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# Children with Disabilities & Sexual Abuse Fact Sheet

California Child Abuse Training and Technical Assistance Centers

# CATTA

working with communities to prevent child abuse



# Children with Disabilities, Sexual Violence, and the Perpetrators

## **What are some of the things that we know about sexual abuse involving children with disabilities?**

Perpetrators are likely to be male, either family or extended family, or caregivers in an institutional/home setting such as schools, afterschool programs and other service delivery locations. In fact, professional or paraprofessionals providing in-home services have also been identified as perpetrators of sexual abuse.

Victims tend to be female, although a significant number are male. There are some characteristics of the child victims that seems to increase risk of abuse, including medical needs, caregivers unable to comfort the child, a child's conduct that is frustrating to the caregiver are some where increased physical abuse has been identified.

Children with intellectual and/or developmentally disabilities are at a higher risk for sexual abuse than others, estimates ranging from 4-10 times the rate.

Data on Prevalence of Abuse shows that Children with Disabilities are:

- 1.7 times more likely to be abused than children without disabilities (Westat, 1991)

- 3.4 times more likely to be abused than children without disabilities (Boystown, 2001)

Children with disabilities become adults with disabilities where abuse rates continue at higher rates.

Adults with disabilities are equally as likely to be abuse victims as the generic population (Nosek, 1999)

The extent of the abuse is "much worse" for women with disabilities (personal care indignities & abandonment)

Increased rates of abuse by both men and women with disabilities from 31-83%

For women with mental retardation & other intellectual disabilities rates from 40-90%

## **SUBSTANTIATED CASES IN CALIFORNIA:**

According to NCANDS (National Child Abuse and Neglect Data Set) in 2005 substantiated cases of child abuse totaled 86,725. Of these, 8,172 were children with disabilities. This represents approximately 10% of all child abuse cases, and represents 22 children per day, or nearly 1 child per hour in California. The disabilities identified in this data set include: mental retardation, emotional disturbance, visual impairment, Deaf or Hard of Hearing, learning disability, physical disability, having behavioral problems or some other diagnosed medical condition.

## **SUBSTANTIATED CASES NATIONALLY:**

5 million vulnerable adults (NAS, Petersilia, 2001)

2 million elders

1 million children (generic, that is without disabilities)

Thus, more vulnerable adults become crime victims annually than children and elders COMBINED. (Since  $2+1=3$ , and 3 is less than 5).



# Children with Disabilities, Sexual Violence, and the Perpetrators

## How is sexual abuse different for children with disabilities?

Many who are abused sexually lack a support system in which to confide about the abuse.

Some of the “cultural” norms and beliefs about sex and/or sexual abuse within the population may contribute to sexual assault being under-reported and prosecuted such as:

There has been no sex education or sexual abuse awareness education, thus there is no vocabulary nor conceptual framework that would allow for understanding and reporting the assaults.

Sexual assault is so rampant, it may not be recognized as something “out of the norm” and thus a topic of discussion, complaint or disclosure.

The taboos of discussing matters involving sexuality are powerful within the population.

Those perpetrating the abuse are often those to whom a complaint would be made, a relative, or actual or perceived agent of the perpetrator.

Due to the physical violence of sexual assault, children with disabilities may experience an increased chance of serious injury such as—vaginal or anal tearing and bruising; pelvis and hip bone breakage; and risk for sexually transmitted diseases/infections.

## What are some of the physical and behavioral signs of sexual abuse among children with disabilities?

Genital or anal pain, irritation, and/or bleeding.

Bruises on external genitalia or inner thighs.

Difficulty walking or sitting.

Torn, stained, or bloody underclothing.

Sexually transmitted diseases.

Inappropriate relationship between victim and suspect.

Child exhibiting distress when a particular caregiver approaches.

Child re-enacts the abuse through engaging in “mimicking” behavior with other children, during play with dolls or any other play or the child re-enacts the abuse during solo play.

Child may have mood changes that are seen in increased agitation, anger, fear, frustration, isolation, withdrawal and regression to earlier stages of development. In addition, symptoms of depression, anxiety, and trauma may emerge. Questions about sex or pregnancy may emerge. A new interest in the body, functions of the body, or re-enacting sexualized conduct with family and friends may begin.



# Children with Disabilities, Sexual Violence, and the Perpetrators

## **What are some of the profiles of the perpetrators of sexual assault against children with disabilities?**

Individuals who deliberately seek out a place where children with disabilities receive services including residence, transportation, school, vocational or day and therapy programs.

Violent sexual predators who seek vulnerable targets.

Usually males who seek positions of authority over others and have learned that it is unlikely the sexual assault will be disclosed, and even if it is, the child with a disability is unlikely to be believed when reporting sexual assault.

Individuals known to and trusted by the child and the child's family who sexually abuse them represent about 98% of the perpetrators. Strangers represent less than 1%. Thus, programs that focus on "stranger danger" miss the mark completely.

## **Mandated Reporters.**

Individuals who have a professional responsibility for children are mandated to report suspicions of abuse to the police or children's protective services agency. These individuals include all personnel on the school campus including volunteers, bus drivers, and allied health professionals who provide specialized services such as speech therapy, occupational therapy, counseling, etc. In addition, any other person providing services to a child such as a Regional Center employee or volunteer, a therapist, counselor, physician or other service provider is a mandated reporter. Family members, neighbors, community members such as grocery store employees are not mandated reporters. However, anyone who observes or suspects abuse may report to the police or local CPS agency. The obligations and definitions of Mandated Reporters is detailed in the most recent CANRA regulations (Child Abuse and Neglect Reporting Act).



# Sexual Abuse of Children with Disabilities. Who, What, When, and Where?

## **Sexual Abuse of Children with Disabilities: Who?**

Statistics on sexual abuse of children are not exact and continue to be collected. It is estimated that only 10% of these crimes are discovered.

Overall, children with disabilities are impacted by violence between 4-10 times more than the general population

Due to the nature of the crime, sexual assault/rape/unwanted sexual activity, sexual abuse of children with disabilities will continue to be under reported and hard to research.

Sexual abuse of children with disabilities, today, is an under reported phenomenon due to the inability of victims to report, lack of awareness of direct service providers to recognize and understand the meaning of signs of sexual abuse, and due to their reluctance to comply with mandated reporter laws and responsibilities

California Evidence Code Section Dependent Person (EC 177) defines a Dependent Person as an “individual of any age with physical or mental impairment that substantially restricts the ability to carry out normal activities or protect legal rights”. Thus children with disabilities are considered Dependent Persons under the law and have a right to special considerations and accommodations under this Section, when they become victims of crime.

## **Sexual Abuse: What?**

This does not differ from sexual abuse of children who do not have disabilities. The assaults include (but are not limited to): Non-consensual sexual contact of any kind; sexual contact with any person (child) incapable of giving consent, all types of sexual assault or battery including rape, sodomy, coerced nudity, and sexually explicit photographing, filming, showing of or forcing participation in pornographic representations or acts, prostitution, and sexual slavery.

## **Sexual Abuse of Children with Disabilities: When?**

Sexual assault on the child with a disability can happen anywhere, any place, at any time, just like any sexual assault on anyone.

This can occur during transportation services, when drivers change routes or times to ensure privacy and lack of discovery.

This can occur at anytime either during normal daily activities (at home, transportation, school program, after school program, office visits (physician, psychologist, OT, social worker, etc.) or during hospitalization (acute care, rehabilitation, and convalescence).

## **Sexual Abuse of Children with Disabilities: Where?**

Children with disabilities can experience sexual violence in institutional and domestic settings, during transportation, in fact anywhere they go they can be victimized.



# Intervention Steps to Assure Safety

Adapted from Baladerian, Nora J., Risk Reduction Guidelines for Parents and Advocates of Children and Adults with Cognitive and/or Communication Disabilities, 1999, SPECTRUM INSTITUTE.

## Before, During and After

### BEFORE

1. Before any assault happens...or before the NEXT assault happens, plan for it. Statistics inform us that the likelihood of an assault is great, and likelihood of subsequent assaults even greater. Being prepared for any danger is essential. Knowledge is power. Know that sexual assaults are possible.
2. Most occur when one is alone with the perpetrator. Thus, it is recommended to always have at least 2 persons present. Although this is not fool-proof as 2 may collude in the assault, it is much less likely.
3. Make sure that those providing direct service and their supervisors or agency are aware of their abuse-detection & reporting responsibilities and that they implement them. Let them know you (parent/family/advocate/conservator) are aware and watching.

### DURING

1. During an assault, if it is possible to escape, yell, resist or protest, do so. In most cases this is not possible.
2. The essential goal is to survive. Cooperate with the perpetrator to reduce his/her becoming more physically violent.
3. During the assault mentally notice everything possible. The location, identity of the perpetrator, anything s/he says, does, and notice any smells, sounds, sights. This is your power. Notice and remember all you can. **The child's power lies AFTER the assault.**

### AFTER

1. As soon as possible, instruct the child to tell a person who can and will help by contacting the police
2. Do not let the child shower, clean up or change clothes.
3. Make sure the police are called immediately.
4. Help the child tell the events to the police when they arrive. Remind the child to tell them all that was noticed during the assault, and how it felt.
5. Tell the child to be proud of themselves for doing all that is possible in such circumstances.
6. Get a referral to see a counselor to help recover from the assault. Know that children with disabilities need and benefit from post-assault therapy.



# Interview Techniques & Questions for Investigations

Before you start the interview, review the case and remember that the victim may have ambivalent feelings towards the offender, including love and/or loyalty, depending on the relationship in the past or present.

1. Who should conduct the interview?
  - Consider the gender of the interviewer and the person being interviewed. This could be very important. Use someone of the opposite gender of the perpetrator(s).
  - The child should be given the opportunity to state their preference.
2. Where should the interview take place?
  - Choose a room with privacy and very few distractions.
  - Interview the child alone, if possible, unless the victim requests a “trusted other” after being informed of their right to have that person present.
  - Sometimes an interview has to take place either in an institution or where the abuse occurred. Take measures to increase the child’s sense of safety and assure the victim of non-disclosure when possible.
3. What are some tips for conducting the interview?
  - Develop a rapport with the child. Introduce yourself and use CREDO as your philosophical foundation: Compassion, Respect, Empathy, Dignity, and Openness to their needs.
  - Invite the child to control as much as the interview as possible.
  - Ask where the child wants you to sit.
  - Announce that you will be writing down what they say, to be sure you remember it accurately.
  - Honor the dignity of the child when asking questions about the sexual assault/abuse.
  - Do not begin an inquiry about the child’s disability.
  - Use language that the victim understands.
  - Tell the victim that s/he can refuse to answer any question...however be aware that their culture may prevent them from doing so.
  - Questions should be non-leading and open-ended.
  - Suggestive questioning could lead to disclosures that will be dismissed and to the lack of protection of the client.
  - Directed questions that only require yes/no answers are allowed when the child is unable to engage in more sophisticated interviewing. Make sure to balance each “yes” answer with an equal and opposite “no” answer.



# Interview Techniques & Questions for Investigations

## 4. What if the child denies sexual assault/abuse?

- Explain the concept of sexual assault/abuse in terms that are clear and meaningful to the child.
- Tell the child that you are concerned about their safety and ask if you can return another day if the child becomes agitated or upset.
- Do not express judgment, anger, or other emotions toward the offender.
- Be aware that sexual abuse victims may have experienced multiple types of abuse, and multiple abuses, including being forced to abuse others.

## 5. What are some of the tools available for children with speech and language limitations?

- Ask “YES or NO or PASS” questions and use large cards. Ask the child to point to their answer.
- Use photographs of places, things and persons familiar to the child (that are in their normal course of life).
- Anatomical drawings or dolls may be used to elicit details for nonverbal children.
- To enhance communication, use communication boards that are normally used by the victim to communicate
- Hire a qualified interpreter.
- Use the pictograph manual from Independence First, Milwaukee, WI. **Communication Book for Individuals who are Victims of Violence and Abuse**, by Leslie Myers, MS, CRC, CDVC, 2005.



# Trends in Sexual Abuse Law & Order: The Prosecution and Judicial System

Investigation and prosecution of sexual abuse of children with disabilities presents some unique challenges to the victim and the criminal justice system.

- Reports need to be made immediately to preserve crime scene evidence and to ensure the victim receives a medical examination.
- Criminal conduct requires rapid detection, sufficient evidence, and referral to develop a case.
- Offender identification is a necessary element.

Competency of the victim can be an issue in such sexual abuse cases due to possible physical and intellectual disability. Research indicates that there is significant disparity in the way prosecution proceeds in cases of sexual abuse involving children with disabilities versus other sexual assault cases.

- Communication styles or disabilities may impact the process.
- Prejudice on the part of those in the criminal justice system against individuals with intellectual and/or communication disabilities interferes with effective delivery of services.



# National Resources

Baladerian, N. (1991). Sexual abuse of people with developmental disabilities. *Sexuality and Disability*, 9(4), 323-335.

Baladerian, Nora J. (1991) *Sexual Assault Survivor's Handbook: for people with developmental disabilities and their advocates*.

Baladerian, N. (1992) *Interviewing skills to use with abuse victims who have developmental disabilities*. Washington, D.C: National Aging Resource Center on Elder Abuse. Revised 2004, available from Mental Health Consultants, CA

Baladerian, N. (1999) *Risk Reduction Guidebook: For Parents and Advocates of Children and Adults with Developmental Disabilities*, SPECTRUM Institute, CA

## VIDEO

“VICTIMS WITH DISABILITIES: THE FORENSIC INTERVIEW”, Executive Producer, Nora J. Baladerian, Ph.D. Available from U.S. Department of Justice, NCJRS. Includes Training Guide and references.

“VICTIMS WITH DISABILITIES: COLLABORATIVE, MULTIDISCIPLINARY FIRST RESPONSE”, Executive Producer, Nora J. Baladerian, Ph.D. Available from U.S. Department of Justice, NCJRS. Includes Training Guide and references.

## LISTSERVES

<http://www.disability-abuse.com>

The Child Abuse and Neglect Disability Outreach Project - organizes resources on behalf of professionals concerned about the abuse of children and adults with disabilities.



# References

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by being an  
Informed Parent



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