

AFFIDAVIT OF IRENE FIRENZE

I, Irene Firenze, being duly sworn depose and say:

1. My name is Irene Firenze. I am a licensed clinical social worker (Maine license #LC2856) with over 25 years of clinical experience. I had intensive training in treating adults with developmental disabilities at Massachusetts Mental Health Center, Developmental Disabilities Unit, between March 1985 and April 1987. Although I have a general psychotherapy practice, I have continued to treat people who have a dual diagnosis of developmental disability plus mental health problems.

2. I started to see M. C., who is a class member of the Pineland Consent Decree, in July of 2006. He was referred to me by his sister and the staff of UPLIFT upon the recommendation of Bruce Kerr, Ph.D. who had evaluated Mr. C in 2003. Mr. C had been diagnosed with Posttraumatic Stress Disorder (PTSD) and Moderate Mental Retardation. There was a question of a diagnosis of schizophrenia.

3. Mr. C's medical record indicates that he was at Pineland from age 7 to about 21 with interruptions. The PTSD was the result of severe, frequent and prolonged childhood abuse which the client reported to his sister as well as to his psychologist. It consisted of neglect, verbal, emotional, physical and sexual abuse. Based on his medical history, it is my understanding that much of this abuse occurred at Pineland.

4. Symptoms of PTSD include the following:¹

Recurrent and intrusive distressing recollections of the event(s), including images, thoughts, or perceptions; acting or feeling as if the traumatic event were recurring (includes ... illusions, hallucinations, and dissociative flashback episodes ...); intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; persistent symptoms of increased arousal (such as) difficulty falling or staying asleep, irritability or outbursts of anger, difficulties concentrating, hypervigilance, exaggerated startle response.

Other symptoms not listed in the DSM IV are:

¹ DSM IV

EXHIBIT N

Self-injury, assaultiveness, suicidality, substance abuse, difficulty with interpersonal relationships, repeated victimization and pervasive disturbances of mood and self-esteem.

5. People who experienced severe trauma in childhood are burdened by the effects of these experiences well into adulthood and often, for the rest of their lives.²

This burden is even heavier for people with mental retardation who are more vulnerable to abuse and often lack the skills to defend themselves. Their symptoms are often misdiagnosed because they may be unable to report or describe the abuse. Treatment can be more difficult because they may lack the cognitive capacity to "work through" the trauma. Furthermore, they are more likely to express their feelings through behaviors which can lead to retraumatization. (please see the attached article entitled: People with Mental Retardation and Sexual Abuse.)

6. My understanding of the Pineland Consent Decree is that the State would compensate victims of maltreatment and neglect suffered at Pineland by providing necessary care to ameliorate the harm done to them. In the case of Mr. C I must assume that he will need this care for the rest of his life. For the other class members we should assume that many of them have similar situations and needs.

Dated this 6th day of November, 2009.

/s/ Irene Firenze

Irene Firenze, M.S.W., LC.S.W.

STATE OF MAINE

SAGADAHOC, ss:

November 6, 2009

Personally appeared the above-named Irene Firenze, and made oath that the foregoing statements by her are true and correct and are made on the basis of her personal knowledge, information and belief, and to the extent that statements are based on information and belief, she believes them to be true. Before me,

/S/ Alice E. Knapp

Notary Public/Attorney-at-Law

My Commission Expires: Maine Bar #7017

²² Herman, J. Trauma and recovery, (New York: Basic Books, 1992), 110-4.



Retardation & Abuse

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Sexual abuse can happen with our trusting WS children. The following article found in the ARC home page offers some advice.

People with Mental Retardation & Sexual Abuse

by Leigh Ann Reynolds, M.S.S.W., M.P.A.
Health Promotion & Disability Prevention Specialist

What is sexual abuse?

Sexual abuse includes a wide range of sexual activities that are forced upon someone. People with mental retardation are often unable to choose to stop abuse due to a lack of understanding of what is happening during abuse, the extreme pressure to acquiesce out of fear, a need of acceptance from the abuser or having a dependent relationship with the abuser. Sexual abuse consists of sexually inappropriate and non-consensual actions, such as exposure to sexual materials (such as pornography), the use of inappropriate sexual remarks/language, not respecting the privacy (physical boundaries) of a child or individual (e.g., walking in on someone while dressing or in the bathroom), fondling, exhibitionism, oral sex and forced sexual intercourse (rape).

How often are people with mental retardation sexually abused?

According to research, most people with disabilities will experience some form of sexual assault or abuse (Sobsey & Varnhagen, 1989). The rate of sexual victimization in the general population is alarming, yet largely goes unnoticed. At least 20 percent of females and 5 to 10 percent of males are sexually abused every year in the U.S. Although these figures are disturbingly high, people with mental retardation and other developmental disabilities are at an even greater risk of sexual victimization. Victims who have some level of intellectual impairment are at the highest risk of abuse (Sobsey & Doe, 1991).

More than 90 percent of people with developmental disabilities will experience sexual abuse at some point in their lives. Forty-nine percent will experience 10 or more abusive incidents (Valenti-Hein & Schwartz, 1995). Other studies suggest that 39 to 68 percent of girls and 16 to 30 percent of boys will be sexually abused before their eighteenth birthday. The likelihood of rape is staggering: 15,000 to 19,000 of people with developmental disabilities are raped each year in the United States (Sobsey, 1994).

Why is sexual abuse so common among people with mental retardation?

People with mental retardation may not realize that sexual abuse is abusive, unusual or illegal. Consequently, they may never tell anyone about sexually abusive situations. People with and without disabilities are often fearful to openly talk about such painful experiences due to the risk of not being believed or taken seriously. They typically learn not to question caregivers or others in authority. Sadly, these authority figures are often the ones committing the abuse. Many special education programs have encouraged students to be compliant in a wide range of life activities, ultimately increasing the child's vulnerability to abuse (Turnbull, et.al., 1994). They often think they have no right to refuse sexually abusive treatment and are not taught risk reduction skills. Risk factors associated with sexual abuse include social powerlessness, communication skill deficits, impaired judgment, family isolation/stress and living arrangements that increase vulnerability.

WHAT TO LOOK FOR*

Physical Signs

- Bruises in genital areas
- Genital discomfort
- Sexually transmitted disease
- Signs of physical abuse
- Torn or missing clothing
- Unexplained pregnancy

Behavioral Signs

- Depression
- Substance abuse
- Withdrawal
- Atypical attachment
- Avoids specific setting
- Seizures
- Avoids specific adults
- Excessive crying spell
- Regression
- Sleep disturbances
- Disclosure
- Poor self-esteem
- Noncompliance
- Eating disorders
- Resists exam
- Self-destructive behavior
- Headaches
- Learning difficulty
- Sexually inappropriate behavior

Circumstantial Signs

- Alcohol or drug abuse by caregiver
- Devaluing attitudes
- Excessive or inappropriate eroticism
- Isolation of social unit
- Other forms of abuse
- Previous history of abuse
- Seeks isolated contact with children
- Strong preference for children
- Surrogate caregivers
- Unresolved history of abuse
- Pornography usage

*Adapted from *Violence and Abuse in the Lives of People with Disabilities* (1994), D. Sobsey.

What are the effects of sexual abuse?

Sexual abuse causes harmful psychological, physical and behavioral effects (see above chart). Individuals who experience long-term (chronic) abuse by a known, trusted adult at an early age suffer more severe damage compared to those whose abuse is perpetrated by someone not well known to the victim, begins later in life, and is less frequent and nonviolent (Tower, 1989). Regardless of the circumstances surrounding sexual abuse (e.g., length of time it occurred, who the abuser is and the victim's age), all forms of sexual abuse are serious and have the potential to be very damaging to the individual if left unaddressed and unspoken.

Who is most likely to abuse?

As is the case for people without disabilities who experience sexual abuse, those most likely to abuse are those who are known by the victim, such as family members, acquaintances, residential care staff, transportation providers and personal care attendants. Research suggests that 97 to 99 percent of abusers are known and trusted by the victim who has

developmental disabilities (Baladerian, 1991).

While in 32 percent of cases, abusers were family members or acquaintances, 44 percent had a relationship with the victim specifically related to the person's disability (such as residential care staff, transportation providers and personal care attendants). Therefore, the delivery system created to meet specialized care needs of those with mental retardation contributes to the risk of sexual abuse.

What type of treatment or therapy is available for victims of sexual abuse?

People with developmental disabilities who have been sexually abused typically are not provided a way to "work through" or talk about their traumatic experiences in a treatment or therapeutic setting. Generally, the more severe the disability, the greater the difficulty in accessing services. This may be due to prejudices some people still have about people with disabilities. For example, the benefit of psychotherapy for people with mental retardation is questioned, as well as the impact of the abuse (whether or not abuse impacts people with mental retardation as strongly as others without disabilities).

Yet, all people who experience sexual abuse are affected and can benefit from therapeutic counseling, even if they are non-verbal. Children and adults who suffer abuse need to learn how to tell someone and who to tell. A variety of training techniques that teach self-defense, body integrity, prevention and reporting should be used. Human service workers must understand that people with developmental disabilities can and do benefit from therapy.

Locating a qualified therapist may be difficult since the person should be trained in both child/adult sexual abuse, as well as disabilities and sexuality. Payment for the therapy can be obtained through victim witness programs, community mental health centers or developmental disability centers.

How can the incidence of sexual abuse of people with mental retardation be reduced?

Society has been slow to admit that sexual abuse of people with mental retardation is not only possible, but actually happening (Baladerian, 1992).

The first step in reducing the occurrence of sexual abuse is recognizing the magnitude of the problem and confronting the ugly truth that people with mental retardation and other developmental disabilities are more vulnerable to sexual victimization than those without disabilities.

Abusers typically abuse as many as 70 people before ever getting caught. Without reporting, there can be no prosecution of offenders or treatment for victims. Underreporting of sexual abusive incidents involving people with disabilities has in the past, and continues to be, a major obstacle in preventing sexual abuse. Only three percent of sexual abuse cases involving people with developmental disabilities will ever be reported (Valenti-Hein & Schwartz, 1995). Few people ever disclose sexual abuse for a variety of understandable reasons. However, such non-disclosure promotes an environment ripe for continued victimization.

Reporting can be increased through educating individuals with disabilities and service providers, improving investigation and prosecution, creating a safe environment that allows victims to disclose and, finally, employment policies must change to increase safety. For example, background checks on new employees should be conducted on a routine basis; and those with criminal records should be reported to the police, rather than firing the suspected abuser. Otherwise the individual will more than likely continue abusing others while working for future employers.

What should I do if I suspect sexual abuse?

All states have laws requiring professionals, such as institutional care providers, police officers and teachers to report abuse. All states allow the general public to report abuse as well. If you suspect a child is being sexually abused, contact your local child protective agency. If the person is an adult, contact adult protective services. These are also referred to as "Social Services," "Human Services" or "Children and Family Services" in the phone book. *You do not need proof to file a report.* If you believe the person is in immediate danger, call the police. After a report is made, the incident is referred for investigation to the state social service agency (who handles civil investigations) or to the local law enforcement agency (who handles criminal investigations). For more information on sexual abuse of people with disabilities, contact:

The National Task Force on Abuse and Disabilities
P.O. Box "T" Culver City, CA 90230
1-310-391-2420
e-mail: abuses@soca.com

The National Committee to Prevent Child Abuse
332 S. Michigan Ave., Ste. 1600, Chicago, IL 60604

1-800-555-3748

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For additional information about Williams syndrome, please send an e-mail to hlenhoff@uci.edu.

For contact with other Williams syndrome families --

In the USA: please send e-mail to info@williams-syndrome.org

Outside the USA: please visit our [International Williams Syndrome Support Groups](#) page for contact information.

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