.
- **Concentration tasks** - Support focus with activities like counting backwards, saying the alphabet in reverse, or doing simple sums.

Panic Attacks

Panic attacks are exaggerated versions of the normal stress response. They can come on without warning, even while sleeping. They usually last between 5 and 10 minutes and although they are not physically harmful, they do feel extremely frightening.

Physical symptoms can include a pounding or racing heart, sweating, trembling or shaking, shortness of breath, nausea, dizziness and numbness. Emotional symptoms can include sudden and intense anxiety, a sense of unreality, and of losing control.

Panic Attacks: How to give support

Help the person to understand about panic attacks. Explain that the physical symptoms of a panic attack are very frightening, but they are a result of extreme anxiety and are not dangerous in themselves. Reassure them that the worst has passed, and that they are safe now.

If someone has regular panic attacks, they may find it helpful to work out if there is a pattern to what might trigger them, perhaps a place, a person or object. A diary could be kept, about when and where the panic attacks happen.

Practice grounding techniques and/or self-soothing techniques like:

- **Focus on the present moment** - Gently guide them to notice the here and now, what they can see, hear, and feel around them.
- **Counting** - Suggest slowly counting to 10 (or higher), helping to regulate pace and attention.
- **Alphabet grounding** - Go through the alphabet together, naming something for each letter.
- **Controlled breathing** - Encourage slow, deep breaths — in through the nose and out through the mouth. You might model a steady rhythm for them to follow.
- **Gentle reassurance** - Remind them that panic attacks, while distressing, will pass, and they are safe in this moment.

If the panic attack happens at night, and takes the form of nightmares, help the person to self-soothe and relax. This could be making a hot drink, listening to music or making a self-care box.

Dissociation

Dissociation can be a natural response to sexual abuse, when the brain disconnects from the memories of the trauma in order to survive and cope. A person might not remember what happened, or the feelings they had. They may feel detached from themselves, as though they were watching the world from a distance. A person may look spaced out, have very slow movements and be unable to follow a conversation or instructions.

Dissociation: How to give support

- Speak in a calm, gentle voice. Do not startle or surprise the person.
- Gently try to bring a person back to the present but recognise that the feeling of dissociation can be a coping mechanism, and may feel like a safe, calm place for the person.
- If possible, help the person to consent to seeing a specialist counsellor via the local sexual abuse centre.
- Support the person to make a safety plan, that includes who to call if I'm having a bad day, what will make me feel better, how I can be kind to myself, and what to do in an emergency.



Self-harm

Self-harm can be a way of coping with the impact of sexual abuse. It can include cutting, scratching, hand-biting, headbanging, ingesting items, and abusing drugs or alcohol. It is sometimes used as a way of giving short-term relief from overwhelming emotions, or to gain control when things feel chaotic. It can also be used when a person feels they need to punish themselves.

It is important to remember that an autistic person or a person with learning disabilities may be finding it difficult to regulate or understand their emotions. They may have difficulty expressing and communicating what they are feeling, and self-harm may be a coping mechanism. Remember to approach self-harm in a non-shameful way and support the person to recognise the trauma that underlies their emotions.

Self-harm: How to give support

If you are supporting a person who self-harms it is important not to ignore it. Any conversation should be supportive rather than shaming or negative.

Check whether the person needs any immediate medical support.

If possible, gain consent to refer the person to a service where they can receive specialist help and support, such as [Self Injury Support](#).

Help the person to make a self-care box that can help a person to self-soothe, calm down or relax. It could include things like photos, soft toys, fidget toys, stress balls, hand cream, favourite books, lists of people to contact and positive notes to yourself.

Support the person to make a safety plan that contains information such as 'who to call if I'm feeling bad', 'what will make me feel better now', 'how I can be kind to myself', and 'what to do in an emergency. If you are supporting someone who finds verbal communication difficult, it might be useful to document all self-harm incidents. If the person has a social worker or mental health worker, you can work collaboratively to think about ways to support the person to use other coping strategies.

Remember that it is important to find a way to support the person to process the trauma that underlies the emotions.



08

Ongoing Support

Getting Ongoing Support for the Survivor

You may be able to provide the person who has been abused with a lot of support and reassurance, but sometimes this will not be enough. They may benefit from some professional counselling. You can help them obtain this through their G.P practice or the local learning disability team. If there is a police investigation, there was a fear in the past that a court case could collapse because a defence lawyer might argue that a person could be influenced by the therapist. However, this is definitely no longer the case, and the CPS is very clear that a person who has been sexually abused should have access to all the support and therapy they need before the trial.

Sometimes talking to a specialist service can help. Rape Crisis England and Wales have a dedicated helpline, as do other specialist organisations. There is a list at the end of this guide. If the person has an ISVA (Independent Sexual Violence Adviser) through their local Sexual Violence Centre, then they will be able to signpost and find services to help in your local area.

The impact of sexual abuse can be extremely long lasting, and someone may begin to feel better, only to have a bad patch several months, or even years later. The healing process will be different for each person, and it is important to recognise that a lot of patience is needed, and to acknowledge each small step towards recovery.



Getting Support For Yourself

Discovering or suspecting that someone you care for has been sexually abused can be difficult and stressful for you as well as the person concerned. Parents, friends and family can struggle, and experience similar emotions to the person who was abused. You may be very angry – not just at the abuser but also at the services that were supposed to keep your relative or friend safe. You might feel guilty that you were unable to protect the person or prevent it from happening. You might also struggle to understand and accept what has happened. All these feelings are natural.



It is important that you have enough support for yourself, and that you have a place to go to express your emotions. When you are supporting someone who has been abused you need to be careful about how you express your own emotions. If you get angry the person might misinterpret and feel that you are angry at them. If you become very emotional then the person might feel that they shouldn't have told you.

Care and support staff may also be upset by the discovery of abuse to someone they work with-especially if the abuse has taken place in the service or the abuser is a colleague. Staff may need support in dealing with issues and it is important that employers recognise this.

Ways to cope include talking to someone or focussing on activities that keep you relaxed and healthy. Do not try to ignore your feelings – get counselling if you need it.

In particular:

- Remember that you are not responsible for the abuse – it is the abuser
- Do not underestimate the possible effects on yourself
- Find a way of acknowledging and dealing with your own feelings.
- Be aware of confidentiality when discussing issues with partners, relatives or close friends.
- Seek support or counselling
- Do not deny your own needs in an attempt to respond to someone else's.
- Take time for yourself, your own interests and the things you enjoy.



09

Sources of Information and other support

Useful Links

- **Mencap.**

Mencap.org.uk

Learning disability helpline 0808 808 1111

- **Rape Crisis England and Wales**

rapecrisis.org.uk

24/7 rape and sexual abuse support line 0808 500 2222

- **The Survivors Trust**

thesurvivorstrust.org

Helpline 0808 801 0818

- **Respond**

respond.org.uk

Provides a range of services related to sexual abuse and learning disabilities

- **Survivors U.K.**

For men and boys

<https://www.survivorsuk.org>

Helpline Monday – Sunday 12pm-8pm

- **Galop**

For LGBT+

<https://www.galop.org.uk/>

0800 999 5428

- **Live Fear Free Wales**

<https://welshwomensaid.org.uk/what-we-do/live-fear-free-helpline/>

24 hour helpline 0800 80 10800

- **Victim support**

Support after a crime

<https://www.victimsupport.org.uk>

- **Crime Prosecution Service (CPS)**

Comprehensive information about the law and all aspects of the legal process, including an easy read guide.

<https://www.cps.gov.uk/rape-victims-guide>

Useful Resources

- **Mencap**

Safeguarding those with learning disabilities.

Mencap have created an **EASY READ** guide to sexual assault and responding to abuse.

- **Enable Scotland**

Unlocking sexual abuse and learning disabilities

Handbook created for supporting adults (parents, carers and support staff) of adults with learning disabilities who have been sexually abused.

- **Choice Support**

Supported Loving Toolkit

Guidance and support for those navigating relationships and sex as a person with Neurodivergence and Learning Disabilities.

- **SARSAS (Rape Crisis Somerset and Avon)**

Learning Disabilities and Autism Toolkit

Toolkit for supporting people with learning disabilities and autistic people who have experienced sexual violence.

- **Change People**

Easy Read Resources for a range of topics, including identity, safeguarding and pornography, all related to sexual abuse and learning disabilities.

- **IDAS**

Easy Read Healthy Relationships Checklist

Simple checklist highlighting what is healthy and not healthy in terms of relationships, including consent, trust, respect and communication.

Useful Resources

- **Williams Syndrome Foundation** – A Disabled Advocate's Guide to Relationships, Romance, Sexuality and Sexual Health

UK charity supporting people with Williams syndrome. This accessible guide covers healthy relationships, romance, sexuality, sexual health, consent, boundaries and making informed choices.

- **Down's Syndrome Association** – Staying Safe from Sexual Abuse For adults with Down's syndrome Easy Read

UK charity supporting people with Down's syndrome. This Easy Read resource helps adults understand sexual abuse, recognise unsafe situations, understand consent and boundaries, and know how to seek help.

- **Achieve Together** – Guide to keeping safe online for people with learning disabilities.

Specialist UK support organisation for people with learning disabilities and autism. The guide covers online safety, including social media, online relationships, sharing images and personal information, scams and staying safe online.

- **My Life My Choice** – Let's Talk About Sex: Guide to Healthy Sexual Relationships

A self-advocacy organisation led by and for people with learning disabilities. This accessible guide explores healthy sexual relationships, consent, communication, boundaries, sexual health and personal choice.

- **SAAIL** – Sensory Aspects of Sexual Intimacy

A by-and-for autistic adult toolkit exploring how sensory needs and preferences can affect relationships and intimacy. It supports autistic adults to understand their needs, communicate with partners and make intimacy comfortable and consensual.



Thank You

Produced in collaboration with Survivors' Network (Sussex Rape Crisis Centre) with support from The Williams Syndrome Foundation, ENABLE Scotland, and Mencap.

This guide draws on information and content originally developed by Enable in Scotland as part of its work supporting families, carers and people with learning disabilities. We are grateful for permission to adapt and reproduce this material.

Special thanks and reference to SARSAS (Somerset and Avon rape and sexual abuse support), Cornwall Women's Centre, and Rape Crisis England & Wales.

This is a free resource created to increase awareness, improve support and share advice and experiences. Please feel free to download this guide to distribute via your own networks.

Contact Information

Email communications@survivorsnetwork.org.uk
