Child Abuse Victims with Disabilities

Selected References

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Background The present study examined the effects of repeating questions in interviews investigating the possible sexual abuse of children and youths who had a variety of intellectual disabilities. We predicted that the repetition of option-posing and suggestive questions would lead the suspected victims to change their responses, making it difficult to understand what actually happened. Inconsistency can be a key factor when assessing the reliability of witnesses. Materials Case files and transcripts of investigative interviews with 33 children and youths who had a variety of intellectual disabilities were obtained from prosecutors in Sweden. The interviews involved 25 females and 9 males whose chronological ages were between 5.4 and 23.7 years when interviewed (M = 13.2 years). Results Six per cent of the questions were repeated at least once. The repetition of focused questions raised doubts about the reports because the interviewees changed their answers 40% of the time. Conclusions Regardless of the witnesses' abilities, it is important to obtain reports that are as accurate and complete as possible in investigative interviews. Because this was a field study, we did not know which responses were accurate, but repetitions of potentially contaminating questions frequently led the interviewees to contradict their earlier answers. This means that the interviewers' behaviour diminished the usefulness of the witnesses' testimony.


The study used a series of vignettes to investigate how the presence of three disabilities (cerebral palsy, intellectual disabilities, emotional/behavioral disabilities) affects the processes and outcomes of child abuse investigations at two levels of child injury severity (moderate, severe). Seventy-five CPS case workers completed study surveys and answered questions in response to a series of eight vignettes. This study revealed differences in the responses of CPS case workers when the alleged victim of physical abuse had a disability. Children with disabilities were more likely than children without disabilities to be seen as having characteristics that contributed to their abuse. Most CPS workers felt at least some empathy with abusive parents; empathy was highest when the children had emotional/behavioral disabilities. Services recommended for families of children with disabilities were more likely to be child-focused. Parent-focused services, such as individual counseling and adult anger management, were more likely to be recommended for families of children without disabilities. In general, differences among disability groups and between cases
involving children with and without disabilities were more pronounced when the children’s injuries were less severe. Even with more severe injuries, such as a concussion or broken bones, the CPS workers still responded differently depending on the disability status of the child victims. Recommendations are made concerning the utilization of investigation teams that include disability specialists and the need for further disability-related training for CPS case workers.


This study examines the effects victim *disability* (physical vs. intellectual vs. none), victim resistance (physical vs. verbal vs. none) and respondent gender (male vs. female) have on attributions of blame and credibility in a hypothetical case of *child sexual abuse*. Three hundred and thirty-five respondents read a fictional police statement regarding the *sexual* assault of a 12-year-old girl by a 23-year-old man before completing 28 attribution items. Principal axis factoring revealed six reliable factors. Subsequent multivariate analysis of covariance—controlling for respondents' general attitude towards *disability*—revealed that males deemed the victim more culpable for her own *abuse* than did females. Further, perpetrators were deemed more culpable when the victim physically (vs. verbally) resisted. Finally, a significant three-way interaction suggests victim resistance influences attributions of perpetrator blame given a victim's *disability* status, at least amongst male observers. Implications and proposals for future research are discussed.


This study compared health care assessments, referrals, treatment, and outcomes for young adolescent sexual assault/sexual abuse victims seen at a hospital-based Child Advocacy Center (CAC), to that provided to similar victims evaluated by other community providers. A second purpose was to document how common DNA evidence is found among such cases. A retrospective matched case-comparison design matched index CAC cases diagnosed with extra-familial sexual assault to non-CAC cases referred for prosecution in the same county, matched by age and sex of victim, age and sex of perpetrator, and type of assault (*N* = 128 pairs). Since the case-comparison design produces paired data, analyses used paired *t*-tests, McNemars test, and Wilcoxon
signed-rank tests. Health care outcomes included whether victims received a health exam, indicated tests, findings of trauma on genital exams and counseling referrals; legal outcomes included whether cases were prosecuted, verdicts, and length of sentences. CAC cases were significantly more likely to receive a physical exam, a genital exam when indicated, and referral for counseling (all \( p < .001 \)). In the CAC group 26.7% vs. 4.8% had positive genital trauma findings, and only 6.3% of CAC cases failed to get indicated sexually transmitted infection (STI) tests or prophylactic treatment for STIs vs. 80% of the comparisons (\( p < .001 \)). There were no differences in decisions to prosecute, convictions, or sentence lengths between the groups. DNA was documented in only 27.3% of acute cases, although evidence kits were completed. Young adolescent sexual abuse victims received markedly different health care in a hospital-based CAC compared to elsewhere. DNA is not commonly found in acute cases.


The professional literature contains research and anecdotal information on various maltreatments affecting children and youth with and without disabilities. Unfortunately, little information exists on abused children with hearing loss. Reasons relate to a lack of quantity and quality in research on this population; challenges in conducting research using sound methodological principles that consider the population's heterogeneity (e.g., mode of communication, language level, parental perspective on deafness, educational placement); and scarce intervention services with professionals trained in the unique needs of children with hearing loss. The present article discusses types of abuse prevalent within the overall population of children and that of children with hearing loss, shares a rationale for practitioners and those training future practitioners to understand abuse among this unique population, proposes a research agenda based on existing information, and provides suggestions for supporting children who are deaf or hard of hearing and abused.


Widespread efforts are being made to increase awareness and provide education to pediatricians regarding risk factors of child abuse and neglect. The purpose of this clinical report is to ensure that children with disabilities are recognized as a population that is also at risk of maltreatment. Some conditions related to a disability can be confused with maltreatment. The need for early recognition and intervention of child abuse and neglect in this population, as well as the ways that a medical home can facilitate the prevention and early detection of child maltreatment, are the subject of this report.
Children with disabilities (CWDs) are more likely to be victims of child abuse but may have more difficulty than their typically developing (TD) peers reporting their experiences. In this study, the authors examined the characteristics of abuse reported by CWDs based on forensic statements made by 40,430 alleged abuse victims, 11% categorized as children with minor disabilities, and 1.2% categorized as children with severe disabilities. Proportionally more of the CWDs than of the TD children were allegedly victims of sexual rather than physical abuse. CWDs failed to disclose abuse and delayed disclosure more often than TD suspected victims. CWDs were more likely than TD children to be abused by parent figures and to experience physical abuse resulting in body injury or serious sexual offenses, including those involving penetration, repeated abuse, use of force, and threats. Higher levels of disability were associated with increased risk of sexual abuse. Both the heightened incidence of severe abuse among and the failure to disclose abuse by CWDs should be sources of considerable concern to social welfare and criminal justice agencies.


This report focuses on the victimization experiences of persons with disabilities, including comparisons to persons without disabilities, disability types, victim characteristics, and crime characteristics, such as reporting crime to the police and the presence of weapons during the crime.


To understand how the Swedish legal system perceives and handles mentally handicapped children who may have been victimized. Method: Twenty-two judicial districts in Sweden provided complete files on 39 District Court cases (including the Appeals Court files on 17 of these cases) involving children with learning difficulties or other handicaps as alleged victims of abuse, threat and neglect. The children (25 girls and 14 boys) averaged 11.8 years of age when first allegedly victimized. Sexual abuse was the most frequently alleged crime (33 cases). Court transcripts, court files and expert assessments of the alleged victims’ handicaps and their possible consequences were examined to elucidate the ways in which courts evaluated the credibility of the alleged
victims. Results: The children's reports of their victimization were expected to have the characteristics emphasized by proponents of Statement Reality Analysis (SRA) and Criterion Based Content Analysis (CBCA) in order to be deemed credible. Expert reports were seldom available or adequate. Because many reports were poorly written or prepared by experts who lacked the necessary skills, courts were left to rely on their own assumptions and knowledge when evaluating children's capacities and credibility. Conclusions: Children with learning difficulties or other handicaps were expected to provide the same sort of reports as other children. To minimize the risk that judgments may be based on inaccurate assumptions courts need to require more thorough assessments of children's limitations and their implications. Assessments by competent mental health professionals could inform and strengthen legal decision-making. A standardized procedure that included psycho-diagnostic instruments would allow courts to understand better the abilities, capacities, and behavior of specific handicapped children.


This exploratory study examines the delivery of child protection services by county child protection agencies involving cases with a family member with a disability. Telephone surveys were conducted with the directors or their designees of 89% of the child protection agencies in a Midwestern state. Respondents were asked about the policies and/or procedures for approaching cases involving a person with a disability and the barriers and strengths agencies have in serving people with disabilities. Only 6.7% of respondents reported their agency had a written policy related to serving persons with a disability. There were 18 different approaches to serving clients with a disability within child protection, with the most common being informally teaming for information, dual case assignment, and teaming with an outside consultant. Five counties had specialty workers who were experts in both child protection and disability. Barriers reported varied between rural and non-rural counties, with the most important barriers being lack of resources, lack of knowledge regarding disabilities, systems conflicts, and rural issues, such as lack of providers and lack of transportation. Strengths included accessing and coordinating services, individualizing services, good collaboration and creativity. While few county agencies had any written policies, both formal and informal collaboration is happening at the individual level. The lack of standardization in providing services indicates a need for more attention to issues regarding disability within child protection, including more training for workers, the development of models of collaborative case management and the removal of systemic barriers.

There is a lack of longitudinal large-scale studies of sexual abuse in intellectual disability services. Such studies offer opportunities to examine patterns in disclosure, investigation and outcomes, and to report on incidence and trends. Methods: All allegations of sexual abuse (n = 250) involving service users as victims or perpetrators of sexual abuse over a 15-year period in a large Irish community-based service were analysed based on the data extracted from extensive contemporaneous case notes. Results: Victims or families were the most common concern raisers of abuse. Following multidisciplinary investigation, almost half (47%) of all allegations of sexual abuse were confirmed (n = 118). In confirmed episodes, more than half the perpetrators were adolescents and adults with intellectual disabilities, while almost a quarter were relatives. The most common type of abuse was sexual touch, although 31% of episodes involved penetration or attempted penetration. The most common location was the family home, followed by the day service and public places. A notable feature was the variation in the incidence of abuse over the study period, largely caused by episodes of multiple abuse. Conclusions: The incidence of confirmed episodes of sexual abuse of adults with intellectual disabilities may be higher than previously estimated. There is an urgent need for statutory guidelines, which require reporting of adult abuse, and provide protection for bona fide whistle blowers, similar to existing child protection legislation.


This chapter begins by discussing definitions of sexual abuse and the scope of this problem for children who have disabilities. Next, we review the various signs and symptoms to look for when assessing a child who may have been sexually abused. The emotional impact of abuse and factors related specifically to disability are described. Important areas discussed next include how to prevent abuse from occurring and how to protect children who have disabilities from abusive relationships. Prevention is described at the societal level, within the family, and with the child as a focus. Reactions to abuse and treatment modalities are explored. A wellness approach to the topic of sexual abuse is presented. Lastly, we provide several current websites for readers who seek additional information.

This study compared the prevalence of childhood sexual abuse among visually impaired children and sighted children in Norway. Visually impaired women and men aged 18-65 who lost their sight before age 18 reported sexual abuse with contact before age 18 more often than did the sighted group, and the abuse of the visually impaired children was more severe. Implications for parents and teachers are presented, and the need for adapted sexual education is stressed.


Children and adolescents with intellectual disabilities are especially likely to be sexually abused. Even so, their claims are not likely to be heard in court, possibly because people assume that jurors will not believe them. We tested this assumption in a mock-trial study in which 160 men and women watched videotaped excerpts from an actual trial. As predicted, when the 16-year-old sexual assault victim was portrayed as “mildly mentally retarded” instead of as “having average intelligence,” jurors were more likely to vote guilty and had more confidence in the defendant’s guilt; considered the victim to be more credible and the defendant to be less credible as witnesses; and rated the victim as more honest, less capable of fabricating the sexual abuse accusation, and less likely to have fabricated the sexual abuse accusation. Men and women were affected similarly by the disability manipulation, but women were generally more pro-prosecution in their case judgments and perceptions than were men. Finally, jurors who had more liberal views toward persons with disabilities were more likely than other jurors to make pro-prosecution judgments on measures of guilt. Implications for psychological theory and the law are discussed.


Examined current practices in recording the abuse of disabled children. A questionnaire was sent out to the 121 Chairs of the Area Child Protection Committees in the United Kingdom. Of the 73 responders, over 50% claimed to identify the disability of an abused child but only 10% could given an actual figure. The lack of statistical evidence made it impossible to calculate anything except an approximation of the rate of abuse of disabled children. Schedules completed over a period of 1 yr in two Social Services Departments for all disabled children (mean age 10 yrs) who were conferenced for abuse showed that they were less likely to be put
on the child protection register than a comparison group of non-disabled (mean age 9 yrs) children. Semi-structured interviews with eight of the key workers for the disabled children revealed that they were concerned that there was a tendency 'not to see' the abuse of disabled children and they did not feel there was sufficient training regarding the interface between abuse and disabilities.


The general effects of poverty, unemployment, alcohol and drug abuse, or other social problems are likely to be entangled with the specific effects of sexual abuse. The team is the most appropriate model for the prevention and treatment of the complex issue of sexual abuse in children with disabilities. Advanced practice pediatric nurses can play a key role as team leaders, providing much-needed expertise on this issue of sexual abuse. The purposes of this article are to address the needs of children with disabilities who are in the public school system and to describe how a team model, with an advanced practice pediatric nurse as team leader, could be used to identify and treat children with disabilities who have been sexually abused.


The present authors conducted a study of the occurrence of victimization and the perpetration of sexual abuse among 43 in-patients with intellectual disability aged between 9 and 21 years who were admitted to a child and adolescent psychiatric in-patient department over a period of 5 years. A retrospective case-note review was employed that explored the nature and severity of abuse in relation to the age, gender and level of disability. The prevalence of abuse or abusive behaviour, i.e. 14% of 300 admissions, did not change over time. In 13 out of the 43 cases, the issue of sexual abuse was identified after admission. Victimization alone occurred in 21 cases, perpetration alone in six cases, and both victimization and perpetration in 16 cases. Fifty per cent of the victims had been abused by a member of their close or extended family. Most cases (62%) were adolescents. There was only one instance of a victim being abused by a female. However, there were five girls who were perpetrators, all of whom had previously been victims. By contrast, 11 out of the 17 male perpetrators had been victims. Despite difficulties of disclosure, it was possible to establish that severely disabled patients had suffered sexual abuse. The present data support theories which (1) recognize gender differences in sexual abuse patterns and (2) have a developmental perspective, incorporating the influence of adolescence.

Examined the prevalence of disabilities among abused and nonabused runaways within a hospital population (Study 1) and community school population (Study 2) and to identify any associations between disability, maltreatment, family stress factors, academic achievement, school attendance, domestic violence and runaway status. Descriptive information was collected for maltreated and nonmaltreated runaways from hospital (255 Ss) and school (562 Ss) populations. Children and youth with disabilities were at increased risk to become runaways in both populations. The presence of maltreatment significantly increased the association between running away and disability status. Children with behavior disorders, mental retardation, and some type of communication disorder were significantly more likely to run away than children with other disabilities. Among the maltreated runaways with and without disabilities, physical abuse and sexual abuse were significantly associated with running away. Records of domestic violence were more prevalent in the families of runaways with behavior disorders and no diagnosed disability. Lower academic achievement, poor school attendance, and more family stress factors were associated with maltreatment, disability and runaway status.


According to North American studies disabled children are at 2–3 times greater risk of being sexually abused than non-disabled. If the risk ratio for disabled children in Norway is similar, and the disclosure of sexual abuse is the same for disabled as for non-disabled, one should expect disabled children to constitute 2–3 times the 11% they constitute in the general population. This research aimed to investigate if this is the case for Norwegian children, and to find characteristics within in the handicapped group suspected of being sexually assaulted. A questionnaire was addressed to all Norwegian pediatric hospitals, assessing children having a medical examination for possible sexual assault in the years 1994–96, the number with a smaller or severe disability, a description of the disability, age and gender, and the conclusion of the examination as to the likelihood of sexual abuse. The severely disabled children constituted only 1.7% of 1293 Ss. Altogether, 6.4% of Ss had a smaller or severe disability. These Ss were more often assessed as "probably assaulted" than the non-disabled. The disabled group had a larger part of boys than the non-disabled group.

This study supports earlier work suggesting that disability status increases the risk of sexual abuse for both boys and girls. More boys with disabilities are victims of sexual abuse, however, than would be expected from the proportion of boys without disabilities who are sexually abused. This may be the result of increased exposure of males to potentially abusive situations, combined with a greater likelihood of male victims of abuse being diagnosed as having disabilities. Awareness that boys with disabilities are sexually abused at a relatively high rate, especially during the elementary school years, needs to be considered in the development of prevention and treatment programs. Although such programs must meet the need of both boys and girls, this study points in particular to the needs of boys age 6-12.


Seeks to document a previously neglected area of study, namely the effects of sexual abuse on Black disabled children. With a particular focus on Black children with learning disabilities, it examines how the interlocking dimensions of race, gender and disability compound the problems that they are faced with in the aftermath of sexual abuse. Presents case studies drawn from data generated from a broader research project of sexual abuse and Black families to illustrate the specific ways the negatively valued position of Black disabled children shape responses to them. It is argued that the way in which Black disabled children and their families interpret their experiences is likely to differ from other groups of disabled children, as multiple marginalised identities shape their lived realities. Concludes with some reflections on the implications for making risk assessment for Black disabled children.


Evidence concerning eyewitness testimony given by people with mental retardation in court was reviewed. Despite general perceptions that people with mental retardation make incompetent witnesses, available evidence
suggests that they can provide accurate accounts of witnessed events. The accounts are usually less complete than those provided by the general population and are greatly influenced by the methods of questioning. The sparse available evidence suggests that cross-examination methods may lead to memory distortion. The use of closed, complex, and leading questions and the absence of aids to recall may have a particularly adverse effect on people with mental retardation. Resulting errors could lead to a false conviction or acquittal. Future policy and research in this much neglected area were discussed.


Considers psychiatric issues that relate to the prevention and management of sexual abuse involving persons with developmental disabilities as either abusers or victims. Seven case descriptions illustrate the clinical challenges raised by allegations of sexual abuse. Mental disorders and communication problems often coexist with the cognitive impairment that is primary in developmental disabilities. Pedophilic behavior prompts allegations of abuse, and posttraumatic stress disorder (PTSD) often follows abuse. Difficulties communicating with others may preclude the detection of abuse or normal legal proceedings once an allegation is made. Psychiatric expertise applied both directly and indirectly through others is relevant in the prevention of sexual abuse and the management of those with developmental disabilities who are abusers or abused.


Open almost any recent social work magazine, or child protection text, and some reference to the abuse of disabled children will be included. Yet awareness of abuse within this group has resulted from a relatively recent growth of interest on the part of psychologists and social work and child protection professionals. Previously, sociocultural and political factors contributed to an otherwise muted response to research dating back to the 1960s, which clearly documents abuse of children who have an impairment or "developmental disability" of some kind. Reviewing this research reveals as much about society's reaction to disability and to disabled children, as it does about the abuse itself. This Annotation presents research in relation to three issues: (1) prevalence of abuse of disabled children; (2) responding to abuse; and (3) preventing abuse.

This article offers a review of, and case report on, the treatment of a young adult with a history of severe childhood abuse, dissociative symptoms, and right-hemisphere dysfunction, or nonverbal learning disabilities (NLD). The core of nonverbal learning disabilities is the inability to synthesize information and create meaning from complex information. Learning is a form of adaptation and disruptions in an individual's meaning-making process. There are major implications for the person's overall adjustment. Trauma is itself complex and often damaging to the survivor's well being. Clinical assessment must take into account a person's cognitive style and possible learning deficits in order to adequately address traumatic material. Therapy must be modified in order to respond to the unique learning style of the NLD client. Finally, and important issue for therapists remains their willingness to broaden their awareness and knowledge base, and shift the treatment paradigm to meet the needs of the client with neurocognitive vulnerabilities. Treating clients with difficult trauma histories' alone, can elicit negative reactions in the therapist. Repeated experiences with a client's mistrust, anger, noncompliance or self-defeating habits are particularly stressful. The neuropsychological perspective can provide a valuable tool in the mastery of those reactions, and in building a context for empathy and a joint narrative.


Although children with developmental disabilities have a heightened risk for sexual abuse compared to those without disabilities, little is known about effects of sexual abuse on this population. Some researchers suggest that the effects are similar, and victims appear to share the same range of variability as people without disabilities. Others suggest that the effects may be complicated by limited coping resources and disability-related issues. Documented effects of sexual abuse on individuals with developmental disabilities was discussed. Clinical findings among a group of 43 children with and 43 children without developmental disabilities referred for treatment of child sexual abuse were also presented.
Interviewing children for investigative purposes is a specialized skill. Professional interviewers need to be able to conduct interviews that bear scrutiny from outside agencies and also serve the best interests of children. In clear, engaging language, this eye-opening book corrects the common misunderstandings about adult–child conversational exchanges and provides guidelines for interviews, based on the most up-to-date research. It also presents a flexible interview protocol that can be tailored to meet individual needs.


This paper summarizes the available literature on *child abuse* and neglect among *children* with *disabilities* in general and considers *children* who are deaf and hard-of-hearing within this larger rubric given the low prevalence rates of *children* who are deaf and hard-of-hearing among the disabled population. This procedure allows for comparisons between *disabilities* as well as abused and non-abused *children* who are deaf and hard-of-hearing. *Maltreatment* data on *children* who are deaf and hard-of-hearing in a large epidemiological study of the prevalence of *child maltreatment* among *children* with *disabilities* are summarized. *Children* who are deaf and hard-of-hearing comprised 6.1% of the disabled population who were identified as victims of *maltreatment*. Their most prevalent form of *maltreatment* was neglect, followed by physical *abuse* and sexual *abuse*. Although *children* who are deaf and hard-of-hearing are significantly more likely to be maltreated by immediate family members, placement in a residential school is a risk factor for sexual and physical *abuse*. Maltreated *children* who are deaf and hard-of-hearing exhibit significantly more behavior problems including Post Traumatic Stress Disorder related behaviors than nonmaltreated peers.

Circumstances of maltreatment and the presence of disabilities are examined. An electronic merger of the records of all pediatric patients. Detailed record analysis of circumstances of maltreatment and the presence of disabilities are used. Differences between the hospital and residential samples, maltreatment and perpetrator characteristics, disability/maltreatment relationships, and their implications for primary health care are discussed.


The problem of sexual abuse among persons with mental retardation, skills for preventing sexual abuse, and methods for assessing prevention skills are discussed. Because very little research on teaching sexual abuse prevention skills exists, research on abduction prevention programs for persons with mental retardation as well as on sexual abuse prevention programs for children, is reviewed. Suggestions for future research in the area of sexual abuse prevention for persons with mental retardation are discussed.


Eleven and a half percent of intellectually handicapped children in Castilla-Le6n are subjected to maltreatment; in these, physical neglect is the most frequent. These findings come from a questionnaire (CEMND) specifically designed to detect and discover the prevalence of maltreatment in a sample of 445 mentally retarded children. It was discovered that problems between the child's parents, the child's behavior and the interaction between both aspects were significant factors in situations of maltreatment.


Sexual abuse of individuals with learning disabilities resembles child sexual abuse in that it thrives on a mixture of secrecy, collusion, and denial. There are lessons to be learned from past mistakes, in particular the recommendations that arose out of the Cleveland and Orkney Island inquiries. It is important for professionals to find a balance when intervening which respects a limited degree of confidentiality for all individuals concerned while maintaining good interdisciplinary cooperation and communication. Exploration of ways in which different agencies might work effectively together would allow a more efficient pooling of resources between health, social, and probation services. Adequate interdisciplinary training should include expert supervision that will address the sensitive and complex dynamics that occur around sexual abuse.


This study examined a population of children with multiple disabilities to investigate whether functional, developmental, or perinatal factors could differentiate children reported and substantiated as maltreated from those not so reported. Data were collected from medical records of a cohort of 500 children evaluated between 1973 and 1984 at the Kennedy Institute in Baltimore, Maryland. Maltreatment reporting was documented through the State of Maryland Abuse Registry and the counties of residence of all study children. Results indicated that the profiles of demographic and family characteristics associated with child maltreatment reporting in this population are consistent with the literature, but child functional and developmental characteristics were not confirmed as risk factors for substantiated maltreatment reports. Indeed, contrary to investigator expectations, the more severely disabled children, in terms of functioning, appeared at less risk of maltreatment than did disabled children functioning at more age-appropriate levels.