

The Impact of Sexual Violence on Adolescents with Intellectual Disabilities: A Scoping Review

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Abstract

Adolescents with intellectual disabilities (ID) are at increased risk of sexual violence due to cognitive and communication challenges, dependence on caregivers, and limited access to protective education. However, evidence regarding its impacts and responses remains fragmented. This scoping review aimed to map evidence on the impacts of sexual violence among adolescents with ID, identify intervention approaches, examine systemic barriers, and highlight research gaps. Following the Arksey and O'Malley framework and PRISMA-ScR guidelines, literature was searched in PubMed, Scopus, CINAHL, and ScienceDirect for studies published between 2020 and 2024. Eleven studies met the inclusion criteria. Findings revealed psychological, behavioural, social, and legal consequences, including PTSD, anxiety, behavioural dysregulation, and barriers to disclosure and support. Educational and community-based interventions showed promise, although evidence was limited by methodological weaknesses and the lack of long-term evaluation. Further trauma-informed interventions and rigorous research are needed.

Abstrak

Remaja penyandang intellectual disability (ID) berisiko lebih tinggi mengalami kekerasan seksual akibat keterbatasan kognitif, kesulitan komunikasi, ketergantungan pada pengasuh, dan terbatasnya akses terhadap pendidikan perlindungan serta layanan dukungan. Namun, bukti mengenai dampak dan respons yang efektif masih terfragmentasi. Kajian ini bertujuan memetakan bukti tentang dampak kekerasan seksual pada remaja dengan ID, mengidentifikasi pendekatan intervensi, mengkaji hambatan sistemik, dan menyoroti kesenjangan penelitian. Mengikuti kerangka Arksey dan O'Malley serta pedoman PRISMA-ScR, pencarian literatur dilakukan di PubMed, Scopus, CINAHL, dan ScienceDirect untuk publikasi tahun 2020–2024. Sebelas studi memenuhi kriteria inklusi. Temuan menunjukkan dampak psikologis, perilaku, sosial, dan hukum, termasuk PTSD, kecemasan, disregulasi perilaku, serta hambatan dalam pengungkapan dan akses dukungan. Intervensi berbasis pendidikan dan komunitas menunjukkan potensi, meskipun bukti masih terbatas oleh kelemahan metodologis dan minimnya evaluasi jangka panjang.

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A. Introduction

Sexual violence against adolescents remains a significant global public health concern, with adolescents with intellectual disabilities (ID) facing a substantially greater risk of victimisation than their non-disabled peers. This heightened vulnerability is associated with cognitive, communication, and social barriers that may limit their ability to understand consent, recognise abusive situations, resist coercion, report victimisation, access support services, and be believed when disclosing abuse. Across various global contexts, adolescents with disabilities are estimated to be up to three times more likely to experience sexual abuse compared to their non-disabled peers, with girls being disproportionately affected (Elklit et al., 2023). Limited access to protective education, reduced autonomy, and dependence on caregivers further increase the risk of coercion, exploitation, and continued victimisation (Cluver et al., 2020; Rudgard et al., 2023).

The consequences of sexual violence extend beyond immediate physical harm and may have long-lasting effects on psychological well-being and social functioning. Previous studies have reported associations between sexual violence and post-traumatic stress disorder (PTSD), anxiety, behavioural dysregulation, and impaired adaptive functioning among adolescents with intellectual disabilities (Akinyemi et al., 2025; Pacheco, 2024; Souza et al., 2021). Despite the severity of these consequences, incidents of sexual violence involving adolescents with ID remain substantially under-reported and inadequately represented in national and global health agendas, limiting the visibility of their support and protection needs.

Although an increasing number of studies have examined the prevalence and consequences of sexual violence among children and adolescents, evidence specifically focusing on adolescents with intellectual disabilities remains fragmented (Buller et al., 2020; Kewley et al., 2023). Existing studies often combine different disability groups, age categories, or levels of disability severity, making it difficult to understand the unique vulnerabilities and experiences of adolescents with ID (da Silva et al., 2024). Furthermore, research addressing prevention strategies, intervention outcomes, and institutional responses is dispersed across health, education, social care, disability support services, child protection systems, and legal disciplines, resulting in a fragmented body of evidence and limited guidance for policy and practice (Rudzinski et al., 2025).

Currently, few studies have comprehensively synthesised evidence regarding both the impacts of sexual violence and the available preventive or protective responses specifically targeting adolescents with intellectual disabilities. Consequently, important questions remain regarding the psychological, behavioural, social, and legal consequences experienced by this population, as well as the effectiveness of existing interventions and support systems. A comprehensive synthesis of available evidence is therefore needed to clarify current knowledge, identify research gaps, and inform future directions for research and practice.

This review seeks to address these gaps by mapping the available international evidence on the impact of sexual violence among adolescents with intellectual disabilities. Specifically, the review aims to identify the range of reported consequences, examine preventive and protective interventions, and explore systemic barriers that influence disclosure, support, and recovery. By integrating evidence from multiple disciplinary perspectives, this review contributes to a more comprehensive understanding of sexual violence affecting adolescents with ID and provides evidence that may inform disability-inclusive policies, educational programs, and support services (Svae et al., 2022).

Given the broad and heterogeneous nature of the available literature, a scoping review was considered the most appropriate approach for exploring the extent, characteristics, and gaps within this field of inquiry (Mailhot Amborski et al., 2022). The review also responds to the need for a

multidisciplinary understanding of sexual violence affecting adolescents with intellectual disabilities, a topic that intersects health, disability, education, and legal systems.

B. Research Methods

1. Study Design and Framework

This study employed a scoping review methodology to systematically map the available evidence on the impact of sexual violence on adolescents with intellectual disabilities. The review was conducted in accordance with the Joanna Briggs Institute (JBI) methodology for scoping reviews (Peters et al., 2020) and followed the methodological framework originally developed by Arksey and O'Malley and subsequently refined by Levac and colleagues to enhance methodological rigour and stakeholder relevance (Arksey & O'Malley, 2005; Levac et al., 2010). Reporting of the review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) to ensure transparency, comprehensiveness, and consistency throughout all stages of the review process (McGowan et al., 2020; Tricco et al., 2018).

2. Eligibility Criteria

The eligibility of studies was determined using the Population, Concept, and Context (PCC) framework recommended by the JBI. The population of interest comprised adolescents with intellectual disabilities, including studies involving broader age groups when findings specifically related to adolescents with intellectual disabilities could be clearly identified. The concept focused on the impacts, consequences, prevention, and responses associated with sexual violence, including sexual abuse, exploitation, victimisation, and protective or educational interventions. The review considered evidence from global contexts, encompassing healthcare, educational, community, forensic, residential, and legal settings.

Studies were eligible for inclusion if they were published between January 2020 and December 2024, written in English, and reported empirical or practice-based evidence relevant to the review objectives using qualitative, quantitative, mixed-methods, or evidence-informed approaches. Only peer-reviewed journal articles were included. Editorials, commentaries, opinion papers, conference abstracts, and studies that did not report findings specifically related to adolescents or individuals with intellectual disabilities were excluded.

3. Information Sources and Search Strategy

A systematic search was conducted across four electronic databases, namely PubMed, Scopus, CINAHL, and ScienceDirect. The final search was performed on December 31, 2024. The search strategy was developed in consultation with a research librarian and combined controlled vocabulary terms with free-text keywords. The main search concepts included intellectual disability, adolescence, and sexual violence. Search terms included "intellectual disability", "developmental disability", "adolescent", "youth", "sexual violence", "sexual abuse", and "sexual victimisation". Boolean operators ("AND" and "OR") were used to combine search concepts and refine retrieval.

An example of the search strategy applied in PubMed was: ("intellectual disability" OR "developmental disability") AND ("adolescent" OR "youth") AND ("sexual violence" OR "sexual abuse" OR "sexual victimisation"). Search strategies were adapted to the indexing systems and search functionalities of each database. Detailed database-specific search strings are presented in Table 1.

Table 1
Search strategy across databases

Database	Search strategy	Number of records identified
PubMed	("intellectual disability" OR "developmental disability") AND ("adolescent" OR "youth") AND ("sexual violence" OR "sexual abuse" OR "sexual victimization")	27
Scopus	TITLE-ABS-KEY (("intellectual disability" OR "intellectual disabilities" OR "developmental disability" OR "developmental disabilities" OR "learning disability" OR "cognitive disability") AND (adolescent* OR youth OR teen* OR child*) AND ("sexual violence" OR "sexual abuse" OR "child sexual abuse" OR "sexual victimization" OR "sexual assault" OR "sexual exploitation"))	192
CINAHL	MH "Intellectual Disability" OR "Developmental Disabilities") AND (MH "Adolescents") AND ("sexual violence" OR "sexual abuse")	5
ScienceDirect	("intellectual disability" OR "developmental disability") AND ("adolescent" OR "youth") AND ("sexual violence" OR "sexual abuse")	195
Total		419

4. Study Selection Process

The study selection process was conducted independently by two reviewers in two sequential stages. During the first stage, titles and abstracts were screened against the predefined inclusion and exclusion criteria. Studies considered potentially relevant were subsequently retrieved for full-text assessment. During the second stage, full-text articles were independently reviewed to determine final eligibility. Any disagreements between reviewers were resolved through discussion and consensus, and when necessary, a third reviewer was consulted to adjudicate unresolved discrepancies.

The screening process was managed using Rayyan, a web-based platform designed to facilitate blinded and collaborative screening of citations. Mendeley Reference Manager was used for reference management and duplicate removal. Reasons for exclusion at the full-text stage were documented and reported in the PRISMA-ScR flow diagram to enhance methodological transparency.

5. Data Extraction

Data extraction was conducted using a standardised and pilot-tested charting form developed by the review team. The charting form captured information related to study characteristics, including authorship, year of publication, country of origin, study design, sample size, participant characteristics, type of intellectual disability, type and nature of sexual violence, intervention characteristics where applicable, outcome measures, reported psychological, behavioural, social, and legal impacts, and key findings.

Data extraction was performed independently by two reviewers to enhance consistency and reliability. Any discrepancies were resolved through discussion and consensus. The charting form was refined iteratively throughout the review process to accommodate emerging concepts and themes identified within the included studies. The extracted study characteristics are presented in Table 2.

6. Quality Assessment of Included Studies

In accordance with the Joanna Briggs Institute (JBI) guidance for scoping reviews, a formal critical appraisal of methodological quality or risk of bias was not undertaken because the primary objective of this review was to map the breadth, nature, and characteristics of the available evidence rather than to evaluate intervention effectiveness or determine certainty of evidence (Peters et al., 2020). This approach is consistent with recommendations that scoping reviews are intended to provide an overview of existing evidence and generally do not require mandatory risk-of-bias assessment (Munn et al., 2018). Nevertheless, methodological characteristics and study limitations were extracted and considered during data synthesis to provide contextual understanding of the strengths and limitations of the available literature.

7. Data Analysis

A descriptive synthesis was undertaken to map and summarise the characteristics of the included studies. Quantitative information was tabulated to provide an overview of publication trends, geographical distribution, participant characteristics, and methodological approaches.

To synthesise evidence regarding the impact of sexual violence on adolescents with intellectual disabilities, a thematic analysis approach was employed. Following data extraction, relevant findings from each study were independently reviewed and coded by two reviewers. Initial codes were generated from recurring concepts identified across studies and subsequently grouped into broader thematic categories. Similar codes were merged and refined through an iterative process of comparison and discussion to develop overarching themes. Disagreements regarding coding and theme classification were resolved through consensus between reviewers.

The final thematic structure was used to organise the findings into major domains related to psychological consequences, social and behavioural impacts, institutional and systemic barriers, prevention and educational interventions, and methodological considerations of the included studies.

C. Results and Discussion

Searching Results

The scoping review process identified 419 records from four electronic databases. Following the removal of 84 duplicate records, 335 articles underwent title and abstract screening, of which 292 were excluded. Subsequently, 43 full-text articles were assessed for eligibility. During the eligibility assessment, studies were excluded because they involved inappropriate populations or interventions ($n = 20$), had inaccessible full texts or incomplete data ($n = 5$), or were published outside the specified date range ($n = 7$). Detailed numbers for each stage of identification, screening, eligibility assessment, and inclusion, including reasons for full-text exclusion, are presented in the PRISMA flow diagram. Ultimately, 11 studies met all eligibility criteria and were included in this review.

Characteristics of Included Studies

The 11 studies included in this scoping review represent available evidence across different contexts examining the impact and prevention of sexual violence among adolescents with intellectual disabilities (ID). The studies employed a range of methodological approaches, including systematic reviews and meta-analyses, quantitative observational studies, clinical case studies, feasibility trials, and qualitative intervention development research.

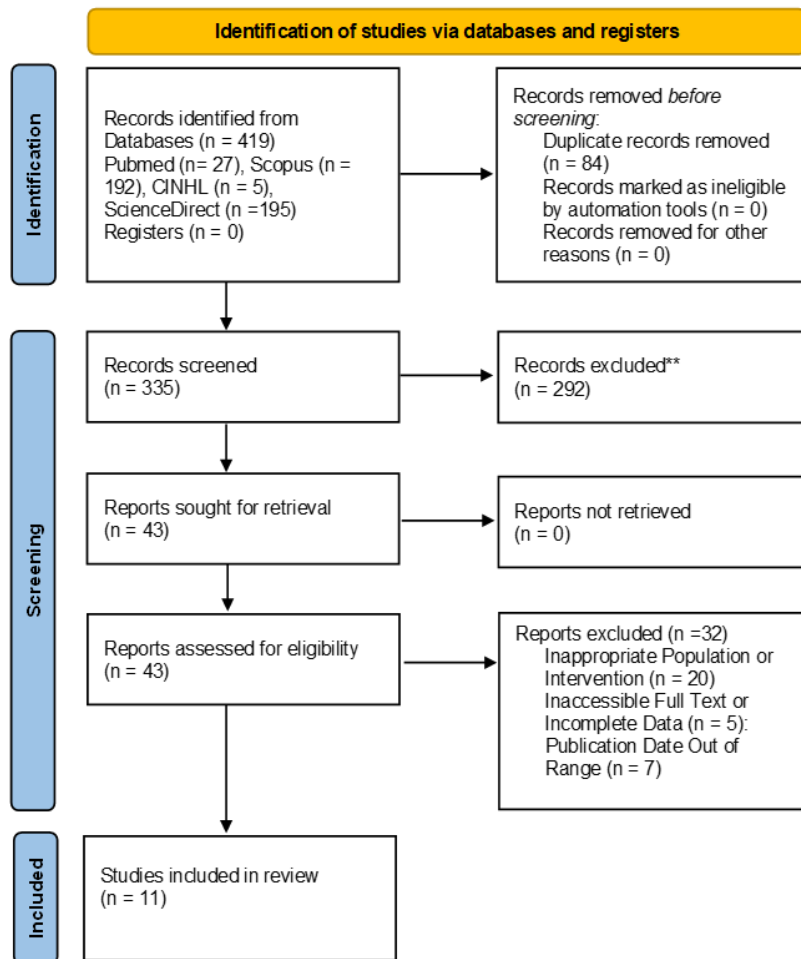


Figure 1. PRISMA Flow Diagram

Geographically, the evidence was drawn from both high-income countries, including the United States, Canada, Norway, and the Netherlands, and low- and middle-income countries such as Pakistan and Brazil, as well as multi-country studies (da Silva et al., 2024; Ozcevik Subasi et al., 2024). Sample sizes varied considerably, ranging from small feasibility studies involving 15 participants (Warratch et al., 2021) to large population-based datasets exceeding 4,000 individuals (da Silva et al., 2024).

Participants primarily consisted of adolescents and young people with mild to moderate intellectual disabilities. Several studies also included individuals with autism spectrum disorder (Åker & Johnson, 2020; Kildahl & Helverschou, 2024) and Prader-Willi syndrome (Benarroch et al., 2021). These studies were included because they reported findings relevant to adolescents with intellectual disabilities or contributed evidence regarding closely related developmental conditions frequently associated with intellectual disability. Females were consistently identified as being at greater risk of sexual victimisation than males, particularly within healthcare and forensic contexts (Bourgeois et al., 2021; de Vogel & Didden, 2022). A detailed summary of study characteristics is presented in Table 2.

Table 2
Characteristics of Included Studies

Author (Year)	Country	Study design	Sample size	Participants characteristic	Key findings
de Vogel & Didden (2022)	Netherlands	Multicenter retrospective comparative study	126 women with MID-BIF, 76 women without MID-BIF, 31 matched men with MID-BIF	Women with MID-BIF (IQ 50-85), mean age 35.3 years; forensic patients	Women with MID-BIF experienced significantly more victimisation, especially sexual abuse; need for gender-responsive treatment.
Sperandini et. al (2024)	Italy	Exploratory retrospective observational study	66 children/adolescents (ETI and ETI+ID groups)	Children aged 6-16, with and without ID, exposed to interpersonal trauma	Children with ID showed more severe PTSD symptoms, anxiety, and adaptive dysfunction, especially after abuse/violence
Buorgeois et. al (2021)	Canada	Prospective matched-cohort study using administrative health data	1.764 (882 sexually abused & 882 matched general population)	Children under 18 at the time of abuse report; 75% girls, average age ~11 at entry, ~19 at follow-up	CSA and substance misuse were significantly associated with the earlier onset of psychotic disorders; sex was not significantly associated
Warratich et. Al (2021)	Pakistan	Non-randomised pre-post feasibility study	15 female children	Girls aged 10-15 years with mild intellectual disabilities (IQ 55-70), sufficient verbal skills	Statistically significant improvement in knowledge and skills; the majority found the program acceptable and feasible; highlights potential for scale-up in rural school settings
Houtrow et. Al (2021)	United States	Clinical Report / Guidance Document	Not applicable (Expert consensus and literature synthesis)	Children and adolescents with disabilities (e.g., physical, intellectual, developmental, ASD, spina bifida)	Youth with disabilities face higher risks for sexual abuse and limited access to appropriate sex education. Paediatricians should provide individualised, developmentally appropriate guidance and partner with families, schools, and caregivers to support healthy sexuality.
Greene et. al (2024)	United States	Community-Based Participatory Research (CBPR), qualitative design, intervention development	Not explicitly quantified; involved teacher interviews and a pilot test in one Special Education classroom	Adolescents with intellectual and developmental disabilities; specific ages or gender not stated	Developed a novel, adaptable, and inclusive sexual consent intervention tailored for students with intellectual and developmental disabilities using CBPR and Universal Design principles
Kildahl & Helverschou (2024)	Norway	Cross-sectional clinical study	88	Autistic adults with intellectual disabilities, aged 15-68 years (29.5% female)	Only 3.4% diagnosed with PTSD despite the high prevalence of violence (34.1%) and sexual abuse (17%). PTSD may be under-recognised.

Author (Year)	Country	Study design	Sample size	Participants characteristic	Key findings
Silva et al (2024)	Brazil	Exploratory, descriptive, cross-sectional study	4603	People with intellectual disabilities of various ages, predominantly adolescents and females, from SÃ£o Paulo	Females, black/brown-skinned, low-education individuals are most affected. Perpetrators often known males. Sexual violence involved strangers. Referrals often insufficient
de Nobrega et al (2021)	Brazil	Content and appearance validation study (quantitative and qualitative)	25 expert judges (evaluation phase); original development involved 19 adolescents with ID, 17 mothers/caregivers, 22 professionals	Young women aged 15-19 years with intellectual disabilities (ID); professionals and caregivers involved in initial ET development	Educational technology was validated with a high CVI (total = 0.99). Experts highlighted innovation, relevance, and potential for self-protection education.
Benarroch et al (2021)	Israel	Clinical case report series (descriptive, qualitative and quantitative)	36 individuals with genetically confirmed PWS	Age 12-44, 17 females; all with Prader-Willi Syndrome, living in residential care facilities	25% experienced sexual abuse; 78% involved food reward; characteristics of PWS increased vulnerability; call for syndrome-specific SSE
Aker & Johnson (2020)	Norway	National field study; qualitative analysis of transcribed real-life police interviews	96 interviews (82 unique individuals); some were interviewed multiple times	Mild ID (n=48, age 5-70), Moderate ID (n=18, age 14-43), Autism (n=16, age 5-50); mixed gender distribution	The majority of interviews were with female victims of sexual abuse; heavy reliance on yes/no questions (53.4%), limited use of open-ended questions (2.6%), frequent use of suggestive questions (8.6%); interview techniques not fully aligned with best practices; no significant difference across diagnostic groups

Vulnerability, Psychological, Social, and Behavioural Consequences

Across the included studies, adolescents with intellectual disabilities (ID) were consistently identified as a population at heightened risk of sexual victimisation. Direct experiences of sexual abuse, coercion, exploitation, and other forms of victimisation were reported across diverse contexts (Benarroch et al., 2021; da Silva et al., 2024; Sperandini et al., 2024). Female adolescents were consistently identified as being particularly vulnerable to sexual victimisation, especially among girls and young women with mild to moderate intellectual impairments (Bourgeois et al., 2021; de Vogel & Didden, 2022). This pattern was observed across healthcare, forensic, educational, and residential settings, suggesting that vulnerability is shaped not only by individual impairments but also by environmental and systemic conditions. Limited autonomy, communication barriers, dependence on caregivers, and inadequate protective systems may collectively increase exposure to victimisation while reducing opportunities for disclosure and support.

Psychological consequences emerged as the most consistently reported impact of sexual violence among adolescents with ID. Reported outcomes included post-traumatic stress disorder

(PTSD), anxiety, emotional distress, impaired adaptive functioning, behavioural dysregulation, and broader psychosocial difficulties (Kildahl & Helverschou, 2024; Sperandini et al., 2024). Several studies highlighted that trauma-related symptoms may remain underrecognised within this population, resulting in discrepancies between reported experiences of abuse and formal diagnoses of PTSD. Diagnostic challenges, communication difficulties, and symptom overlap with developmental conditions were identified as factors that may contribute to underdiagnosis and delayed intervention (Kildahl & Helverschou, 2024).

The consequences of sexual victimisation extended beyond immediate psychological distress. Evidence suggested associations between childhood sexual abuse, substance misuse, and the earlier onset of psychotic disorders, indicating that sexual trauma may contribute to complex and long-term mental health trajectories among vulnerable adolescents (Bourgeois et al., 2021). Collectively, these findings demonstrate that the psychological burden of sexual violence among adolescents with intellectual disabilities is substantial and multifaceted.

In addition to psychological impacts, the included studies identified a range of social and behavioural consequences associated with sexual violence. Victimisation was linked to challenges in interpersonal relationships, difficulties in self-advocacy, and barriers to disclosure and help-seeking (de Vogel & Didden, 2022). Communication limitations and dependency on caregivers frequently complicated reporting processes and access to appropriate support services. These findings suggest that the consequences of sexual violence extend beyond individual trauma and may affect broader aspects of social functioning and recovery.

Institutional and Structural Challenges

The review identified a range of institutional and structural barriers that may hinder the prevention, identification, and response to sexual violence among adolescents with intellectual disabilities (ID). Findings from justice, healthcare, education, and social service settings indicated that many systems remain insufficiently prepared to meet the needs of this population. A recurring concern involved the adequacy of forensic and investigative practices. In particular, police interviews with individuals with intellectual disabilities frequently relied on closed-ended and suggestive questioning techniques, potentially compromising disclosure quality, the reliability of testimony, and subsequent legal outcomes (Åker & Johnson, 2020).

Additional barriers were reported across healthcare, education, and referral systems. Studies conducted in low- and middle-income countries highlighted limited health education infrastructure, inadequate referral pathways, and restricted access to specialised support services (da Silva et al., 2024). These systemic shortcomings may increase vulnerability while simultaneously reducing opportunities for timely intervention and support following victimisation.

The challenges identified in the review appear especially pronounced in resource-constrained settings, where institutional limitations may intersect with social stigma and inadequate service infrastructure (da Silva et al., 2024). Consequently, adolescents with ID may encounter multiple barriers throughout the reporting, referral, and recovery process. Collectively, these findings highlight the importance of strengthening disability-sensitive procedures and developing coordinated, multi-sectoral responses that integrate healthcare, education, child protection, and legal systems to better support adolescents with intellectual disabilities who experience sexual violence.

Prevention and Educational Interventions

Prevention and educational interventions constituted a major area of focus across the included studies. Several interventions reported improvements in child sexual abuse (CSA) prevention knowledge, safety behaviours, and self-protective skills through the use of developmentally

appropriate educational approaches (Ozcevik Subasi et al., 2024; Warraitch et al., 2021). Effective intervention strategies commonly incorporated storybooks, behavioural modelling, role-play, multimedia resources, scenario-based learning activities, and culturally adapted educational materials designed to meet the cognitive and developmental needs of adolescents with intellectual disabilities (Nóbrega et al., 2021; Ozcevik Subasi et al., 2024; Warraitch et al., 2021).

Evidence from the included studies suggests that accessible and developmentally adapted learning formats can enhance the effectiveness of sexual abuse prevention programmes. For example, Warraitch et al. (2021) demonstrated the feasibility and acceptability of adapting a Korean CSA prevention programme for implementation in a rural Pakistani context, while the educational technology “Abuse No More” was developed and validated using developmental learning principles, including Vygotsky’s zone of proximal development, to enhance accessibility and learning transfer (Nóbrega et al., 2021). These findings support the importance of tailoring sexuality education and prevention initiatives to the specific learning needs of adolescents with intellectual disabilities rather than relying on conventional educational approaches designed for typically developing populations.

More recent intervention development efforts have emphasised participatory and rights-based approaches. Greene et al. (2024) employed a community-based participatory methodology to develop a sexual consent curriculum for special education settings using Universal Design for Learning (UDL) principles. Although effectiveness outcomes were not reported, the study reflects an emerging trend toward inclusive, context-sensitive, and learner-centred educational interventions that recognise adolescents with intellectual disabilities as active participants in the learning process rather than passive recipients of information.

Despite these promising developments, the current evidence base remains limited by methodological weaknesses, including small sample sizes, the absence of control groups, and limited long-term evaluation. These limitations make it difficult to determine the sustainability and generalisability of intervention outcomes and highlight the need for more rigorous evaluations of prevention and educational programmes for adolescents with intellectual disabilities.

Contextual Differences and Knowledge Gaps

Although the overall patterns of vulnerability were broadly consistent across settings, important contextual differences emerged across the included studies. Research conducted in high-income countries more frequently focused on trauma assessment, forensic interviewing practices, and the clinical consequences of sexual victimisation (Åker & Johnson, 2020; Bourgeois et al., 2021; Kildahl & Helverschou, 2024). In contrast, studies conducted in low- and middle-income countries, particularly Pakistan and Brazil, emphasised challenges related to educational access, prevention infrastructure, referral systems, and the availability of specialised support services (da Silva et al., 2024; Warraitch et al., 2021). These findings indicate that the challenges and priorities identified in the literature vary across contexts, particularly between high-income countries and low- and middle-income countries.

Despite these contextual variations, several common patterns were observed across settings. Studies consistently highlighted the heightened vulnerability of adolescents with intellectual disabilities to sexual violence, barriers to disclosure, limited access to specialised support services, under-recognition of trauma-related consequences, and the importance of developmentally adapted prevention and educational interventions. These recurring findings indicate that challenges associated with sexual violence among adolescents with intellectual disabilities transcend national and socioeconomic boundaries, although their manifestations may differ across contexts.

The review also contributes to a broader understanding of sexual violence among adolescents with intellectual disabilities by bringing together evidence from health, education, forensic, and social care literature. Collectively, the findings suggest that vulnerability is shaped not only by disability-related characteristics but also by institutional, social, and contextual factors. This perspective supports a more ecological understanding of risk and protection that extends beyond individual-level explanations.

Nevertheless, important knowledge gaps remain. Few studies have examined how disability intersects with gender, ethnicity, socioeconomic status, or cultural context, despite indications that these factors may influence vulnerability and access to services (da Silva et al., 2024). Furthermore, the mechanisms through which trauma develops and evolves among adolescents with intellectual disabilities remain insufficiently understood (Kildahl & Helverschou, 2024). The limited availability of longitudinal research also restricts understanding of long-term recovery trajectories and the sustained effectiveness of prevention and intervention programmes.

Methodological Limitations, Research Gaps, and Future Directions

Several methodological limitations were identified across the included studies. A common concern was the absence of control or comparison groups, which limited causal inference regarding intervention effectiveness. Some studies relied on pretest–posttest designs without control conditions despite reporting positive outcomes (Ozcevik Subasi et al., 2024; Warritch et al., 2021).

Sample size variation represented another important limitation. While some studies used large population-based datasets (da Silva et al., 2024), others involved relatively small and highly specific populations, including individuals with Prader–Willi syndrome (Benarroch et al., 2021) or expert panels used for intervention validation (Nóbrega et al., 2021). Additional methodological challenges included the use of heterogeneous outcome measures and varied indicators of psychological and behavioural impacts, making cross-study comparisons difficult (Åker & Johnson, 2020; Sperandini et al., 2024). Reporting limitations were also evident. Greene et al. (2024), for example, described the development of a comprehensive sexual consent curriculum but did not provide effectiveness outcomes.

The evidence base remained concentrated in high-income settings, with relatively limited representation from low- and middle-income countries and from adolescents with severe intellectual disabilities or complex communication needs. Although studies from Pakistan and Brazil provided important contextual insights (da Silva et al., 2024; Warritch et al., 2021), the available evidence remains concentrated in resource-rich environments.

Despite growing evidence, important gaps remain. Few studies have examined the intersection of disability with gender, ethnicity, socioeconomic status, or cultural context, despite indications that these factors may substantially influence vulnerability and access to services (da Silva et al., 2024). Furthermore, the mechanisms through which trauma manifests and evolves among adolescents with ID remain poorly understood (Kildahl & Helverschou, 2024). The scarcity of longitudinal research limits understanding of long-term recovery trajectories and intervention effectiveness.

The findings support the need for developmentally appropriate, trauma-informed, and rights-based approaches to sexual violence prevention and response. Health professionals, educators, caregivers, and legal practitioners should receive specialised training to recognise abuse, facilitate disclosure, and provide appropriate support. Existing pediatric and adolescent healthcare guidelines should more explicitly address the unique needs of adolescents with intellectual disabilities (Houtrow et al., 2021).

From a policy perspective, strengthening child protection systems, disability-sensitive legal procedures, and accessible referral pathways remains essential. Particular attention should be directed toward low- and middle-income countries, where resource constraints continue to limit prevention and recovery efforts. Future research should prioritise longitudinal studies, rigorous evaluations of intervention effectiveness, and culturally adapted prevention strategies. Greater inclusion of adolescents with severe intellectual disabilities and co-occurring conditions is also necessary to ensure that future evidence reflects the diversity of this population. Research should increasingly evaluate not only knowledge acquisition but also behavioural outcomes, legal empowerment, and broader system-level changes.

D. Conclusion

This scoping review synthesises evidence from 11 studies examining the impact of sexual violence on adolescents with ID. The findings indicate that adolescents with ID experience heightened vulnerability to sexual victimisation and frequently face substantial psychological, social, and institutional consequences following abuse. Although several developmentally adapted educational interventions show promise in improving prevention knowledge and safety skills, important gaps remain in trauma recognition, service accessibility, and the long-term evaluation of intervention outcomes.

This review contributes to the existing literature by providing a comprehensive overview of the psychological, social, and institutional impacts of sexual violence among adolescents with ID, identifying current prevention and educational interventions, and highlighting critical evidence gaps within the field. The findings support the need for trauma-informed services, accessible sexuality education, and disability-sensitive reporting and referral systems to strengthen prevention, protection, and support for adolescents with ID. Future research should prioritise longitudinal studies, controlled intervention trials, and culturally responsive prevention strategies to strengthen the evidence base and inform sustainable policies and practices for adolescents with intellectual disabilities across diverse settings.

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