CHILDREN WITH DISABILITIES NEED PROTECTION TOO! A MODULE TO IMPROVE INVESTIGATIVE PRACTICES OF THE ROYAL NEWFOUNDLAND CONSTABULARY WHEN INTERVIEWING CHILDREN WITH DISABILITIES

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By

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Abstract

Children with disabilities are faced, on a daily basis, with challenges and obstacles that affect their quality of life. As a consequence of their disabilities, they are often reliant on others to provide basic care. It is this relationship that society as well as the disabled child assumes is with a caregiver who is trustworthy and responsible. Unfortunately, current statistics reveal otherwise and too many children with disabilites have been subject to abuse.

In today's society, children with disabilities are recognized as having equal rights and are protected under the same laws as everyone else. However, these laws and the agencies that protect children have not adequately recognized that children with disabilities require adjustments and understanding to make sure that they are protected. One cannot assume because a child has a disability that they are not capable of understanding or communicating what they are feeling or what they may have experienced. The purpose of this module is to provide information about children with disabilities and to develop an understanding of what types of strategies may be utilized when interviewing a child with a disability. The strategies provided will assist police officers designated to conduct interviews with these children to be cognizant of the best approach to use with a child with a particular disability. The module is expected to be used as an insert for the current training manual used by the Royal Newfoundland Constabulary.

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Chapter I

Introduction

This project has resulted from professional concerns associated with an incident involving a former student. As a teacher of children with challenging needs, I had the experience of witnessing the procedures that take place after a child discloses abuse to a teacher. I became acquainted with the investigative guidelines of the Royal Newfoundland Constabulary (RNC) and Social Services. During this experience, the child who disclosed abuse was a Criteria "C" challenging needs student whose needs necessitated considerations that did not seem to be taken into account by either the attending officer or the social worker.

To understand the special needs and limitations of such a child, it is important to understand what the term Criteria "C" means. Criteria "C" is a term used by the Department of Education in Newfoundland that designates a category of challenging needs students for the purposes of educational funding. Criteria "C" is the category assigned to children with IQ scores below 50, an indication that these students are severely mentally challenged. In addition to the low IQ. scores, the behavior of children in this category is maladjusted in two or more of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self- direction, functional academic skills, work, leisure, health and safety. School programs are designed to meet each individual's developmental needs (Government of Newfoundland and Labrador, 1998).

The criteria "C" student (I will call her Mary in order to protect her identity) in this incident has an additional condition known as elective mutism. This means that Mary speaks

only when she chooses to, or only to people with whom she is comfortable. Since Mary is extraordinarily nervous around strangers, she has limited ability to engage in personal conversations.

The disclosure took place at school one morning. Mary told the student assistant, who had been working with Mary for five years, that she had a bad dream the night before. Mary said that in her dream someone was touching her "bum." Subsequently, after arriving in my classroom, Mary repeated the story to me and stated that when she woke up her father was next to her. She elaborated that it was her father who was touching her in her dream. It had been previously documented through everyday conversations with Mary that both she and her sister were still sleeping with their parents at the ages of 10 and 11, and that this was apparently the norm for this family.

I immediately called Child Protection Services to report the incident. I stated to the child protection worker on the phone that Mary was a grade four challenging needs student who had disclosed abuse. I also informed the worker that Mary's previous challenging needs teacher suspected abuse, but had never had enough evidence to make a formal complaint. I informed the authorities of Mary's inabilities to communicate with strangers, cautioning that she was not likely to repeat to them what she was able to confide to people she knew and trusted. Based on my experience of working with her over the past two years, I elaborated that Mary would be more likely to answer simple yes or no questions than to engage in more sophisticated conversation of a personal nature. Agents from the RNC and Social Services did not arrive until the end of the school day, around 3:00 p.m. This meant that Mary had to be detained at school, causing her to question why she was not allowed to go home.

Changes to Mary's schedule caused further anxiety. When the investigative agents arrived, I once again described Mary's elective mutism, suggesting the importance of having support available to her during the interviewing process. The police officer explained that the procedures that he was required to follow did not permit him to deviate or make any allowances for individuals with special needs. He explained that if he did not follow proper procedures the case would be jeopardized legally and could be thrown out of a court of law.

Mary did not disclose any information about abuse to the police during the interview. The officer explained that it was important to have this account on record, so that if she should disclose a second time, the next investigation could go further than the interview stage. What concerned me about the process, however, was that Mary seemed to regress to a nervous state and became even more withdrawn after the interview. It did not seem likely to me, that having gone through this ordeal, Mary would again disclose details of abuse.

This incident led me to question police officers' awareness of the needs of disabled children. How do they make allowances for children who require special treatment to accommodate their disabling conditions? Do they consider children's ability levels or how to best approach these children? Do they understand that some children have unique ways of communicating? Left unanswered, my questions and concerns about the issues pertaining to the treatment of disabled children in cases of abuse needed to be resolved.

An important clarification is the legal definition of the term "child". A child is defined in The Child Welfare Act (1990) (Section 2 [a]) to mean an unmarried boy or girl actually or apparently under the age of 16. In particular, subsection 2 (b)(vi) explicitly states that a child in need of protection includes a child who is physically or sexually abused,

physically or emotionally neglected, sexually exploited, or in danger of such treatment.

Child abuse is an emotionally laden topic, and as such it is difficult to understand and define. Currently, child abuse is defined to include: physical abuse, physical neglect, sexual abuse, and emotional abuse (Royal Newfoundland Constabulary, 1995). The Department of Social Services (1996) definition of child abuse is: The mistreatment or neglect of a child by a parent, guardian, or care giver which results in injury or significant emotional or psychological harm to a child. The Department of Social Services defines the specific types of child abuse as; physical, sexual, neglect, and emotional abuse. A complete description follows:

➲**Physical abuse** is deliberate application of force to any part of a child's body which results in, or may possibly result in, a non-accidental injury. It may involve a single incident or a pattern or series of incidents. Child physical abuse is unique among the various aspects of a family violence because it is often connected to or confused with punishment.

➲**Child Sexual Abuse** occurs when a child is used for the sexual gratification of an adult or adolescent. It involves the exposure of a child to sexual contact, activity, or behavior, and may include the invitation to touching, intercourse, or other forms of exploitation, such as juvenile prostitution or pornography.

➲**Neglect** describes acts of omission which significantly impede a child's emotional, psychological , or physical development. Physical neglect consists of the failure to adequately meet a child's needs for nutrition, clothing, accommodations, medical care and protection from harm. Emotional neglect is defined as the failure to satisfy the developmental needs of a child to feel loved, wanted, secure and worthy. It ranges from passive indifferent to outright rejection.

➲**Emotional Abuse** involves persistent attacks on a child's sense of self. Emotionally abusive behavior is usually chronic, and is often part of a pattern of dysfunctional child rearing. Habitual humiliation, rejection or the constant reiteration that a child is stupid or bad can actively undermine a child's sense of worth and self confidence. Other emotional abusive acts include, forced isolation, intimidation, exploitation, terrorizing or routinely making unreasonable demands on a child. (p. 11)

Labeling the different types of abuse is only part of the puzzle, however, in our

attempts to define child abuse. Questions to consider include: What constitutes abuse? What are the signs and symptoms? What is involved in reporting to the police or Social Services? What happens after a report is filed? What are the statistics regarding incidents of child abuse within the disabled population?

The difficulty in estimating the incidence of child abuse is related to definition, identification, and to the small number of disclosures by victims. In Newfoundland during the year 1994/95 there were 4,914 referrals received by the Provincial Department of Social Services Child Protection team. The majority of child protection cases reported in 1994/95 were for general protection (2,825) followed by sexual abuse (1,005), physical abuse (673), and emotional abuse (411) (Department of Social Services, 1996). From 1983/4-1993, a ten year period, there was a steady increase in the number of sexual abuse referrals received by the Department of Social Services, Child Welfare Division (See Appendix I). The increase in reporting noted during this period is attributed to increased public awareness as well as to the magnitude and seriousness of child abuse (Department of Social Services, 1996).

In 1994/95 there was a decline in the number of reported cases of child sexual abuse from 1,451 in the previous year to 1,005 (See Appendix I). This is the first recorded decrease in ten years, which may signal the beginning of a downward trend. The incidence of sexual abuse cases for 1995/96 may validate this proposed trend if the number of reported cases continues to decline (Department of Social Services, 1996).

An extensive study of child sexual abuse in Canada, conducted by the Committee on Sexual Offences Against Children and Youth (Badgley, 1984) stated that 53% of females and 31% of males have been victims of one or more unwanted sexual acts. Approximately 4 in

5 of those incidents happened when the victims were children or youth. This study included a national population survey which concluded that approximately 3 in 4 victims are girls and 1 in 4 are boys. It is crucial to note that child sexual abuse is an under-reported crime (Rodgers, 1990, Cruz, Price-Williams, & Andron, 1988, Kvam, 2000, Temkin, 1994). For this project, the focus was on child sexual abuse, since this type of abuse requires criminal investigation by the police.

If a child discloses abuse to an adult, or displays indicators of abuse which alerts the suspicion of an adult, that adult is required by mandatory reporting law to report the case to Child Protection Services. Subsection (5) of the Federal Reporting Law specifically names school teachers as being required to report sexual abuse, and subsection (8) states that a person who was knowledgeable of such an offence and did not report it to a child protection worker is liable on summary conviction to a fine not exceeding ten thousand dollars, or to imprisonment for a term not exceeding six months, or to both a fine and imprisonment (Statistics Canada, 1994). The Newfoundland Provincial Reporting Law states that it is not enough to make a report to an administrator or a counselor; the teacher must report directly to Child Protection Services even before they report to the school administration (Royal Newfoundland Constabulary Association, 1995).

Once a report has been made, the Child Protection Worker will then contact the police and when possible both the social worker and the officer will come to the school to interview the child. If the police decide that there is enough evidence to suggest sexual abuse they will press charges against the abuser. In addition, the child might be taken into protective custody.

For this project, children with disabilities included children who require assistance to communicate, who use an alternative form of communication, and who require assistance with learning and/or comprehension because of either a physical or mental disability. The goal of this project was the development of a module to be inserted into the police child abuse training manual that would not only enhance their understanding of disabled children, but also clarify and delineate some specialized procedures to utilize during the process of interviewing disabled children. This module was developed for Newfoundland Police Departments by incorporating the policies and procedures that are available and utilized by other provincial agencies. The module is a compilation of information which provides alternatives and strategies for working with this specific population. It was designed to further understanding and enable professionals to work in a more effective manner in meeting the needs of the diverse population of special needs children.

Chapter Two

Literature Review

There have been a number of changes associated with the public's view of child abuse. Regulations and guidelines have been established to ensure the safety of each individual child. Federal and Provincial government departments have endeavoured to encompass all aspects of child abuse in a comprehensive definition. Unfortunately, there has been little consensus on a definition. For the purpose of this project, child abuse is defined as willful behaviour or lack of behaviour by parents and/or guardians that causes harm to a child in their care (Garbino, Brookhouser, & Authier 1987).

Child abuse is a multifaceted and complex problem for which there is no single cause. Social scientists offer theoretical explanations of child abuse in order to explain why children are sexually abused. One might assume that the same causal theories could be applied to children with disabilities who have been sexually abused. However, Finkelor (1986) contends that researchers tend to focus on a few factors, such as deviant patterns of sexual arousal or psychosexual immaturity, yet there are other behaviours that need explanation. Currently, sexual abuse theories have expanded from a strictly psychopathological model to include social and cultural factors.

Behavioural theories have been developed which tend to rely heavily on cognitive theory. Marshall and Barbaree's (1988) comprehensive behavioural perspective attempts to integrate biological endowment, childhood experiences, and the influences of the socio-cultural environment, as well as situational factors such as transitory states (anger,

intoxication) and particular circumstances (easy access to a victim or temporary lack of constraints).

The Community Services Council of Newfoundland & Labrador, in their report entitled *It's Hard To Tell* (1996), tends to blame families and communities for the continuation of sexual abuse in this province, claiming that sexual abuse of children results from inaction within families and communities.

> Inappropriate behaviour exists at the community and family levels. Fuelled by denial and inadequate information, this has resulted in too many of our children being made vulnerable through poor parenting, denied safe place to tell they were being abused, denied acceptance that they were telling the truth, and finally denied the comfort of their families and their communities . . . Families, communities, some professional. and prevention programs do not fully understand the control, power issues, and dynamics of child sexual abuse to the children (pp.2 & 38).

The Community Services Council contends that existing prevention programs may not address the root causes of child abuse, which the report describes as: lack of information about basic human sexuality, lack of recognition of the rights of children, too few safe places where children can talk about abuse and be supported and believed, and denial and lack of understanding about child sexual abuse in families and community. This view corroborates the notion that the influences of socializing agents such as family, school, religion, and media are central aspects of child sexual abuse (Herbert & Wyse, 1990).

The report further indicates that child sexual abuse continues to occur because society appears to accept without question the myth that adults in a family protect the children. Some children are vulnerable when they lack attention, affection, and have no one to turn to and trust. Such children are in need of protection. The report acknowledges that all community groups (churches, schools, families, social workers, and police officers) must

work together, claiming that a cohesive effort toward prevention and intervention must focus on the potential victim, the potential offender and those aspects of the social fabric that shape abusive behaviours. This information focuses on all child sexual abuse and is applicable to the issues concerning children with disabilities.

Several studies identify similar underlying causes for sexual abuse of children with disabilities (Kvam, 2000, Westcott, 1996, Graham, 1993, Marchant, 1991). The Sexual Abuse and Young People with Disabilities Project (SAYD;1993) compiled four surveys indicating that children with disabilities are at a higher risk for sexual abuse than children without disabilities. Risk factors that contribute to the vulnerability of children with disabilities include: communication, intellectual and mental health disabilities, increased dependency on care givers, and inadequate sex education and social skills training. Also important is the age of the child, the setting (e.g., home or institution) and the numerous caregivers and service providers normally associated with children with disabilities.

The number of reported cases of child abuse has increased dramatically (Karagianis, 1997). There is still a significant number of cases that go unreported, however, especially abuse of children with disabilities. Rioux (1992) states that 39 to 68 percent of girls and 16 to 30 percent of boys will be sexually abused before they reach the age 18. The Sexual Abuse and Young People with Disabilities Project (SAYD;1993) indicates that about 34% of officers said they have been involved in sexual abuse investigations involving children and youth with disabilities. Just over half (54%) of the service providers reported meeting children and adolescents with disabilities who disclosed sexual abuse. Twenty-one percent of parents in the survey knew of at least one child with disabilities who had been sexually

abused in the past year, and 14 out of 20 disabled adults surveyed knew of at least one person with a disability who had been sexually abused during childhood.

While there is little data with regard to the entire population of children with disabilities, there is evidence to suggest that children and adolescents with mental disabilities are at higher risk than the general population (Rodgers, 1990, Kvam, 2000). The lack of a uniform data collection system is compounded by the failure of the child protection system to both recognize and document disabling conditions among child abuse reports. This may be due in part to the attitudes, training, and intervention criteria of the agencies involved (Schilling, Kirkham, and Schinke, 1986). Given a lack of standardized data collection procedures, it is difficult to determine the national incidence of abuse among children with disabilities. Nonetheless, studies addressing the child abuse issue suggest a disproportionate representation of the children with disabilities. Morse, Sahler, and Freidman (1970) found that 42% of the abused children in their study had an IQ of less than 80. All but one of these children had been diagnosed as mentally retarded prior to abuse. Another study of 120 children (60 abused, 30 neglected, and 30 non-abused) reported that 25% of the abused group was diagnosed as mentally retarded as compared to 20% of the neglected group, and 3% of the non-abused group (Sandgrund, Graines, & Schinke, 1979). Frisch and Rhoads (1984) reported that of the 430 children in Oahu, Hawaii, who had been referred for evaluation of learning programs during a one year period, 6.7% had been reported to the child abuse agency, an incidence rate 3.5 times higher than the rate of child abuse reporting for all children in the same age group.

Children who are mentally challenged have not been given the attention they warrant.

Children with disabilities are protected by the same laws as other children, yet there are few professionals trained in conducting child abuse investigations with children who are disabled and little special consideration have been given to these children to ensure they are protected. When considering child abuse and its effects on children with disabilities, another pivotal question arises: are these children abused because there are disabled, or are they disabled because they are abused? A 1989 Disabled Women's Network (DAWN) Canada report indicates that abuse, in more than half the cases (56%) took place after the onset of the disability.

Many children with disabilities do not know or cannot answer the questions of why, where, or how they were abused. Furthermore, the effects of the abuse can have a profound influence on the ability to cope with their disability (Westcott, 1996, Rioux, 1992, & Morgan, 1987). Bousha and Twentyman (1984) indicated that abuse victims were significantly more aggressive, and these results were similar to Lorber, Felton, and Reid (1984) who reported that abuse victims were more disruptive and aggressive than the non-abused.

Myths About Child Abuse & Children With Disabilities

Historical accounts of how children and adults with disabilities were treated vary greatly, in that the accounts depend on the culture from which they came and how the members perceived individuals with disabilites. If a group decided that an individual possessed evil spirits (possibly emotional disturbances), they reacted by either murdering them, treating them brutally, or just avoiding them. If a group decided that the individual had

strong good or bad spirits they gave them glorified positions such as witch doctor, medicine men or women, high priests, priestesses, fortune tellers, and shamans (Morgan 1987).

In today's society, myths continue to surround abuse and children with disabilities. Westcott (1996) notes two myths that currently exist: First, that no one would abuse a child with a disability, because no one would harm a child who is already at such a great disadvantage; Second, that it is all right to abuse children with disabilities since they are unfeeling and unaware of their environment, and will not suffer.

Marchant (1991) delineates five categories concerning myths in relation to sexual abuse of children with disabilities:

- children with disabilities aren't vulnerable to sexual abuse
- sexual abuse of children with disabilities is all right, or at least not as harmful as sexual abuse to other children
- preventing the sexual abuse of children with disabilities is impossible
- children with disabilities are even more likely than other children to make false allegations of abuse
- if a disabled child has been abused, it is best to leave well enough alone once the child is safe

(Marchant, 1991, p. 22)

Such myths have been examined, debated and dispelled in articles and manuals. For example, the manual, *Toward a Better Tomorrow* (1993) addresses the myths and associated issues of the abuse of individuals with disabilities.

Individuals with disabilities are sometimes perceived as easy victims. The assailant looks for control over someone compliant who is not likely to reveal their identity. It is the degree of vulnerability that weighs strongest, not the degree of attractiveness. Sexual abuse can be motivated by power and control over an individual rather than by sexual gratification. Sobsey (1988) reports that girls with disabilities are frequent victims of abuse, assault, and rape. A number of studies show that while all children are at risk of abuse, girls are at a greater risk than boys, and girls with disabilities are more at risk than non-disabled peers. Doucette (cited in DAWN Canada,1989) conducted a survey that concluded that sexual abuse was higher among girls with disabilities; 47% had been victims, compared to 34% of the non-disabled control group. During a similar study, Barile (cited in DAWN Canada, 1989) asked women with disabilities at what age they were they were abused; they reported that 30% were younger than 12 and 31% were between the ages of 12 to18.

Sexual abuse of children with disabilities is harmful and unacceptable. While it may be difficult to address the impact of the sexual assault, therapists contend that the impact on children with disabilities is at least as traumatic as for the non-disabled population. Commonly reported outcomes include emotional distress (47%), withdrawal (18%) and aggressive or other behavioural problems (21%) (Jacobson & Austin, 1993). Children with disabilities require intervention just as any children who have been abused (Westcott, 1996, & Rioux 1992). Most research indicates that these children suffer the same short-and long-term effects of sexual abuse as their non-disabled peers. There is no evidence to suggest that abuse would have any less effect on a child with a disability than an ordinary child (Westcott, 1996 & Temkin, 1994).

Prevention of sexual abuse is possible for children with disabilities. Although these children learn at different rates, they are capable of understanding. Through educational preparation, training, and activities, people with disabilities are able to understand and prevent sexual abuse (Jacobson & Austin, 1993). Some programs exist that have proven useful in treating abused children with disabilities (Westcott, 1996, & Rioux 1992).

It is not more likely for children with disabilities to make false allegations of abuse. As with most children, those with disabilities are usually reluctant to report abuse or do not know that they can report. Since children with disabilities may have no way of knowing about the abuse other than to have experienced abuse and because more dependent children are less aware of their own vulnerability, false allegations are made by only a small minority of children with disabilities (Rioux, 1992 & Everson & Brown, 1989).

Jacobson and Austin (1993) explain other misconceptions about children with disabilities. Another myth that is dispelled is the idea that individuals with disabilities are thought to be asexual, oversexed or the "innocent child." Individuals with mild or moderate disabilities have similar sexual development and reproductive capabilities as those among the rest of the population. The need for sex education, therefore, is important. People with profound disabilities may be delayed in their development and have less drive for sexual gratification. However, it is their vulnerability that makes them targets for sexual abuse.

Jacobson and Austin (1993) also report that 30% of the offenders are family members (natural, step, or foster family), 30% are friends or acquaintances of the victim, and 27% are specialized service people, concluding that children with disabilities are actually at a higher risk for abuse. Jacobson and Austin further report that among the general population 25%

of girls and 20% of boys will experience some form of sexual abuse. By combining national statistics with studies of children with disabilities, the authors estimated that up to 83% of girls with developmental disabilities and up to 32% of boys will be subject to sexual abuse before the age of 18. Not only does this information dispel myths about the abuse of individuals with disabilities but it also indicates which factors are a cause for concern regarding these individuals. The critical question is: what procedures are in place to prevent and protect these children?

The literature indicates not only that children with disabilities are more susceptible to being abused sexually, physically and emotionally, but also that these types of abuse cases are less likely to be reported (Roeher Institute, 1995). Currently, the reporting process does not address the needs and concerns of children with disabilities (Roeher Institute, 1995). "In 1985 it was officially estimated that there were 360,000 children less than 16 in this country with one or more disabilities, that is 3 per cent of all children less than 16. Relatively recently it has been recognized that children with disabilities may become victims of physical or sexual abuse and may, indeed, be more vulnerable to such abuse than other children" (Temkin, 1994, p.402). Glaser and Bentovim (1979) concluded that among 111 abused children, 32% of the able-bodied children were abused after the age of 2 years, compared with 5.2% of the children with disabilities. After the age of five years, however only 9% of the non-children with disabilities had been abused, while 29% of the children with disabilities had suffered abuse. Even though there are children with disabilities being abused there no programs put in place to ensure that these children are protected.

Government agencies are negligent if they do not protect these children. Fortunately,

there are prevention and intervention programs directed toward giving children with disabilities the protection they deserve. There are no regulations in Newfoundland or Canada, to guarantee that prevention programs reach their intended audiences. Dick Sobsey, quoted in the summary report by Graham (1993b) stated: "Research suggests that most people with disabilities will experience some form of sexual abuse; some of these victims will suffer significant physical harm, but all will suffer social, emotional, or behavioural consequences of the abuse. Analysis of this research suggests that services that have been established to provide care and protection to people with disabilities are sources of the greatest risk for sexual abuse." (p. 3) Governments have put services in place but have not always taken the necessary precautions to ensure that the people providing these services have the children's best interest at heart. Do the people hired have the necessary training and qualifications to work with these children? What guidelines are used to ensure that these people do not have a prior criminal history of abuse toward children? It is not enough to say that the services are there to provide for children with disabilities; there must also be guidelines to ensure that the people providing these services will provide proper care.

Extraneous Risk Factors

Temkin (1994) and Rioux (1992) explain the extraneous factors that place children with disabilities at a higher risk for sexual abuse. Children with disabilities are often unable to run away and as such are often easily physically over-powered. They often have very little privacy. Since they may be incapable of self-care, their personal needs may have to be attended to by others. In cases of total physical dependency, recognition of abuse may be

difficult for the child because of a lack of understanding of the body and the distinction between care and abuse. Children with disabilities may also be at greater risk because of the increased number of people responsible for their care. A child with a disability living at home or in a residential setting may encounter several caregivers and other professionals such as therapists and doctors. Children with disabilities tend to be uneducated about sexual matters. For a variety of reasons, they may not have been given proper sex education. The child's school may not address the issues of sex education or the caregiver may believe that the child with the disability is unable to understand or interpret the information. The likelihood exists that a child who is disabled is unable to distinguish between abuse and normal care-giving, and to understand their own sexual choices. Additionally, low self-esteem is a characteristic of many such children. These children may lack independence and control over what happens to them. They may never have learned to say, "NO." They may have learned to be compliant and obedient to caregivers and other professionals. It is this compliance that puts these children at risk of abuse. Finally, since some children with disabilities lack affection of any kind, they may accept abuse because of the attention it brings (Westcott, 1996, Temkin, 1994).

Communication difficulties pose a major challenge for those interacting with children with disabilities. Victims rarely report their own abuse. Those lacking communication skills are unable to call out or tell someone about their situation. These children lack the vocabulary necessary to explain what happened to them. In some cases the child does not know who to tell or does not want to tell on their caregiver. Adults may doubt that another adult would abuse such child. A child who is unable to report abuse is an attractive victim

for a potential abuser. Importantly, as well, because of the difficulty in communication, a child with a disability may be considered less credible than a non-disabled child (Westcott, 1996).

Temkin (1994) also discusses complications that children with disabilities face when there is communication difficulty. The legal system takes oral communication for granted and relies heavily upon it. This can leave a child with poor verbal skills at a greater disadvantage during legal proceedings. Bone and Melzer (cited in Temkin, 1994) reported on 120, 000 children with a variety of disabilities who had limitations associated with communication. Disabilities included were: deafness, blindness, learning disabilities, language disorders, cerebral palsy, spina bifida and hydrocephalus.

Deaf children's needs vary according to: whether they have been deaf from birth, whether the onset of hearing loss occurred later in life whether they were able to learn sign-language. For some of these children, a hearing aid solves the problem. For children with nerve deafness however, hearing aids are not effective. These children are encouraged to learn sign language and to lip read. Some children who are profoundly deaf have no language. For others, understanding of English will be limited and to a finite number of words. Those who are able to use sign language benefit from an alternative form of communication. Those who do not sign or use another form of communication experience great difficulty (Kennedy, 1990).

Another group at risk for severe loss of communication skills is the deaf and blind. Children who are not born this way have some ability to learn. Forms of communication available to these children, depending on the severity of their disability, include: using sign

language, picture cards, communication boards, computers, and spelling out each letter on the palm of their hand. Others affected since birth will not likely have a communication system (Kennedy, 1990).

Children with cerebral palsy may have limited or no speech. Some use communication boards that use a number different systems, including Makaton, Rebus and Blissymbolics. Makaton is a partial language programme which provides basic communication using picture signs and symbols. It is based on British Sign Language and its vocabulary is limited.. Rebus, which is designed for less able children, is also pictorial and is based on phonetics. However, since most of these systems usually do not include pictorials for sexual-based words, they could be very frustrating for a child who is trying to make others understand that they have been sexually abused (Winzer, 1990).

A more able child with cerebral palsy could use the Blissymbolics system. Bliss symbols are pictures or symbols that represent a child's need. For example, a picture of an apple could be used to represent food and a child would point to it if they were hungry. A child using Bliss symbols to communicate would have symbols that would allow for them to communicate that someone has touched them inappropriately. The Blissymbolics system can include up to 2000 words, including an extensive sexual vocabulary and symbols for time and space. Success and achievement level with this program would depend greatly on the child's cognitive ability and age. Children with cerebral palsy may require assistance with finding the correct symbol by having another person point to the board. They in turn would use a gesture to indicate when the correct word had been reached. However, with the use of technology, new innovative methods of communication using computers are also

being explored. For example, typing words into a computer keyboard and having it synthesized into actual speech for the child is one idea under development (Temkin 1994).

Children with learning disabilities can experience communication barriers in different ways. Some children may struggle with receptive and expressive language, or require inordinate amounts of time to process incoming information. Children may understand incoming information but have difficulty formulating a response (Temkin 1994).

Children with spina bifida and hydrocephalus may not have difficulty understanding, but their thought processes tend to be slower. They may need time to process information and to formulate a thorough response. Therefore, it is vital to know how a child communicates or at least to be aware of any language barriers that exist for that child. These barriers need to be addressed to allow for effective communication (Temkin, 1994). Winzer (1990) stated that, "any degree of disturbance in a child's communication with others has an impact on social adjustment; all types of speech and language disorders affect the ease with which children can communicate in their world."(p. 7) It is crucial that people become aware of how children communicate if their needs are to be met. Justice for this population relies on education for those on whom children with disabilities will depend.

How Agencies Protect Children

Awareness that children with disabilities are more vulnerable to abuse necessitates an examination of how society is protecting them. The detection of child sexual abuse depends upon the presence of physicals signs of abuse, a confession of an abuser, and/or the verbal statement of a child. Since physical signs are only present in a minority of sexually

abused children and spontaneous confessions are rare, the child's verbal evidence is of crucial importance (Davey & Hill 1999, Jones, 1999, Lamb, Sternberg, & Esplin, 1998). Children are often the only source of information about possible abusive situations.

Lamb, Sternberg, & Esplin, (1998) support the premise that while children can be extremely competent informants, the quality and quantity of the information they provide depend greatly on the ways in which they are interviewed. In an earlier article Lamb, Sternberg, and Esplin (1994) propose five factors that affect children's capacity as witnesses. First, children tend not to communicate with unfamiliar adults. Second, while children are accustomed to being tested by adults, they are seldom spoken to as a source of information. It is therefore important to motivate potential witnesses to be as informative and detailed as possible. Third, there is a need to consider children's linguistic abilities. Children often have restricted vocabulary and their sentences tend to be short without elaboration. Fourth, the capacity for memory differs between adults and children. As children get older their ability to retain and recall information increases. Since children tend to forget more rapidly than adults, it is crucial that the investigation takes place as soon as possible. It is important to note, however, that children's memories are not more prone to error than those of adults. Although they may remember less, they are as accurate, making the same proportion of errors as adults or older children.

Finally, although both children and adults are suggestible, preschoolers appear especially susceptible, particularly to post-event contamination. Suggestions are less likely to affect children's response when they pertain to specific details of salient events or to appearances rather than the sequences of events. Lamb, Sternberg, and Esplin (1994) suggest

that electronic recording devices be utilized during the interview process. They also noted in a later article, (1998) that fantasy, memory strategies and deficiencies, suggestibility, and communicative abilities will also affect the details given by young children, however, children can and do remember important details of incidents that they have observed or experienced. Although their accounts can be manipulated, interviewers who are sensitive and aware of children's capabilities and deficiencies can avoid many of the problems posed by questions that force the children to operate at or beyond their limits of their ability. A child's developmental level does not make him/her an incompetent witness. However, having an understanding of a child's developmental level and what their limitations are will influence the ways in which their accounts are interpreted. Thus, a child's overall development should be taken into account before an interview is conducted. As well, it is important to recognize that a child's limitations need not hinder an interview but instead should be used as guidelines to shape how the interview is to be conducted.

When sexual abuse is suspected, a common practice is for the police and the social services department to conduct joint interviews so that the child only has to experience one interview. Davey and Hill (1999) surveyed interviewers' training and background in order to compare their interview techniques and practice. They summarized that the number of interviews conducted with children varied from one to five or more. Overall, most interviews were conducted jointly with other agencies and not with parents present. There tended to be no consensus on what type of interview to use, or whether or not to use anatomically correct dolls or drawings. Some investigators used no materials at all. Out of the 60 interviewers, only 14 used investigatory guidelines when conducting an interview.

Davey and Hill (1999) concluded that there is a need for further investigation into the effectiveness of different child sexual abuse training programs in order to change the course for investigatory interview practice. Jones (1999) also emphasizes the need to improve interview training in the areas of knowledge and skill development and supports the need for those who do the training to have adequate support, training, and feedback.

Freeman and Morris (1999) stressed the importance of effective and appropriate investigative interviews and the importance of interviews being conducted by qualified and knowledgeable personnel. Their investigation revealed that the recent declassifications of child protective service (CPS) workers resulted in having many workers with little preparation - information or education - to enable them to conduct effective interviews. Conducting such interviews requires a high level of understanding about developmental capabilities and childhood memory. They conclude that training improves knowledge about investigative interviewing.

The interviewing techniques employed in Newfoundland indicate a similar need for increased knowledge and skill training for teachers, the police and child protection officials, particularly in cases involving children with disabilities. The Roman Catholic Board of St. John's Special Services handbook (1994), also being utilized by the Avalon East School Board, follows the reporting guidelines outlined in the Child Welfare Act . However, there are no special considerations or statements that would require a teacher or any person doing the reporting to inform the police or child protection worker that a child might have a disability. Since some disabilities are invisible (e.g., deafness) there is a chance that a child's disability could be overlooked.

The child abuse training that the Royal Newfoundland Constabulary (RNC) receives with regard to interviewing children provides limited information about what to consider when a child has a disability. An interview with Inspector Connie Snow of the RNC (personal communication, June 23 & July 3, 1998) and a review of a 5-day course used to train officers entitled the *Collaborative Approach for the Investigation of Child Abuse Training Manual* (1994), revealed no specific guidelines for interviewing children with disabilities. The RNC resource manual included two relevant articles: Saywitz & Damon (1993) addressed developmental considerations and Bull (1993) discussed innovative techniques for questioning young children and children with learning disabilities. Included in the training manual is a study examining the implementation of Bill C-15[1] in eight communities in Ontario indicating the need for police to have specific techniques that enable them to work with young children or mentally challenged victims; these strategies include the use of videotape and/or closed-circuit television. One officer recommended that experts in this area be available to assist with interviewing, explaining that officers cannot be expected to be experts in all areas (Coolbear, Steinberg, & Moyer, 1993).

Regardless of the documentation provided in the current literature, within the actual training manual, there are no written guidelines or policies to follow when interviewing children with disabilities. Inspector Connie Snow (personal communication, 1998) revealed that the topic of interviewing children and people with disabilities is usually raised during

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1

Bill C-15 entitled "An Act to Amend the Criminal Code and the Canada Evidence Act." Bill C-15 became law in Canada on January 1, 1988. By the proclamation of this Bill, the federal government sent a clear message that the protection of children and youths was a priority in Canada and that sexual abuse of children was unacceptable and would not be tolerated.

the training sessions, generally during a review of children's developmental stages, and that time is spent discussing the issue. She indicated that this as an area that needed to be addressed in the training policy manual. She also outlined the strategies that an officer can employ when interviewing such children. In her view, an officer should try to get the information from the child by using the interviewing procedures as outlined in the manual. If this approach does not work, an officer would be expected to find an alternative way of accessing the information. One alternative would be to allow a support person (a person the child trusts) to be present. Another would be to allow the support person to ask the questions. Unfortunately, this course of action could be viewed in a court as undue pressure on the child. Another alternative would be for the officer to use more directly leading questions, which could again be used in a court of law to imply that the child was mislead. While these alternative methods are not addressed in the training manual, Inspector Snow confirmed that the priority is to find out what has happened to the child and to ensure his/her safety. However, she did note that an officer who follows the protocol may choose not to employ these alternative strategies for fear of jeopardizing the case legally (Personal communication June 23, & July 3, 1998). If sufficient evidence is gathered, the officers and social workers will take measures to ensure that the child is safe and that charges are laid immediately.

Four of the major principles and objectives underlying the curriculum for the RNC training manual relevant to this study are:

1. Investigations of child sexual abuse requires staff who have sufficient knowledge in child abuse and who have an advanced level expertise acquired

through training.

2. Investigations of allegations of child abuse must be *thorough, comprehensive, objective* and *fair*. Every situation involving child sexual abuse merits consideration and assessment on the basis of the *unique circumstances and individuals involved*, in order to arrive at decisions which ensure the best interests of the children involved

3. To understand the aspects of child development which effect the investigative interview.

4.To improve skills in joint investigative interviewing of the abused child.

(Royal Newfoundland Constabulary Handbook, 1994, p 20-22)

Although all of these statements discuss meeting the needs of children, the manual does not include information about why children with disabilities may be at a higher risk for abuse nor does it address the issue of appropriate interviewing techniques. It would be very difficult to develop a module or manual insert that would inform officers about all the possible situations or all the types of disabilities that affect children's safety. However, it is unfair to assume that understanding normal child development is enough to meet the needs of such a diverse population. Left uninformed, officers could be responsible for putting children at further risk, creating a situation that conflicts with the stated curriculum goals and objectives.

Child Protection Services operate according to similar guidelines to those of the RNC. In a phone interview with Beverly Rudgazer, a social worker involved with sexual abuse investigations, she reported that social workers have no formal training in dealing with children with disabilities reporting abuse. Regarding interview procedures, she said that

there are no separate guidelines or alternatives to follow or utilize in the process of interviewing such children. She explained that they often ask RNC to videotape interviews that involve young children and attempt to interview a child who is disabled according to their developmental ability. As such, the process used by Child Protection is very similar to that employed by the RNC. Child Protection Services, however, does not require actual accounts from the child, as does the RNC. If the social worker believes that the child has indicated some degree of risk for abuse, they can take further steps to protect the child (Personal communication, July 7, 1998).

The difficulties associated with interviewing children with disabilities were addressed in a federal government review conducted by Rogers (1990) in a report titled *Reaching for Solutions*. His summary of the systems' response to "children who are disabled, emotionally disturbed or mentally disabled" follows:

> To date, improvements in the social services and legal systems have largely ignored the problems of these victims. Our paternalistic or even hostile attitudes have kept disabled or handicapped victims of sexual abuse isolated from our response systems. As with very young victims, it has also been more difficult to supervise and counsel children with disabilities, especially those who are mentally disabled. (113).

Programs in Place for Intervention

Agencies are in place to protect children and policies have been developed over time to meet the needs of all children within society. Yet children are still being abused. There is widespread agreement that existing systems need to be modified, adapted, and changed where necessary to better protect all children. In one example, suggestions for change were

generated by a task force in British Columbia called *The Sexual Abuse and Young People with Disabilities Project,* (Graham,1993a), developed to address the special needs of individuals with disabilities who have been abused or who are at risk for abuse. An underlying principle of this project was the recognition that children and youth with disabilities are particularly vulnerable to abuse and that the current interventions were not always successful. Recommendations of this project delineated preventions and interventions that should be in place for individuals with disabilities. Some of the recommendations are:

> ... that the provisions of school-based sexuality education and sexual abuse prevention programs be reviewed to determine whether all students with disabilities are receiving such education and whether it is appropriate to their abilities, ages and needs.
>
> ... that where standard sexuality education and child sexual abuse prevention programs are not suitable for students with disabilities, specialized program materials be utilized and teachers receive training in providing such education.
>
> ... that an educational program package of resource materials on sexuality and child sexual abuse issues be developed for parents and other caregivers of children with disabilities, and that this information be provided through community--based workshops and agencies.
>
> ... that training programs on detection and reporting of sexual abuse of children and youth with disabilities be developed and provided to staff who work in provincially-funded, operated or licenced facilities that serve children and youth with disabilities.
>
> ... that ministries responsible for responding to sexual allegations jointly develop and implement a training component on disabilities and sexual abuse to be integrated with core abuse investigations training.
>
> ... that current child abuse investigations and prosecution protocols be amended to address the special needs of children and youth with disabilities and their families.
>
> ... that ministries responsible for responding to child abuse allegations develop

> systematic procedures for obtaining specialized expertise to assist in sexual abuse investigations involving children and youth with disabilities...
>
> ... that a child witness preparation program be developed that addresses the needs of children and youth with disabilities and their families.
>
> ... that a training program for victim assistance workers be developed and implemented that addresses the special needs of children and youth with disabilities and their families.
>
> (Graham, 1993b, p. 11)

Another project developed to teach children with disabilities and their families about abuse is: *Toward a Better Tomorrow, Helping Mentally Handicapped People Stop the cycle of Violence and Abuse* (1993), created by Jacobson and Austin, for the Medicine Hat Regional Association For The Mentally Handicapped. This program was designed to teach front line workers, volunteers, families, parents, and the general public about indicators of abuse and how to teach the prevention of abuse to children with disabilities.

Created by Rivkin, Breen, and Rines for the Justice Institute of British Columbia, the project entitled *Facing our Fears: Protecting Children with Disabilities from Sexual Abuse* (1996) was designed to assist parents and families. It addresses issues such as how to identify possible signs of sexual abuse, how to develop ways to ensure the safety of children if sexual abuse is suspected, how to report abuse, how to obtain support for their child and themselves; and how to prevent their child from being sexually abused.

Kirstie's Story: Responding to Sexual Abuse Allegations Involving Children with Disabilities (1994) was created by Rivkin and Graham also for the Justice Institute of British Columbia. This project resulted from the Sexual Abuse and Young People with Disabilities

Project. The purpose of *Kirstie's Story* is to teach those involved about the issues that arise when an allegation of sexual abuse involves a child with disabilities.

These progams are consistent with suggestions found in other documents pertaining to this subject (Westcott, 1996 & Rioux, 1992). Since education is considered an effective way to change society's perception of individuals with disabilites, the primary focus in preventing abuse to date has been education. This approach, however, has limitations. People are now more aware of the need to educate people with disabilities and to give them the opportunity to make decisions about their lives, to exercise choice and opportunity to grow and develop, without interference (Rioux, 1992), but professionals and other agents who investigate suspicions of abuse of such individuals need to be trained to respond in a timely and effective manner.

The task of teaching and informing the RNC about the needs of children with disabilities is very complex. Each situation varies considerably. One could conclude that society has to improve the systems that protect all children from abusive situations. It is one thing to have a policy in place; it is another to have a comprehensive system that works and protects everyone. The purpose of this project is to produce a module to be inserted into the RNC manual; the intent is to provide a more comprehensive approach for the Royal Newfoundland Constabulary to use during investigation of a sexual abuse case involving a child with disabilities.

Chapter III - Methodology

Introduction

The purpose of this project was to develop an information module to be inserted into the child sexual abuse training manual for the Royal Newfoundland Constabulary (RNC). Specifically, the information module addresses issues pertinent to the investigation of sexual abuse of children with disabilities. The goal was to increase the RNC's knowledge, confidence, and competence with respect to interviewing children with disabilities. This chapter describes the process used to determine the need for such a module, and to obtain the information required. Information was collected in four phases.

Phase I - Literature Review

Phase I involved a review of the relevant child abuse literature involving children with disabilities, including the literature pertaining to investigative interviewing and training procedures employed by the police. The goal was to explore the nature and extent of the problem, to develop an understanding of the most frequently identified barriers that interfere with the identification of abuse of disabled children and the difficulties associated with inadequate investigative procedures.

Phase II - Review of Training Manual and Procedures

Phase II involved an analysis of the child abuse training manual utilized by the Royal Newfoundland Constabulary. The manual outlines a five day course that reviews the policies and procedures for assessing abuse and conducting interviews of suspected abuse victims.

It outlines the types of abuse and reviews the signs and symptoms that describe each type. The manual also includes sections 2b and 4 from the Child Welfare Act, which describe a child in need of protection, and delineates the guidelines for conducting a joint interview with social services. The manual provides a description of child development and includes an explanation of the different developmental stages and cognitive abilities of children at different stages of development. It also includes articles pertaining to developmental considerations, interviewing techniques, children as victims and witnesses, and children with learning disabilities.

A review of the training manual revealed a lack of comprehensive information about children with disabilities, the risk of abuse, and considerations for conducting an interview with such a child. This analysis confirmed the need for a module in the RNC training manual that would address the issues pertaining to the assessment and investigation of abuse involving children with disabilities.

Phase III - Review of Existing Programs

Phase III involved the collection and examination of a number of existing program manuals which included information about children with disabilities. Several programs were found that were designed for parents and teachers to inform them how best to educate their children with special needs. This information was examined to determine specific current practices which might be considered for inclusion in the module for the RNC.

Projects such as *Sexual Abuse and Young People with Disabilities Project* (1993), *Facing Our Fears: Protecting Children with Disabilities from Sexual Abuse* (1996) and

Kirstie's Story: Responding to Sexual Abuse Allegations Involving Children with Disabilities (1994) were produced by the Justice Institute of British Columbia for the Sunny Hill Health Centre for Children, Sexual Health Resource Network. The Coordinator of the Sexual Health Resource Network, Catherine Jeffery, was contacted and permission was obtained to reproduce and adapt material from these programs. Material from the *Toward a Better Tomorrow* (1993) manual, produced by Jacobson and Austin for the Medicine Hat Regional Association for the Mentally Handicapped was also adapted, with permission. See Appendices II & III.

Phase IV - Consultations

Phase IV included consultation with people directly involved with implementing the current training manual in order to determine how the abuse of children with disabilities issue is addressed in the actual training process. The participants chosen were aware of the training process and some had delivered the course to officers. Two agencies, whose staff are both directly involved with conducting interviews with children who are suspected of being sexual abused - the Royal Newfoundland Constabulary and Social Services - were contacted as "experts" in this field. Expertise was determined by ensuring that at least one of the following criteria applied:

(1) individuals in a supervisory position who could articulate the policy position of the institution in which they worked;

(2) individuals who work in the front lines and are involved in the investigative process; and/or,

(3) individuals who have special knowledge or experience in dealing with child abuse issues.

The goal was to assess the opinions of various professionals with respect to the concerns expressed in Phases I and II and to determine topics pertinent to the development of the module.

Information was collected through personal interviews. The participants included an array of professionals from different institutional affiliations in St. John's: an inspector from the Royal Newfoundland Constabulary; three sergeants from the Royal Newfoundland Constabulary; a course instructor from the Faculty of Education, Memorial University and a social worker from the Department of Social Services.

All consultants were willing to participate by discussing the topic of children with disabilities and abuse. The participants, two women and four men, ranged in age from their mid-thirties to mid-sixties and included people who had conducted investigations of child abuse, one person who had taught child abuse courses, and one person who had instructed with regard to the implementation of the actual RNC training manual.

Each participant was interviewed to determine their knowledge of children with disabilities and their opinions concerning current methods of addressing their needs. They were asked to elaborate on how they thought that current practices could be improved. Other questions posed were determined by the person's position and knowledge base. Questions were exploratory and focused on current practices and how to best meet the needs of children with disabilities within the system. One interview was a phone interview; all other interviews took place in person and were a half-hour to two hours long. One participant was

interviewed three times for one hour. Detailed written notes as well as cassette recordings were used.

The information collected from these interviews revealed common suggestions. All agreed that the needs of children with disabilities have not been adequately addressed during investigations of sexual abuse. Each participant also noted these children's needs are not generally considered by people conducting the interviews. The reason for the disregard of the child's condition was having limited knowledge about how to address the diversity of needs. They also agreed that different styles of communication among this population pose a challenge that affects the outcome of investigations.

The course instructor of the RNC training manual indicated that this was an area that is not addressed in any current policy or during the course. Another participant indicated that they had interviewed people who were disabled, but without any direct training on how best to approach this population. Another consultant indicated that this issue had been raised during a training session, but that no guidelines or suggestions exist. An investigating officer revealed that his experience with a brother who is mentally challenged had allowed him to be more aware of individuals' needs and how to approach children with disabilities.

The two participants involved with either the teaching of courses on child abuse, or who were aware of required courses for program completion, mentioned that there is no information pertaining to this topic in any of the associated courses.

Conclusion

The module reflects the current opinions of professionals involved in child abuse training and investigations, as well as suggestions from the literature and existing programs. On the advice of the current RNC instructor, the module, which follows, is designed to enhance the current system manual and will be presented to the Royal Newfoundland Constabulary to pilot within their training program.

CHILDREN WITH DISABILITIES NEED PROTECTION TOO!

A Module to Improve Investigative Practices of the

Royal Newfoundland Constabulary When Interviewing Children with Disabilities.

CHILDREN WITH DISABILITIES NEED PROTECTION TOO!

Table of Contents

Acknowledgments

I would like to take this opportunity to thank a number of professionals for their invaluable participation and assistance during the development of this module. It was with their support that this module has become a reality. *"Children With Disabilities Need Protection Too!"* will hopefully be the beginning step to ensure that all children receive proper support. A special thank-you to my friends and family who believed that this would become a reality for me!

Special thanks to Catherine Jeffery, Coordinator, Sexual Health Resource Network, for granting permission to reproduce and adapt material from: *Facing Our Fears, Kirstie's Story*, and *Sexual Abuse and Young People with Disabilities Project*. A special thank-you as well to the Medicine Hat Regional Association For The Mentally Handicapped for permission to reprint material from the *Toward A Better Tomorrow Manual*.

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Introduction

This training module is designed to aid police officers to recognize the signs of sexual abuse in children with disabilities. Most police agencies have a set of standards and guidelines that provide consistency and establish solid ethical boundaries. What is generally missing in the guidelines, however, is information about children with disabilities, and the steps that the police can take to ensure that a child with a disability is given equal representation and protection.

There is a clear and pressing need for access to service providers with specialized expertise, to provide appropriate information and to be available to assist in investigations. The following information is intended to foster improved investigative services by developing a better understanding of children with disabilities.

Guidelines for sexual abuse investigations involving children with disabilities are presented. These guidelines are intended to provide a starting point, to stimulate discussion and further work in this area (Graham, 1993). For the project, *Sexual Abuse and Young People with Disabilities* (1993), The McCreary Centre Society in Vancouver completed a needs assessment to determine what would be necessary to improve the investigative and prosecution procedures. The top ranked strategies were to train investigation and criminal justice professionals, to have experts for interviewing and interpreting testimony, and to implement specialized protocols and guidelines.

The results of the needs assessment further suggested that communication difficulties, lack of professional training and negative stereotyping may contribute to investigation and prosecution difficulties. The majority of licenced officers, when surveyed, indicated that the current protocols and training do not provide them with adequate direction for sexual abuse investigations involving children with disabilities. Officers felt that these types of investigations require special case management and a need for teams of skilled and experienced specialists (Graham, 1993). Thus, it is clear that training and education regarding children with disabilities is the key to improvement in these areas.

This manual includes principles that promote the rights of children with disabilities to be treated fairly and with dignity, and the responsibilities of the investigators to consider and address their special needs. Myths and realities about individuals with disabilities are explored. Factors affecting children with disabilities's vulnerabilities to sexual abuse are discussed. Included are suggestions to improve the investigation processes such as a cooperative team approach and advocating for a disability consultant. The importance of providing support to children, parents and others involved in these investigations is noted. Special considerations for interviewing children with disabilities are also presented. Finally, resources are provided to aid in identifying and addressing the special needs of children with disabilities.

Section 1

Understanding Why Children With Disabilities Are at Risk

Contents

Understanding Why Children With Disabilities Are at Risk

The goal of this section is to increase awareness and provide information about children with disabilities and why they are at risk for sexual abuse. The True and False Quiz will allow participants to access their knowledge base and set a baseline to build upon. The correct answers to the quiz are provided.

The next section examines risk factors that increase the vulnerability of children with disabilities. It explores the social, system and individual components that contribute to placing children with disabilities at higher risk for sexual abuse. This section presents the myths and stereotypes that exist in society when people lack the necessary information to enable them to form objective opinions about people with disabilities. Developing an understanding of people with disabilities will enable those interacting with this population to treat them appropriately.

True or False Quiz

- ❑ 1. Children with disabilities are not at risk of sexual abuse because they are not sexual, attractive or desirable.
- ❑ 2. Both men and women sexually abuse children.
- ❑ 3. People who are disabled cannot be taught to protect themselves against sexual abuse.
- ❑ 4. People who are disabled would not know what happened to them if they were sexually assaulted.
- ❑ 5. Children who are disabled lie or at least confuse reality and fantasy because of a mental defect.
- ❑ 6. People who are mentally disabled are asexual, over-sexed or the "innocent child."
- ❑ 7. A large percentage of sexual abuse offenders are family members, friends, or acquaintances.
- ❑ 8. Children with mental disabilities are more likely to be abused than children without mental disabilities.
- ❑ 9. Excessive or compulsive masturbation is a sign of sexual abuse.

True and False Answers

1. Children with disabilities are not at risk of sexual abuse because they are not sexual, attractive or desirable

   False People often see individuals with disabilities as easy victims. It is the degree of vulnerability that weighs strongest, not the degree of attractiveness. The perpetrator looks for control over someone who will be compliant and not likely to reveal their identity. Sexual abuse is a statement of power over an individual and may not be motivated by sexual gratification.

2. **Both men and women sexually abuse children.**

   True While most perpetrators of sexual abuse are men, studies have revealed that up to10% of sexual abuse is by women.

3. **People who are mentally disabled cannot be taught to protect themselves against sexual abuse.**

   False Although some people with disabilities may learn at a different rate, they are capable of understanding the different aspects of sexual abuse. Through preparation, training and experiential activities, people with mental disabilities can understand and prevent abuse.

4. **People who are mentally disabled would not know what happened to them if they were sexually assaulted.**

   False With those who have severe mental disabilities it may be difficult to assess the impact of sexual assault, but therapists say that the impact is at least as traumatic as for the "normal" population. Common outcomes include emotional distress (47%), withdrawal (18%), and aggressive or other behavioral problems (21%).

5. **Children who are mentally disabled lie or at least confuse reality and fantasy through some mental defect.**

   False As with most children, those with disabilities are usually reluctant to report abuse or do not know they can report. Often children with disabilities would have no way of knowing about the abuse other than to have experienced abuse.

6. **People who are mentally disabled are asexual, over-sexed or the "innocent child."**

   False Individuals with mild to moderate disabilities usually have similar sexual development as those among the rest of the population with normal reproductive capabilities. Therefore, the need for sex education is important. People with profound disabilities are often delayed in their development and sexual impulses may be less strong. However, their vulnerability makes them targets for sexual abuse.

7. **A large percentage of the sexual abuse offenders are family members, friends, or acquaintances.**

   True Research indicates about 30% of offenders are family members (natural, step, or foster family) and another 30% friends or acquaintances of the victims; 27% are specialized service persons.

8. **Children with mental disabilities are more likely to be abused than children without mental disabilities.**

   True Estimates of child sexual abuse among the general public show that about 25% of girls and 20% of boys will experience some form of sexual abuse. In combining national statistics with individual studies, estimates show that up to 83% of girls with developmental disabilities and up to 32% of boys will be subjected to sexual abuse before the age of 18.

9. **Excessive or compulsive masturbation is a sign of sexual abuse.**

   True & False Excessive masturbation may be a behavior normally exhibited by someone who is mentally disabled. It is not a conclusive sign of sexual abuse. However, one should look for other symptoms occurring at the same time or any changes in the individual's usual behavior.

(Adapted with permission from Medicine Hat Regional Association for the Mentally Handicapped. (1993). Toward a Better Tomorrow: Helping Mentally Handicapped People Stop The Cycle of Violence of Abuse. Medicine Hat, Alberta: MHRAMH)

Myths and Stereotypes

Many myths and stereotypes exist about individuals with disabilities. All investigators would benefit by examining their attitudes and beliefs concerning young people with disabilities. Failure to do so may result in inappropriate responses, as illustrated below.

Myths & Their Effects	Reality
Disability "spreads": if someone has one form of disability, that person is likely to have others. Individuals with physical disabilities are treated as if they have intellectual disabilities (Or vice versa).	People may have no disabilities, one disability or multiple disabilities. The abilities and needs of any person are best determined on an individual basis.
People with disabilities are incapable of understanding and relaying information. The credibility of individuals with disabilities is automatically questioned and their right to protection under the law is denied.	People with unique communication needs are no less truthful or credible. Communication styles and methods can be adapted to meet an individual's needs.
People with disabilities are asexual. Sexuality education is not provided to children, denial surrounds the issue of sexual abuse, and adults are deprived of their right to healthy sexual expression	People with disabilities have the same sexual needs as people without disabilities. All children need sexuality education to reduce vulnerability to sexual abuse and foster healthy sexual development.
People with disabilities are over-sexed and cannot control their sexual impulses. Those exhibiting inappropriate sexual behaviors are labeled sexual deviants.	Children who are acting out sexually may be demonstrating what they have learned, and the possibility of prior abusive experiences should be explored.
People with disabilities are childlike. Youth and adults are "infantilized" and assumed to be incapable of decision making.	Individuals with disabilities should be treated in an age appropriate manner. Decision-making is learned. Independence and self-governing should be encouraged.
People with disabilities do not feel emotional pain if they are abused. When individuals with disabilities have been abused, their need for counselling and therapy are denied.	Someone with a disability who has experienced abuse may not have the same words to describe the abuse, but the pain is very real.

(Reprinted with permission Graham, 1993 pp. 159)

Societal Risk Factors

The way in which society treats people with disabilities provides the backdrop for why children and youth with disabilities are more vulnerable to sexual abuse.

Attitudes, Myths and Stereotypes

Historically, attitudes toward people with disabilities have been insensitive, condescending and even hostile. This has stemmed partly from fear, ignorance and intolerance of those who are "different" in some way, perpetuating myths about people with disabilities. Lack of respect for individual differences has resulted in stereotypes that caricature traits of people with disabilities. Negative, inaccurate beliefs about people with disabilities devalue children and youth with disabilities leaving them vulnerable to abuse and maltreatment.

- **Powerlessness**

  Routinely, people with disabilities are denied the right to make choices, leaving them with little or no control over the health, social , economic, and legal aspect of their lives. Some children experience powerlessness, while children with disabilities even more so. Since the welfare of young people with disabilities is largely determined by persons other than themselves, dis-empowerment increases the risk of abuse.

- **Isolation**

  People with disabilities are often isolated from the rest of society. Under the guise of health and social care, segregation and institutionalization have often meant separating people with disabilities from mainstream society. When young people with disabilities are not accepted as fully participating members of society, they are also denied the protection afforded by society. Not only does isolation increase the likelihood of abuse occurring, but also the likelihood increases that abuse will go undetected.

Systems Risk Factors

Risk factors for sexual abuse at the systems level refers to elements arising out of the environments in which young people with disabilities live and the various services systems with which they are involved. These include the educational, health, and social services systems. Examples of the risk factors within systems are provided below.

❑ Lack of Sexuality and Abuse Prevention Education

Young people with disabilities are still sometimes viewed as asexual or incapable of understanding their sexuality. Sex education is then seen as unnecessary and even harmful. Conversely, it is a lack of such education that puts young people with disabilities at risk of sexual abuse if they are unable to distinguish between healthy and abusive sexual relationships. Lack of information about sexuality makes it less likely that children with disabilities will form positive, healthy sexual relationships.

❑ Dependency and Learned Compliance

Children and youth with disabilities may be dependent on a variety of care givers to meet their daily needs. These young people are taught to obey persons in authority. Often decision-making skills or assertiveness are not taught. These factors make it less likely that a young person with a disability will disobey an abuser even if asked to do something that makes them uncomfortable or that is painful.

❑ Unprotective Organizational Structures and Policies

In the past, care providers have not recognized that children and youth with disabilities are vulnerable to sexual abuse. Protection measures have been overlooked in favour of organizational efficiency. Many organizational factors may contribute to increased risk of sexual abuse: inadequate screening and supervision of staff and volunteers; high child/staff ratios; rigid routines; and lack of clear policies (e.g., concerning contact between staff and children, detection and reporting of sexual abuse, and consequences for offenders).

Individual Risk Factors

Individual risk factors are characteristics that may increase an individual's vulnerability to sexual abuse. However, it is important to stress that vulnerability to sexual abuse is primarily situational; it is not an inherent trait of a young person with a disability. Rather, having the disability may increase the risk of sexual abuse because of the way society and systems treat young people with disabilities.

Sexual abuse is abuse of power, and abusers tend to prey on those who are least able to resist them or report their actions to others. Below are some of the factors that may make children with disabilities targets for sexual abuse.

❑ Language, Speech, or Vocabulary Barriers

Young people who use alternative or augmentative communication, and/or who have not been taught the vocabulary to communicate about sexuality and abuse, may have a difficult time protesting to an abuser or disclosing to others that they have been abused.

❑ Physical Defenselessness

Few children are in a position to defend themselves physically against an abuser. For young people with certain mobility disabilities, the situation may be much worse. They may not be capable of running away or resisting physically.

Sensory disabilities also contributes to physical defenselessness. A child who is blind will be unable to see an abuser coming; a child who is deaf will be unable to hear an abuser coming.

❑ Limited Cognitive Abilities

Young persons with intellectual disabilities may not fully understand an abusive situation, and as such, may be more easily manipulated. They may not have the language or comprehension skills to ask for help and when they do, they may not be believed.

❑ Need for Personal Care

Sexual abuse prevention for the general population usually teaches concepts such as "your body is your own". This is often not the case for young people with disabilities, particularly if they require assistance with personal care and hygiene. This may leave them with little control over who touches their bodies and in what manner.

Risk Factors That Increase Vulnerability Of Children With Disabilities

- ❑ **Emotion Deprivation**
- ❑ **Social Isolation**
- ❑ **Dependence Upon The Abuser**
- ❑ **Vulnerability to Incentives**
- ❑ **Feelings of Helplessness & Powerlessness**
- ❑ **Ignorance of What is Happening**
- ❑ **Sexual Repression & Sexual Curiosity**
- ❑ **Coercion**
- ❑ **Learned Compliance**

Risk Factors That Increase Vulnerability Of Children With Disabilities

Statistics show that all women, children and people with disabilities are at risk of being sexually abused. Sadly, even an individual who is raised in a supportive and nurturing environment is not safe from abuse. There are, however, a number of risk factors that, when present, may serve to increase the likelihood of abuse. These factors need to be considered when conducting an interview, as well as, the impact that such factors can have on a child, especially one with disabilities.

Emotional Deprivation

Emotional deprivation can be caused by separating an individual from his or her family, by failing to provide a nurturing or stimulating environment, or by preventing her or him from making friends.

Children with disabilities are often removed from their families of origin because support services are not available. They are placed in foster homes, group homes, or institutions. These factors could, in some instances, create a situation in which a child is emotionally deprived.

Social Isolation

Social isolation was once considered a risk factor for children who are geographically isolated in rural settings. For families with a child who has a disability living in a rural setting, geographic remoteness can intensify social isolation. It may be difficult for the family to access the support systems that are necessary to cope with the demands of having a child with a disability. This isolation and lack of support can increase the risk of sexual and physical abuse.

The concept of social isolation can be viewed in the broadest possible sense, including isolation from peers, and isolation caused by poverty and shyness. Families with a member who has a disability may experience social isolation because of the stigma attached to the disability. Adults who are mentally disabled can be isolated for the same reason. In addition, poverty can act as another barrier.

Dependence Upon The Abuser

It is likely that a person who has been sexually abused knows the abuser. Research indicates that in 99 percent of the cases the abuser is known to the disabled victim.

A person with a mental disability is more likely to be sexually abused by a relative or care giver than by a stranger. Children with a mental disability are often more dependent on

adults for personal care, and are more dependent over a longer period of time than other children. Children with disabilities interact more with their adults, care givers such as bus drivers, special education teachers and staff in residential programs.

Similarly, adults with a mental disability may be dependent upon other adults for their personal care. In fact they may have few interactions with adults other than their care-givers.

Children and adults with a mental disability may develop a strong emotional attachment to people involved in their care. Thus, the greater number of care givers the greater the dependency on them and the higher risk of abuse.

Vulnerability To Incentives

People with a mental disability may be vulnerable to abuse because they desire the objects, food or other rewards offered by the perpetrators. People who are poor, deprived, institutionalized with few belongings, are more vulnerable to these incentives.

While many children are taught not to accept candy or presents from strangers (which will not prevent them accepting them from a known adult), this protection strategy is not necessarily taught to children with a mental disability. Most children with a mental disability are not prepared to protect themselves in even the minor ways. This is complicated by the difficulty children and adults may have in recognizing tricks adults may be using to manipulate them.

Feelings Of Helplessness & Powerlessness

An extreme dependency on adults can lead both children and adults with a mental disability to be obedient and polite and "do what they are told". It has been suggested that people with a mental disability become extremely dependent and expect to fail in all activities they undertake, a form of learned helplessness. Sometimes people with disabilities fail to develop a sense of their own empowerment. They are taught that they are different and in need of protection. A lack of peer relationships may prevent the development of healthy self-esteem. Any or all of these factors can serve to increase the possibility that a person with a disability experience powerlessness.

Ignorance Of What Is Happening

Awareness is increasing about the effects of children's lack of adequate information about their bodies and sexuality and how this relates to increased risk of sexual abuse. Virtually all prevention programs for children include such information. However, there is a greater tendency by parents of children with mental disability and their care givers to deny the existence of their children's sexuality. Without adequate sex education, people

with disabilities are vulnerable. If they do not understand what is happening, it is unlikely that they will understand that they can say no. Further, if they are not adequately informed about their bodies, they may have difficulty telling someone about an instance of abuse.

Sexual Repression & Sexual Curiosity

Healthy sexual curiosity by children with mental disabilities is often discouraged. In many institutional settings non-exploitative sexual activity (including kissing) is punished or discouraged. People with disabilities may have little opportunity to satisfy their sexual curiosity and sexual needs. As a result, they may become easy victims of sexual abuse.

Coercion

There is no evidence that children with mental disabilities are at a greater risk of being coerced than other children. It may be easier, however, for the abuser to use coercive tactics such as tricking, manipulating, bribing, scaring or threatening the individual to comply.

Learned Compliance

Children with mental disabilities are often encouraged to be compliant and passive as a means for care givers to control what they consider "difficult behavior". Behavior control that makes people compliant, quiet, and "good", however, can also have negative consequences, as the following example will illustrate.

> A disabled woman was assaulted by a staff member of a group home. When the incident was brought before the courts, the judge couldn't understand why the woman had not attempted to flee. When asked, the woman replied that she didn't run because the perpetrator was staff and he had told her to stay. This example illustrates how society teaches many people to be "good victims" and then places them in situations where they are likely to be victimized.

Note: It is not the disability itself that creates the vulnerability to sexual abuse. Rather, the type of education or lack of education that people with disabilities receive causes them to be vulnerable.

Section 2

Information On The Abuse of People with Disabilities

Contents

Sexual Abuse and Young People With Disabilities (SAYPD) Project Survey Results on Vulnerability and Prevention

In the fall of 1991, The McCreary Center Society was contracted by Child and Youth Mental Health Services of the B.C. Ministry of Health to undertake a needs assessment concerning sexual abuse prevention and intervention services for young people with disabilities. Four separate surveys were conducted, involving 745 service providers (including a disability organization), 41 police officers, 57 parents of children with disabilities, and 20 adults with disabilities. Selected results of these surveys - related to vulnerability and prevention strategies are summarized here.

Are young people with disabilities more vulnerable to sexual abuse?

- ✓ 88% of the service providers surveyed indicated that both boys and girls with developmental disabilities are more vulnerable to sexual abuse than their peers without disabilities. When asked how much more vulnerable, the average estimate was 1.5 times higher for girls with developmental disabilities and two times higher for boys.

- ✓ 76% of the police officers agreed that young people with disabilities are more vulnerable to sexual abuse.

- ✓ 91% of the parents indicated that they consider children with similar disabilities as their child's to be more vulnerable to sexual abuse than children without disabilities.

- ✓ Of the 20 adults with disabilities surveyed, 16 or 80% agreed that young people with disabilities are more vulnerable to sexual abuse.

Why are these young people more vulnerable?

- ✓ Vulnerability factors listed include: having communication, intellectual and mental health disabilities; increased dependency on care givers; lack of sexuality and social skills education; and negative public attitudes towards individual with disabilities.

- ✓ Risk is believed to be related to where the young person lives. As the setting becomes less private (i.e., from family homes to institutions), the likelihood of sexual abuse is believed to increased.

- ✓ Care givers and other service providers are seen as most likely to be sexual abusers of young people with disabilities, more so than family members, relatives and strangers.

Extent of Sexual Abuse of Young People with Disabilities

In recent years, a number of studies have examined the prevalence of sexual abuse of individuals with disabilities. Different methodologies, samples and definitions make comparisons among these studies, and with studies of sexual abuse in the general population, very difficult. The general conclusion that can be drawn from this research is that young people with disabilities are particularly vulnerable to sexual abuse. Estimates of increased risk range from one and half times greater to as much as five times greater than young people without disabilities. However, no clear conclusion can yet be drawn in terms of the relationship between risk of abuse and type or severity of disability (Sobsey, 1992). The findings of some of these studies are highlighted below

Canadian Studies

- In a study conducted in British Columbia, Alberta and Yukon, 51% of 21 adults who were deaf or hard of hearing indicated that they had been recipients of unwanted sexual touching as children (Franchi, 1991).

- Interviews with 83 female psychiatric patients in Ontario hospitals revealed that 37% had been sexually abused as children or adolescents (Fisrten, 1990).

- Of 96 women with disabilities surveyed in a Quebec study, 26% had been sexually abused as girls or young women (Barile, 1988).

- In an Ontario study, 47% of 29 women with disabilities had been sexually abused as children as compared with 34% of a control group of 32 women without disabilities (Doucette, 1986).

- Several researchers have asked women with disabilities about their experiences of abuse without also asking them to report the age at which the abuse occurred. In 1993, the Ontario's Women's Directorate found that 47% of a sample of 177 women with disabilities had experienced sexual abuse. In another study of 85 women with disabilities surveyed in Ontario, about 70% reported that they had been sexual assaulted (Stimpson, 1991). Finally in a national study of 245 women with disabilities, 40% reported being "raped, abused or assaulted"; 12% specifically reported having been raped.

U. S. Studies

- In the largest study, which involved 482 children with various communication disabilities referred to Boys Town Center in Nebraska, 55% of the girls and 43% of the boys had been sexually abused, or 48% of the total (Sullivan et al., 1991).

- Of 125 male psychiatric outpatients, 13% reported prior sexual abuse, with the majority reporting abuse before the age of 18 (Swett et al.,1990).

- The histories of 150 children and adolescents with multiple disabilities admitted to a psychiatric inpatient unit in Pittsburgh were examined, revealing that 36% indicated prior sexual abuse (Ammerman et al., 1989).

- Of 31 psychiatric outpatients at a university-affiliated hospital, 28% had experienced sexual assault as a child (Jacobson, 1989). Of 100 psychiatric inpatients, 19% reported sexual assault as a child (Jacobson and Richardson, 1987).

- In a study involving 322 students at a post-secondary school for children who are deaf and hard of hearing, 11% indicated that they had been sexually victimized. In another study, all 150 students in a residential school for the deaf were interviewed, with 50% reporting that they had been sexually abused. This built on a previous study conducted by Swan (1986), which found that 50% of a ninth grade class at a residential school for the deaf reported that they had been sexually abused (Sullivan et al., 1987).

- In 1986, Hard conducted interviews with 65 adults with developmental disabilities and reported that 83% of the women and 32% of the men had experienced sexual abuse. The age at which abuse occurred was reported for only 38 individuals; of these, almost half said the abuse occurred before the age of 18.

- Chamberlain et al. (1984) found that, of 87 adolescent females described as mentally retarded, 25% had been victims of sexual assault or attempted sexual assault.

Nature of Sexual Abuse of Young People with Disabilities

What do we know about the nature of sexual abuse of young people with disabilities? Who are the abusers? Where does the abuse tend to occur? What is the severity, frequency and duration of sexual abuse? Findings from a few of the larger studies that have explored these issues are presented below.

Abusers

Children with disabilities, like all children, tend to be sexually abused by people they know and trust. The increased risk of sexual abuse for children with disabilities may be associated with the greater number of care givers involved in their lives.

- As part of the Sexual Abuse and Disability Project at the University of Alberta, 162 victims of sexual abuse with various disabilities were surveyed. About 96% reported that their abusers were known to them, and about 91% of these abusers were male. Perhaps one of the most significant findings of this study was that in 44% of the cases, the abusers came in contact with the victim through specialized services related to their disabilities. The largest group of these abusers included disability service providers such as personal care attendants, mental health professionals, and residential care staff. The authors argue that risk of sexual abuse may increase by as much as 78% due to exposure to the "disabilities service system" (Sobsey and Doe,1991). While the majority of participants in the project were adults, the findings are likely applicable to children and adolescents.

- In a study of 482 young people with various communication disabilities at the Boys Town Center in Nebraska, about half (48%) of whom had been sexually abused, it was found that 97% of the abusers were "familiar and trusted" persons in these children's lives. Again the majority (86%) of the abusers were male (Sullivan, 1991).

- In Seattle Rape Relief's study of 700 cases of sexual abuse children with intellectual disabilities over a seven year period, 99% were abused by someone they knew, including care givers and relatives.

Location of Abuse

Not surprisingly, the location of the abuse seems to be related to the living situation of the child.

- The Sexual Abuse and Disability Project found that about half (52%) of the abuse

occurred in private homes while 37% occurred in environments related to the disability service. These environments included institutions, special transportation vehicles, group homes and hospitals. The remaining cases occurred in public places and generic community environments.

- In their examination of 100 deaf children who had been sexually abused, Sullivan et al. (1987) found that children in residential schools were more likely to be abused at their schools, whereas children in mainstream placements were more likely to be abused at home.

- In the Boys Town study, 39% of the sexual abuse incidents occurred at school (including residential school) and 35% occurred at home.

Frequency, Severity and Duration of the Abuse

Young people with disabilities often experience multiple and severe episodes of sexual abuse.

- Both the Sexual Abuse and Disability Project and the Boys Town study found that the majority of sexual abuse cases involved multiple incidents of sexual abuse rather that a single episode.

- Both of these studies also found that vaginal or anal penetration occurred in about half of the sexual abuse cases examined.

- In the Boys Town study, about half of the cases involved sexual abuse that was ongoing for over one year.

Indicators of Sexual Abuse

Indicators of sexual abuse are not different for children and youth with disabilities. However, sometimes indicators may be mistakenly attributed to manifestations of a young person's disability rather than alerting care givers to the possibility that sexual abuse is occurring. While many indicators, particularly those of a behavioral nature, may be signs of other problems in a young person's life, a series or cluster of indicators observed over a period of time is cause for concern regarding abuse.

Alice Richard, Coordinator of the Special Needs Program at the Victoria Child Sexual Abuse Society has developed two lists of indicators of particular relevance to young people with disabilities: one for individuals with moderate to severe communication difficulties, and another for individuals with more functional physical and verbal abilities. She notes that:

> *Individuals with disabilities may exhibit a number of behaviors that can be associated with sexual abuse. How these behaviors manifest themselves will depend largely on the extent of developmental delay and/or the degree of impairment. Persons who are non-verbal generally exhibit more of the physical or behavioral indicators of sexual abuse. If the individual is a survivor of sexual abuse their level of trauma and the indicators will most likely reflect the age or developmental stage they were in when the abuse occurred.* (p. 8)

Indicators of Sexual Abuse

For Individuals with More Functional Physical and Verbal Disabilities

- ❑ Comments or drawings that make sense only in a sexual context or that contain sexualized themes
- ❑ Attempts at sexual behavior with others, particularly those in less powerful positions
- ❑ Verbal and/or physical aggression toward others
- ❑ Isolation from peers; withdrawing from and/or avoiding contact with people with whom they had previously sought contact
- ❑ Running away - not wanting to return home
- ❑ Emotional dependency - more than previously demonstrated
- ❑ Performance deterioration
- ❑ Sexual experimentation with age inappropriate partners
- ❑ An alarming inability to distinguish between reality and fantasy
- ❑ Somatic complaints
- ❑ Sexually abusive behavior towards others
- ❑ Expression of guilt or shame
- ❑ Accident proneness
- ❑ Expression of guilt or shame
- ❑ An inability to differentiate between platonic male - female relationships and those of a sexual nature
- ❑ An expressed inability to trust others
- ❑ A disregard or an inability to keep oneself "safe" (i.e., frequently puts self in potentially abusive situation)

Indicators of Sexual Abuse

For Individuals with Moderate to Severe Communication Difficulties

- ❑ Unusual or extreme fear of certain places in their home or towards certain care givers with whom they were previously at ease
- ❑ Frequent angry / Destructive outburst
- ❑ Self-abusive behavior
- ❑ Sleep and eating disturbances
- ❑ Depression
- ❑ Dramatic mood swings
- ❑ Excessive masturbation (occurring with noticeable frequency) or other types of inappropriate sexual behavior
- ❑ Venereal diseases or frequent urinary tract infection
- ❑ Feces smearing
- ❑ Regressive behavior
- ❑ Vaginal or anal trauma
- ❑ Frantic behavior during bathing or changing behavior
- ❑ Noticeable changes in behavior such as suddenly avoiding a person, place or room and/or obvious discomfort with physical contact
- ❑ Uncharacteristic outburst of anger or hostility

Obstacles to Disclosures

Sexual abuse of children with disabilities may evade detection for many reasons. Children with disabilities often cannot or do not disclose that they are being sexually abused. Indicators of sexual abuse exhibited by a child with a disability may be attributed to the child's disability. Even when sexual abuse of a child with a disability is indicated and/or disclosed, it is not always reported. Some of the obstacles to disclosing are listed below.

- ❑ limited communication abilities
- ❑ lack of appropriate terminology to describe sexual abuse
- ❑ lack of sex education concerning appropriate touches
- ❑ afraid of punishment from the abuser
- ❑ feelings of guilt, believing the sexual abuse is their fault
- ❑ learned helplessness toward people in authoritative positions
- ❑ fear of being reprimanded if a disclosure is made

Section 3

Information on Disabilities & Communication Difficulties

Major Categories of Disabilities

Effects of Communication Difficulties

Some Possible Forms of Alternative Communication

Major Categories of Disabilities

Child with a Disability ~ those who have difficulty in realizing their full human potential. Their intellectual, emotional, physical, or social performance falls below that of other children. The differences may be related to physical, psychological, cognitive, emotional, or social factors, or a combination of these.

Intellectual Differences ~ include those who are mentally disabled.

Sensory Disabilities ~ include children with auditory impairments and those with visual problems.

Communication Disorders ~ include children with speech difficulties and language problems. Due to the high number of learning-children with disabilities who suffer communication deficits, they are grouped in this category in this text, although they could be placed in other areas. Similarly, children from diverse cultural backgrounds are also placed here, in the belief that academic difficulties are largely the result of delayed English language usage.

Behavior Disorders ~ include social maladjustment, emotional disturbance, and childhood psychoses.

Physical Disabilities and Impaired Health ~ include children with neurological defects, orthopedic conditions, birth defects, and conditions resulting from infection and disease.

Developmental Disabilities ~ include children with pervasive disorders, such as infantile autism, and those with multiple disabilities, such as cerebral palsy and mental disabilities, or deafness and blindness.

(Winzer, 1990)

Effects of Communication Difficulties

Communication difficulties pose a major challenge for those interacting with children with disabilities. Victims rarely report their own abuse. Those lacking communication skills are unable to call out or tell someone about their situation. Some children with disabilities lack the vocabulary necessary to explain what happened to them. A child who is unable to report abuse is an attractive victim for a potential abuser. As well, due to this inability to communicate such a child maybe considered less credible than a non-disabled child (Westcott, 1996).

The legal system takes oral communication for granted and relies heavily upon it. This can leave a child with poor verbal skills at a greater disadvantage during legal proceedings (Temkin, 1994).

Bone and Melzer (cited in Temkin, 1994) reported on 120, 000 children with a variety of disabilities who had limitations associated with communication. Disabilities included were: deafness, deaf blindness, learning disabilities, language disorders, cerebral palsy, spina bifida and hydrocephalus.

Children who are Deaf: For some of these children, a hearing aid solves the problem. For children with nerve deafness, however, hearing aids are not effective. These children are encouraged to learn sign language and to lip read. Some children who are profoundly deaf have no language. For others, their understanding of English will be limited and to a finite number of words. Those who are able to use sign language often benefit from an alternative form of communication. Those who do not sign or use another form of communication experience great difficulty (Kennedy, 1990).

Children who are Deaf and Blind: This group is at risk for severe loss of communication skills. Children who are not born this way have some ability to learn. Forms of communication available to these children, depending on the severity of their disability, include: using sign language, picture cards, communication boards, computers, and spelling out each letter on the palm of their hand. Others affected since birth will not likely have a communication system (Kennedy, 1990).

Children with Cerebral Palsy: May have limited or no speech. Some use communication boards that use a number of different systems, including Makaton, Rebus and Blissymbolics. Since these systems usually do not include pictorials for sexual-based words, communicating could be a frustration for the child lacking ability to make others understand when they report sexual abuse.

Children with Learning Disabilities: Experience communication barriers in different ways. Some children may struggle with receptive language, expressive language, or

require inordinate amounts of time to process incoming information. Children may understand incoming information but have difficulty formulating a response (Temkin 1994).

Children with Spina Bifida and Hydrocephalus: may not have difficulty understanding, but their thought processes tend to be slower. They may need time to process information and to formulate a thorough response.

"It is vital to know how a child communicates or at least be aware of any language barriers that exist for that child. These barriers need to be addressed to allow for effective communication." (Temkin, 1994, p. 404).

"Any degree of disturbance in a child's communication with others has an impact on social adjustment; all types of speech and language disorders affect the ease with which children can communicate in their world." (Winzer, 1990, p. 301)

Justice for this population relies on education for those on whom children with disabilities will depend. In practical terms this means providing children with what will make them equal to their non-disabled peers.

Some Possible Forms of Alternative Communication

Communication is the process whereby meaning and understanding is shared between two individuals. Communication includes the entire spectrum of acts and gestures by which to pass on and respond to messages. Oral language is an integral part of typical human activity, however, when there is a communication barrier alternative source of communication may be used. Listed below are some of the more common types of augmented types of communication.

American Sign Language (ASL): is a full language, with a rule-governed syntactic system, a rich system of morphological processes, and a large vocabulary. It is founded on a combination of symbolic gestures produced by the shape, the location and the movement of hands. Many of the signs symbolize concepts rather than individual words. ASL has no signs for grammatical markers, such as *ed* or *ing* endings, that express verb tense or condition. Users depend on facial expressions and body language to replace voice intonation and enhance meaning.

Makaton: is a partial language programme which provides basic communication using picture signs and symbols. It is based on British Sign Language and its vocabulary is limited.

Rebus: which is designed for less able children, is also pictorial and is based on phonetics.

Blissymbolics system: bliss symbols are pictures or symbols that represent a child's need. A child using bliss symbols to communicate would have symbols that would allow for them to communicate that someone has touched them inappropriately. The Blissymbolics system can include up to 2000 words, including an extensive sexual vocabulary and symbols for time and space. Success and achievement level with this program would depend greatly on the child's cognitive ability and age. For example, children with cerebral palsy may require assistance with finding the correct symbol by having another person point to the board. They in turn would use a gesture to indicate when the correct word had been reached.

Computer Technology: with the use of technology innovative ways for communication using computers are also being explored. For example, a child could type words into a computer and the computer synthesize the words into actual speech for the child (Temkin 1994). A current computer program available is IBM Speechwriter. This program enables a child to speak into a computer microphone and the computer produces the written words onto the screen.

Section 4

Interviewing Techniques

Contents

Investigation Preparation Initial Checklist

Issues to address in setting up an interview of a child with a disability will vary depending on the child's needs, and must be determined on an individual basis. Below are some questions that may be helpful in this process.

- ✓ Do any of the people being interviewed have a disability?
- ✓ What special needs are there due to the disability(ies)?
- ✓ Are interpreters/communication specialists required?
- ✓ Do mandated agencies have the expertise to deal with these special needs or is outside assistance required?
- ✓ If outside assistance is required, are there consultants in the community or will someone have to be brought in?
- ✓ How will the safety of the child be ensured during the investigation?
- ✓ What are the potential support requirements for children, parents, and others involved in the investigation?

Involving Resource People and Consultants

- consult with available resource people (parents, care givers, teachers) regarding the child's disability, behavior, level of functioning, communication and needs

- if necessary, involve a consultant with expertise related to the child's disability to provide advice on interviewing and/or assisting in conducting the interview

- identify resource people in your own organization who could serve as consultants

- determine and clearly communicate the role of the consultant; provide direction to the consultant concerning issues to advise on

- ensure that the consultant has met with and assessed the child prior to advising the team

- draw upon community resources to meet the support needs of the child and non-accused family members

Disability Consultation: Preliminary Checklist

- ✓ What is the nature of the child's disability?
- ✓ What was the age of onset of the disability?
- ✓ What is the child's level of functioning?
- ✓ How does the disability impact on the child's life?
- ✓ What special care does the child need as a result of the disability?
- ✓ Where has the child received treatment or special schooling?
- ✓ Who are the primary care givers involved in the child's life?

Disability Consultation: Communication Checklist

- ✓ How does the child communicate generally as well as in stressful situations?
- ✓ What effect, if any, does the child's disability have on recall ability?
- ✓ Does the child tend to give responses that he/she believes will please an adult?
- ✓ How can the interview be conducted to facilitate communication (e.g., types of questions, use of communication aids, minimize distractions)?
- ✓ What would be the optimal length of an interview session?
- ✓ What knowledge does the child have about sexuality, what education has the child received, what words does the child use?
- ✓ What should be done to make the child more comfortable and facilitate rapport building?

Interview Set-up Checklist

- ✓ What are the facility requirements (e.g., neutral, non-threatening location; wheelchair accessible?)
- ✓ What are the interview room requirements (e.g, size, privacy, minimal distraction, lighting)?
- ✓ Are interpreters or communication assistants required?
- ✓ Does the child require a communication system (e.g., bliss board)?
- ✓ How will the child, communication system and other individuals be positioned to facilitate communication?
- ✓ Is medical assistance/equipment (e.g., respirator) required?
- ✓ What communication aids would be beneficial (e.g., dolls, drawing materials)?
- ✓ How will video camera(s) be set up to ensure that all communication is documented?
- ✓ What initial steps should be taken to make the child more comfortable and facilitate rapport building?

Interviewing Communication Strategies

Interviewing a child with communication or intellectual disabilities may pose special challenges. You will need to be:

- skilled at interviewing children concerning sexual abuse allegations;
- comfortable around children with disabilities;
- willing to adapt interviewing techniques to meet the child's needs;
- open-mined, flexible and patient.

Tailor communication strategies to the abilities and communication style of the child. Prior information about the child's communication style will provide guidance, but remember that a child may respond differently under different conditions.

- Interview the child at an appropriate age and developmental level. Avoid behavior and words that "infantilize" the child, especially if an older child.

- Become familiar with the specific vocabulary and sentence structure of the child and use it throughout the interview.

- Seek clarification about the meaning of words used by the child - do not accept communication at "face value".

- Check frequently that the child understand your communication.

- Speak slowly in a neutral voice, and use plain language, short questions and concrete words. Deal with only one issue at a time. Abstract concepts or too many events may confuse the child.

- Give the child plenty of time to respond and tell the child that it is okay to take time. Allow periods of silence. This may be uncomfortable for you but usual for the child.

- Examine consistency/inconsistency between language statements and non-verbal communication.

- Do not assume that a child lacks intelligence if the child does not answer a question the first time asked.

- When using interpreters, remember that you are interviewing the child, not the interpreter. Direct the questions to (and maintain eye contact with) the child.

- If the child has difficulty recalling specific times/dates, anchor questions on daily events or milestones in the child's life. Prior knowledge of the life experience of the child helps in posing appropriate questions.

- If you are having trouble understanding the child, say so and ask for help, in a manner that avoids blaming the child (e.g., "I am having trouble understanding" rather than "you need to speak more clearly").

- Try avoiding using leading questions. If the nature of the child's communication makes leading yes/no questions unavoidable, start with general questions and move to specific questions if responses warrant it.

- Accept all forms of expression as part of the child's communication repertoire. This may include yelling, moaning, biting, trying to take clothes off, etc.. Guard against displaying negative reactions to such behaviors.

- Exercise caution in interpreting affect, as some children with disabilities have been conditioned not to express feelings or lack language to do so. Give the child permission to express emotions. Mood charts (drawings of faces that express different emotions) may be useful with some children.

- Other communication aids - such as drawings, photographs, and dolls - may play an important role in interviewing children with limited communication abilities. Behavioral and emotional responses to such aids should be noted.

- Several short interview sessions are often preferable to one lengthy session. This will avoid tiring the child, will provide greater opportunities for rapport building, and will ensure that the evidence is as accurate and as complete as possible. The same interviewer should be used for all sessions. The first session should elicit major details (who, what, where, when), with subsequent sessions for clarification.

- When a support person is involved, collaborate with that person to ensure that the interview is conducted in the least stressful manner to the child.

- Remember that protection of the child, throughout the interview and thereafter, is your primary concern.

Case Study Examples:

The following case studies look at how to improve the investigation so that children with disabilities can be regarded as competent witnesses. Read the following case studies and discuss how these situations could have been better approached and possibly lead to criminal charges laid against the accused.

Case Study #1:

Mary is 10. She lives with her parents and sister. Mary is diagnosed as having elective mutism and is developmentally delayed. She is quite anxious and has difficulty talking and expressing her needs to people she is unfamiliar with. She attends public school. In school Mary receives support from a challenging needs teacher and a student assistant. Mary discloses to her challenging needs teacher and student assistant that she has been sexually assaulted by her father. The teacher reports the disclosure to the authorities. During the conversation the teacher emphasizes the need to understand Mary's lack of ability to communicate to strangers, and that she is not likely to repeat the situation to a stranger. The teacher offers to be a part of the interview to support Mary. The teacher is denied her request. The officer states that it will jeopardize the case legally. The interview is conducted and Mary does not repeat her disclosure.

Case Study #2:

Peter is 9. He lives with his parents, and goes to a boarding school. Peter has severe cerebral palsy and additional learning difficulties. He is dependent on others for all his care. Another child at Peter's school told about sexual abuse from a male member of the staff, and Peter was interviewed because this person had regularly looked after Peter. Peter cannot talk, and uses a bliss board to communicate by pointing with his eyes. He was interviewed by a social worker and a policewoman. His support worker helped to interpret his communication. The interview took almost three hours, with several breaks. With the help of the adults and by using his own communication board; his 'people' board; a special communication board and dolls, Peter was able to tell that this same person had also abused him. The person was dismissed but the police could not take the case to court because the boys would not be considered competent witnesses.

(Marchant & Marcus, 1992)

Case Study #3:

Anne is 14, and lives with her mother and stepfather. She is at a residential school during the week. Anne has cerebral palsy and relies on adults for her care. Anne can speak, and is easy to understand once you know her well. For some time staff in Anne's residential unit were worried about Anne's apparent sexual knowledge, and her approaches to other children

and to staff.. She also often appears fearful during intimate care. Anne told her residential worker about seeing her daddy's willy. The worker spoke to her social worker who arranged an investigative interview. Anne refused to tell the policewoman anything unless her residential worker was in the room with her, so the interview was rearranged. She eventually told about her extensive sexual abuse over many months, which led to protective action under the Children Act, although not to criminal proceedings.

(Marchant & Marcus, 1992)

Investigation Plan: Group Exercise

Process

~ Decide who will report back to the group.
~ Read the scenario that you have been assigned.
~ Discuss and answer the questions below as they pertain to your scenario.

Scenarios

A. Jane is 12-year-old girl with a severe mental disability and very limited verbal communication. She primarily communicates using a combination of yes/no movements and a communication board. She recently became agitated when her personal assistant bathed her, particularly when the assistant touched Jane's genital area. The assistant asked Jane if "someone had hurt her there" and she nodded "yes". The assistant reported her concerns to the police.

B. Paul is an eight -year-old boy who is deaf. After participating in a sexual abuse prevention program, he told his parents that someone had touched his genitals. His parents became alarmed and immediately reported his disclosure to his school teacher, who, in turn, reported it to the Ministry of Social Services.

C. John is 17. He has quadriplegia from a brain injury he received two years ago. His injury resulted in a speech disability. At his request, John's speech pathologist contacted the police to report his disclosure that his father was forcing him to have sexual intercourse.

D. Karen is 18 and lives in a group home for adolescents with mental health disabilities. She has schizophrenia. After some prompting, Karen told her recreation aide that another girl in the home "made her do sexual things". The group home manger was told, and he reported the disclosure to the Ministry of Health.

Questions

1. As the ministry or agency official who received the report, what would you do first?

2. What are some biases/attitudes that might affect how the investigation is handled?

3. Who would be involved in the investigation, and in what capacities (including team members as well as resource people or consultants)?

4. What would you do in preparing for the interview?

5. What difficulties do you think you would face in conducting the investigation?

6. Is the investigation likely to be successful? If so, in what ways? If not, why not?

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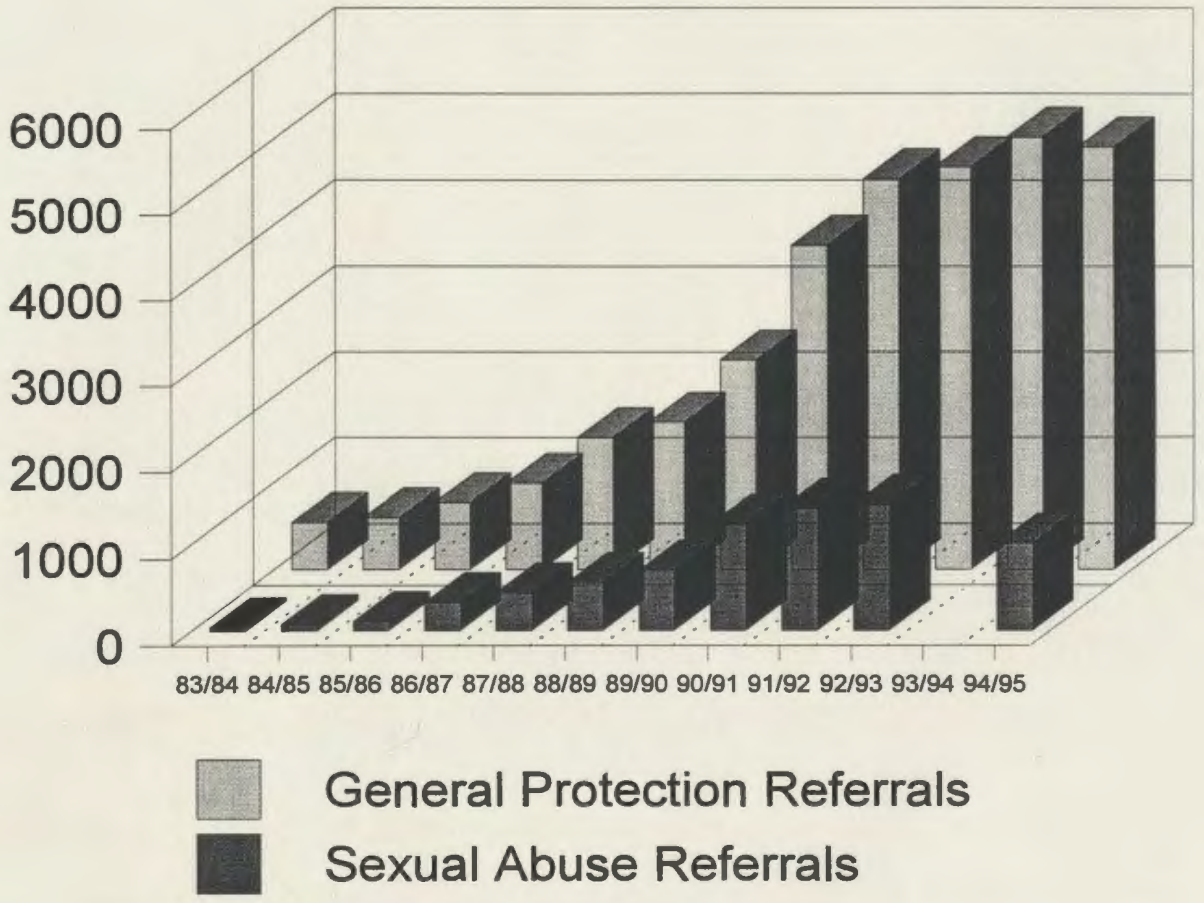
APPENDIX I

NEWFOUNDLAND CHILD PROTECTION STATISTICS

Newfoundland Child Protection Statistics

Referrals for General Protection and Sexual Abuse



APPENDIX II

PERMISSION TO REPRINT MATERIAL

SUNNY HILL
HEALTH CENTRE
FOR CHILDREN

NOTE

Date: December 21, 2000

To: Trina Ryan

From: Catherine Jeffery
Coordinator, Sexual Health Resource Network

Re: Permission to photocopy information sheets from the "Sexual Abuse Prevention for Young People with Disabilities" information kit.

The "Sexual Abuse Prevention for Young People with Disabilities" information kit was developed as part of the SAYPD* Project, McCreary Centre Society, 1993. Distribution and reprinting is the responsibility of the Sexual Health Resource Network at Sunny Hill.

The purpose of this information kit is to disperse information for education and communication efforts. With this in mind, I give you permission to photocopy information sheets for your studies and for the purpose of education and/or communication, providing you acknowledge the source.

Regards,

Catherine Jeffery
Coordinator, Sexual Health Resource Network

*Sexual Abuse and Young People with Disabilities

Permission was given by Catherine Jeffery, Coordinator, Sexual Health Resource Network, to reprint from the following manuals.

Sexual Abuse Prevention for Young People with Disabilities: pp.3, 4, 6,7, 8, 9, 10

Kirstie's Story: 9, 11, 13, 15, 17,

APPENDIX III

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TOWARD A BETTER TOMORROW

Medicine Hat Regional Association For The Mentally Handicapped,
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Medicine Hat, Alberta
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Toward a Better Tomorrow: pp. 38, 39, 40, 41, 42, 43