

June 2018

A Blueprint for Change: Toward a National Strategy to End Sexual Abuse of Children with Disabilities

Sandra Harrell
Center on Victimization and Safety

From the Director

The Center on Victimization and Safety at the Vera Institute of Justice (Vera) is committed to enhancing victim services and justice responses to better meet the needs of all crime victims, especially those from marginalized communities. Since 2005, a cornerstone of its work has been addressing domestic and sexual violence in the lives of people with disabilities and better understanding the complex factors at play that result in such high rates of violence in this community. Based on Vera's work in more than 80 communities across the country, as well as feedback it received from survivors with disabilities in all of those communities, it became clear that the abuse and exploitation of people with disabilities begins in childhood.

Even though children with disabilities experience higher rates of violence than children without disabilities, Vera learned that most of the work being done within the field of ending child sexual abuse lacked an understanding of the factors contributing to sexual abuse of children with disabilities and

how to help a child with a disability who has been abused. To address this gap, Vera partnered with the Ms. Foundation in 2012 to launch a project to learn more about the factors that contribute to sexual abuse of children with disabilities and to determine what can be done to prevent it, as well as to recommend holistic responses that involve victim services, disability services, law enforcement, police, schools, and community members.

This blueprint is the culmination of literature reviews, stakeholder interviews, roundtable discussions, and an overall collective effort among advocates from the fields of child advocacy, victim services, and disability—as well as professionals from the criminal justice system—to chart a course for ending sexual abuse of children with disabilities. Because so little work has been done in this area, we relied heavily on our own experiences in the field, together with the many, many stories of sexual abuse we have heard from people with disabilities. The blueprint provides a

brief summary of what we learned, and offers practical suggestions for integrating the needs of children with disabilities into prevention efforts, intervention efforts, and first responses. It is our hope that entities providing victims or disability services, together with first responders and policymakers, will begin implementing these recommendations, share their lessons learned as they do so, and continue the dialogue on ending sexual abuse of children with disabilities.

A handwritten signature in black ink, appearing to read 'NAS', followed by a horizontal line extending to the right.

Nancy Smith, Director
Center on Victimization and Safety
Vera Institute of Justice

Contents

- 5 About the Vera/Ms. Foundation project**
- 7 Background to the recommendations**
 - 9 Few prevention efforts
 - 10 Inadequate intervention
 - 11 Lack of accountability for perpetrators
- 11 How society can do better: recommendations for change**
 - 12 Recommendation 1: Include children with disabilities in larger efforts to prevent child sexual abuse
 - 16 Recommendation 2: Empower law enforcement and criminal justice systems to hold perpetrators accountable
 - 24 Recommendation 3: Mobilize disability and victim services organizations to address sexual abuse of children with disabilities
- 31 A call for research**
- 32 Conclusion: putting the blueprint to work**
- 35 Resources**
- 36 Endnotes**

About the Vera/Ms. Foundation project

In March 2012, the Vera Institute of Justice (Vera) and the Ms. Foundation for Women partnered to research and analyze the prevalence of sexual abuse of children with disabilities—and to create a strategy to prevent it.

The project began with a thorough review of existing literature on this issue, along with interviews with criminal justice practitioners and their colleagues in the fields of child advocacy, disability, and sexual abuse. Next, Vera and the Ms. Foundation convened three facilitated roundtable conversations in August 2014. They gathered people with disabilities and parents of people with disabilities together with 21 thought leaders in child advocacy, sexual violence prevention, the disability rights movement, counseling and therapeutic interventions, and criminal justice. Over four days, they shared their knowledge and experiences with the goal of developing a common blueprint for change.

Participants focused particularly on the complexity of preventing sexual abuse of children with disabilities and of holding perpetrators accountable amid formidable obstacles, as well as the implications of the recommendations for service providers that have few resources to address this issue. They then generated a series of recommendations for mapping a safer landscape for children with disabilities.

A common vision for change

Attendees at the August 2014 forum arrived at a common vision articulating the societal vision of their campaign:

Children with disabilities are raised in communities where all children are valued as individuals with rights of their own, including the right to bodily integrity. Children with disabilities are empowered to and encouraged to embrace those rights. Parents of children with disabilities

have the resources and supports to discuss sexuality and equal romantic relationships with their children. Peer groups have rejected power derived from violence and instead value kindness, compassion, and diversity. These values are infused into every system and organization and reflected in policies, practices, and staff attitudes.

This report—a blueprint for change—is the result of those discussions. This blueprint is intended to advance existing efforts to prevent and combat child sexual abuse by infusing them with a disability perspective. The chief recommendations are focused on prevention of sexual abuse of children with disabilities, accountability for perpetrators, and access to adequate and appropriate services for victims.

Background to the recommendations

According to the National Crime Victimization Survey, people with disabilities face at least double the risk of violent crime victimization compared to those with no disabilities.¹ When factors like age and type of disability are taken into account, more specific concerns emerge. In fact, children with intellectual and mental health disabilities are at a much greater risk of victimization: 4.6 times that of their peers without disabilities.²

Yet policymakers, practitioners, advocates, and community members have largely ignored this troubling phenomenon. Twenty-two percent of adults have some form of disability, and 13 percent of those have a mobility issue.³ Research on the incidence of children's disability is scarce, but according to the Centers for Disease Control and Prevention, 15 percent have a developmental disability.⁴

Through a literature review, combined with interviews with professionals in criminal justice, child advocacy, disability, and sexual abuse, Vera learned that:

- › children with disabilities who experience sexual abuse face significant barriers to accessing services and supports;
- › people who harm children are rarely held accountable;
- › there are few prevention efforts geared toward sexual abuse of children with disabilities; and

- › there are very few studies that have sought an understanding of sexual abuse of children with disabilities and, thus, little is known about the incidence and prevalence of the problem.

The vast majority of sexually victimized children know the perpetrators and are often connected to them through some aspect of their disability.⁵ Children with disabilities are at heightened risk of victimization because they typically require many services—such as intimate personal care, occupational therapy, and education tailored to their needs—that are provided in isolated settings by adults who may not have been properly screened for past behavior that might raise a warning sign.

Abuse of those with disabilities is fueled by widespread stereotyping that portrays them as abnormal, weak, unintelligent—even less than human.⁶ These preconceptions are coupled with the fact that children with disabilities, to a greater extent than their peers, are taught to be compliant and often denied the opportunity even to speak up about what they eat, what they wear, or with whom they socialize—all of which creates a significant barrier to their preparation to speak up when someone is hurting them.

People who perpetrate sexual abuse against those with disabilities rely on a variety of tactics to establish power and control over their victims. Stakeholders at the roundtable described how perpetrators exploit the lack of sexual education among children with disabilities, often “grooming” them for abuse by testing and violating their boundaries. Stakeholders also described how perpetrators leverage the isolation of people with disabilities, such as in accessible transportation vehicles or segregated classrooms, to be able to abuse them with impunity.

All children who are sexually abused experience a wide range of negative consequences both in the immediate aftermath of an abusive incident and over the long term.⁷ In addition to medical problems such as sexually transmitted diseases or physical injuries, they may experience difficulty relating to others, low self-esteem, depression, delinquency, and suicidal ideation.⁸ Additionally, because children model adult behavior, children who are sexually abused may be at higher risk of abusing their peers.⁹ Studies of children in the general population show that early identification and intervention can help to mitigate these negative effects.¹⁰

Communities have a powerful interest in stopping sexual abuse. Aside from the enormous toll it takes on the emotional and physical health of children and their parents, sexual abuse also has societal costs such as hospital and mental health visits and law enforcement investigations, and it also contributes to an increased risk of delinquency and criminal behavior among its victims.¹¹ It is all the more concerning, then, that the infrastructure for identifying abuse and intervening effectively is hampered by significant barriers for children with disabilities. Vera's research points to three major shortcomings that combine to limit the protection available to children with disabilities: a shortage of preventive measures, a lack of intervention for those affected, and a woefully insufficient legal response to incidents of abuse.

Few prevention efforts

Given the greater vulnerability of children with disabilities to predation, there are surprisingly few prevention efforts geared toward stemming such abuse. Vera/Ms. Foundation roundtable participants noted that most efforts focus on helping those who have been abused—as opposed to preventing abuse.

A handful of programs to prevent child sexual abuse have emerged ([Darkness to Light](#) is a great start), yet roundtable participants were hard-pressed to name other primary prevention efforts to counter the societal norms, attitudes, and practices that enable child sexual abuse in the general population, much less efforts that specifically address the negative beliefs and attitudes that shape the lives of children with disabilities. Moreover, emerging national efforts to address child sexual abuse fail to take into account other factors specific to children with disabilities, such as a learned culture of submission and lack of privacy even during the most intimate care.

Inadequate intervention

Vera's experience and that of its colleagues demonstrate that children with disabilities who have experienced sexual abuse face numerous obstacles to receiving intervention services. Physical, attitudinal, communication, and policy barriers keep these children from receiving the services and support they need. Anecdotal examples abound: Criminal investigators often lack skills and knowledge to effectively interview children with communication disabilities, such as those who need American Sign Language interpreters or communication boards. Many victim services agencies do not offer therapeutic approaches tailored to children with intellectual disabilities. And sexual assault nurse examiners may not have specialized training to conduct forensic exams on children with physical disabilities.

Lack of accountability for perpetrators

Participants in this project, including those with disabilities themselves, stressed that in their experience, people who sexually harm children with disabilities are rarely held accountable. Perpetrators know that they can target these children with relative impunity because authorities rarely learn about their crimes. Even when law enforcement and criminal justice system personnel do get reports of sexual abuse of children with disabilities, they often lack the knowledge and skills to effectively interview these children to build a case, according to experts in the field.

The complex interplay among these factors creates a substantial set of obstacles for children with disabilities to obtain effective help. The Vera/Ms. Foundation project found that changing the status quo will require a multifaceted, multidisciplinary approach to enhance prevention strategies, increase public awareness, reshape intervention services, and promote accountability measures—all predicated on a more comprehensive body of research and analysis. The recommendations in this paper are meant to remedy these significant obstacles.

How society can do better: recommendations for change

The high rates of sexual abuse of children with disabilities cannot go unchecked. This document outlines the key first steps to combating this abuse and the parties responsible for implementing them. The aim is to create national momentum to end the sexual abuse of children with disabilities.

Recommendation 1: Include children with disabilities in larger efforts to prevent child sexual abuse

At any given time in the United States, parents, schools, communities, and law enforcement agencies are taking steps to prevent child sexual abuse from occurring, or to intervene when it happens. However, few of these efforts address the unique risks for children with disabilities. As in all endeavors to prevent sexual abuse, the effort to include children with disabilities must be founded on two complementary goals. The first is giving children the confidence and tactics to avoid or report such abuse. The second is ensuring that perpetrators are deterred. The latter can be accomplished only through a combination of adequate screening, barriers to unauthorized contact, better understanding of people with disabilities, and direct threat of punishment.

The job of eliminating risk factors for sexual abuse from the lives of children with disabilities and countering the norms and beliefs that fuel the perpetration of these crimes should be shared among parents and guardians, schools, communities, and law-enforcement agencies:

Role of parents and guardians

Parents and guardians of children with disabilities are the first line of defense. They should have information and strategies for teaching their children about healthy sexuality, consent, and safe relationships versus exploitative or abusive contact. Knowing about what defines safe, healthy relationships helps children recognize when a relationship is abusive.

Many parents educate their young children about what constitutes a good touch as opposed to a bad touch, and educational systems have begun introducing older children to programs related to sexuality and healthy relationships.¹² But for parents of children with disabilities, helping their children understand inappropriate contact when they receive intimate personal care, such as help using the toilet, requires more nuanced conversations. These parents need tailored tools and encouragement to have these conversations.

In addition, parents may have absorbed the too common view that people with disabilities are asexual or believe that they can protect their children from both the challenges of adult relationships and the dangers of abuse by withholding information about sexuality.¹³ In fact, this denial of sexuality puts their children at a greater risk of being sexually abused. Without such fundamental lessons, children with disabilities have no language to describe what has happened to them when they are abused.

Parents and guardians also should be encouraged to:

1. teach their children to speak up if they experience situations that may be sexually abusive;
2. teach their children with more profound disability, including those who are nonverbal, cues to identify whether something that is happening is wrong;
3. enable their child to use a communication board to indicate whether someone is hurting or abusing them; and

4. look for behavior in their children that would indicate discomfort. Common behavioral signs include reacting to touch, regressing to the behavior of a younger child, and exhibiting fearfulness.

Role of schools

School systems, including educators and education policymakers, should be the second line of defense. A chief role that schools can play is to remedy the systematic lack of sexual education in special education classrooms—again, a result of the widespread but unhelpful belief that children with disabilities are asexual or should otherwise be shielded from the reality of their sexuality. It is time for schools to create and implement health and sexuality curricula in both special education and mainstream classes that incorporate the experiences of children with disabilities, addressing:

- > age-appropriate information about anatomy, human development, and sexual behavior;
- > expectations of appropriate boundaries and privacy for children who rely on others for help with intimate personal care; and
- > the ability to identify and report a threat or abuse when it happens.

Role of community-based service providers

Reducing risk. The communities that interface with children with disabilities are broad and include neighborhoods, religious groups, disability providers, and broad circles of family and friends. All of

these communities play a role in ensuring the safety of children with disabilities, but those that provide any type of service should adopt risk-reduction programs that focus on the contexts that are of greatest risk for them.

These groups should establish:

- › protocols for providing intimate care assistance that emphasize choice, privacy, and boundaries;
- › protocols for transportation providers that require drivers to log pick-up and drop-off times and emphasize consent in securement procedures;
- › training for providers on recognizing abusive behaviors, the effects of abuse, and proper reporting procedures;
- › bystander intervention strategies for people working within the disability field, including, special education classrooms, occupational therapy services, and youth-serving organizations.

Changing attitudes. Any community-based sexual abuse prevention campaign must overtly include children with disabilities. In addition, communities can help to dispel longstanding misperceptions around disability by launching social marketing campaigns to change their constituents' views about this population. These campaigns should follow the lead of other movements, such as the campaigns to reduce smoking or to promote safer sex, which have shown the power of advertising and other forms of outreach to help people make positive behavior changes.¹⁴

Public campaigns should promote:

- › awareness that disability is an ordinary part of the human condition;
- › the message that people with disabilities deserve independence, respect, and full integration into society;
- › positive depictions of people with disabilities; and
- › the message that everyone has a role to play in ending sexual abuse of children with disabilities.

Recommendation 2: Empower law enforcement and criminal justice systems to hold perpetrators accountable

Providing meaningful consequences is a critical component of ending abuse of people with disabilities. Yet, roundtable participants cautioned that too often those who commit these crimes face no significant punishments for their behaviors. *Police, prosecutors, judges, and other criminal justice professionals must make accountability for those who abuse children with disabilities a priority.*

Police and detectives

To hold accountable those who abuse children with disabilities, police department investigators must acknowledge that children themselves are vital to an investigation and engage them in gathering information and evidence critical to the prosecution.¹⁵ Investigating crimes against children, however, can be met with significant complications, which are

compounded when the child has a disability.¹⁶ A child with a disability may have difficulty communicating what happened. Or investigators may believe that the child's disability compromises his or her recall of the events or overall credibility. In the absence of medical or physical evidence—which is often lacking in any child sexual abuse case—some investigations end before they ever begin.

While resources and trainings have been developed in some jurisdictions to help interview children with disabilities, criminal justice personnel, including law-enforcement professionals, have few tools at their disposal for responding to these cases.¹⁷ Basic impediments, such as inaccessible agency offices, may even send a message that criminal justice redress is not available to them.

Law enforcement agencies, therefore, should work in collaboration with disability providers to develop training programs for officers to prepare them to:

- › ensure that the setting and context of interviews are fully accessible to people using mobility devices such as wheelchairs, canes, and scooters;
- › learn to effectively interview children with communication disabilities;
- › use anatomically correct dolls that represent children with disabilities;
- › avoid leading and coercive questions;
- › use polygraph tests effectively with children with disabilities; and
- › recognize how medication may affect the interview of a child with a disability.

To guarantee access to justice for child victims of sexual abuse, it is essential that police departments provide needed technology and services, such as auxiliary aids and services. (See “Auxiliary aids and services,” below.) It is also essential that they hire qualified professional ASL interpreters and understand the ethics of working with them.

Auxiliary aids and services

Two federal statutes regulate how organizations and facilities that receive federal funding (including state governments) provide services to people with disabilities: Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA).^a A third statute, the Individuals with Disabilities Education Act (IDEA), regulates education providers.^b

Section 504 prohibits any facility or agency that receives federal funding—which includes all aspects of law enforcement and correctional services, as well as schools and universities—from discriminating against people with disabilities. This includes people who use wheelchairs, scooters, walkers, or other mobility devices, or who have mental health or cognitive disabilities.^c

The ADA, like other civil rights legislation, guarantees equal opportunity for people with disabilities in accessing state and local government services, public accommodations, employment, transportation, and telecommunications.^d Title II of the ADA requires public entities to make reasonable modifications in their policies, practices, and procedures that are necessary to ensure accessibility for people with disabilities.^e

IDEA ensures that children with disabilities have access to free public education, including special education or related services and early intervention, where appropriate. Part B of IDEA governs the provision of educational services and support from ages three through 21.^f

Section 504, Title II, and IDEA require that entities provide auxiliary aids and services to people with disabilities to ensure access to information and services. Examples of auxiliary aids and services include:

- › qualified interpreters for people who are Deaf or hard of hearing, as well as captioning services for instructional programming;
- › braille materials, large-print materials, screen reader-compatible websites or other effective methods of making visually delivered materials available to people who are blind or low-vision;
- › acquisition or modification of equipment or devices, such as hearing aids, wheelchairs, magnification devices, and electronic devices to assist with communication; and
- › specialized transportation services for schoolchildren, including wheelchair-accessible buses or special busing services.

^a Section 504 of the Rehabilitation Act of 1973 is codified at 29 U.S.C. §794 et seq, <https://perma.cc/JX4R-CTNJ>. Title II of the Americans With Disabilities Act (ADA) is codified at 42 U.S.C. §12131 et seq., <https://perma.cc/U49Q-CYPW>.

^b IDEA is codified at 20 U.S.C. §1400 et seq.

^c 34 C.F.R. §104.4, <https://perma.cc/6E8T-PDUH>.

^d 42 U.S.C. §12101, <https://perma.cc/5BJ6-EMEJ>.

^e 42 U.S.C. § 12132, <https://perma.cc/BP5V-V3PT>.

^f U.S. Department of Education, “About IDEA,” <https://perma.cc/4R8M-FZQW>.

Prosecutors and judges

Prosecutors and judges are uniquely positioned to send a strong message to those who abuse children with disabilities. In criminal cases, the prosecutor determines whether to file charges, what charges to file,

what sentencing range to seek, and whether to proffer a plea deal.¹⁸ Judges, with the assistance in many cases of juries, not only decide culpability, but also the type of sentence handed down.¹⁹ The degree to which prosecutors and judges understand disability generally, and the interplay of disability and sexual abuse specifically, can influence these critical decisions.

To better ensure that perpetrators are held accountable, prosecutors and judges should be provided with the following resources:

- › written material on perpetrator tactics that are specific to children with disabilities;
- › concrete strategies for preparing children with disabilities to present testimony, particularly if the disability affects their communication;
- › guiding questions related to beliefs about people with disabilities to use when selecting a jury;
- › access to a pool of professionals with expert knowledge of disability and abuse; and
- › regionally adapted bench books for judges that provide relevant case law and other pertinent information about the lives of children with disabilities. (Historically, advocates and attorneys have collaborated to create this sort of resource.)

Criminal justice system-based advocates

Criminal justice agencies throughout the country employ advocates, generally placed in district attorneys' offices, who are charged with helping crime victims navigate the justice process.²⁰ Their responsibilities range from keeping victims informed about their cases to ensuring

their safety during proceedings to helping victims and their families understand the steps involved in the case and their role in it.²¹ These supports are particularly vital in the context of child sexual abuse, because child victims come into contact with many aspects of the justice system, such as law enforcement, prosecution, and child protection services.

However, many system-based advocates have little to no experience supporting children with disabilities, so they, too, require additional resources and training to prepare them to provide effective support to this population. To ensure that this critical resource is equally available to children with disabilities, system-based advocates should be equipped with the following:

- › training specific to working with children with disabilities, including Deaf children, such as basic information on types of disabilities, unique contexts where abuse occurs, and the risks related to perpetrators who play a distinct role in the lives of children with disabilities;
- › training, policies, and procedures on the legal requirements for providing auxiliary aids and services for children with disabilities;
- › materials for advocating with law enforcement and prosecutors on behalf of children with disabilities; and
- › pictorial guides to use with the children they are supporting that explain the criminal justice system, including the investigatory process, the decision of whether to prosecute, and what can be expected during proceedings.

Child protection workers

Since 1967, every state in the United States, as well as the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands, has enacted laws requiring people in certain positions to report cases of child abuse.²² These laws have led to the creation of a large social service infrastructure responsible for addressing claims of abuse or neglect. Child welfare agencies, often referred to as child protection services (CPS), screen and investigate such reports.²³ The decisions CPS workers make thus have critical implications for children's safety.

Meeting training needs. Yet despite their broad portfolios, CPS workers, like justice system professionals, generally lack specific training regarding children with disabilities. To thoroughly investigate cases involving these children and to make appropriate recommendations, CPS workers need to fully understand the unique dynamics at play in these children's lives, the range of tactics that perpetrators use against them, and the most effective ways to gather information.

Training should include:

- › information about various types of disability, as well as Deaf culture;
- › unique characteristics of abuse involving children with disabilities; and
- › investigatory strategies and forensic interviewing techniques tailored to effectively communicate with children with disabilities, including Deaf children.

Developing standards. To equip their staff members to effectively investigate cases involving children with disabilities, child welfare agencies must develop standards, in consultation with experts in the field, for such investigations.

Standards should:

- › mandate the use of auxiliary aids and services for all interviews with a child with a disability;
- › set processes for securing qualified interpreters and expectations for how to interact with interpreters;
- › set expectations for the collection of collateral information about a child’s disability and communication needs from non-offending parents, Individualized Education Plans, and 504 plans;²⁴ and
- › require the provision of disability-specific service referrals for children with disabilities and Deaf children and their parents or guardians. Families should receive these referrals even if reported abuse is deemed unsubstantiated, because abuse may have occurred even if there is not enough evidence to prosecute a case.

Maintaining data repositories. As they work to expand their awareness of and attention to the sexual abuse of children with disabilities, CPS agencies should also set up data collection systems that track trends to help determine persistent needs within the community at large and among the children they serve.

Recommendation 3: Mobilize disability and victim services organizations to address sexual abuse of children with disabilities

Role of disability agencies

For many children with disabilities and their family members, local disability organizations are a lifeline, providing assistive technology, advocacy, information, and support groups. These organizations connect children and their families to the larger community of people with disabilities, informing them of their legal rights and guiding them to needed resources, such as assistive technology, family supports, respite care, and support to access benefits. These organizations should:

- › **Screen providers.** Disability organizations should put in place vigorous screening practices of those they employ. Personal care attendants should undergo particularly intensive screening that exceeds the rigor of a typical background check because of the intimate contact they may have with children. For these employees, screenings should include not only criminal background checks, but also careful reference checks. Hiring managers are also advised to seek evidence of consistent employment history and explore their personal views of people with disabilities.
- › **Adopt abuse prevention policies.** Because of their vital role in the lives of children with disabilities and their families, disability organizations should both adopt and publicize to their staff policies and procedures that make clear that

the organizations will not tolerate abuse of children with disabilities by staff or volunteers.

Such measures include:

- policies establishing zero tolerance for abuse of service users;
- procedures that outline proper provision of intimate care;
- public postings at the service location and/or outreach materials for home that explain to service users how to report abuse by staff; and
- protocols for handling allegations of abuse.

Role of victim services organizations

Child advocacy centers, rape crisis programs, and other victim services providers have the knowledge and skills to offer advocacy and support to survivors of child sexual abuse. However, their training and education rarely address issues specific to children with disabilities. Moreover, these agencies are often not accessible to those with disabilities.

Many of these organizations have expressed a need for more resources to provide services to adults and children with disabilities. These resources include financial backing, passionate and experienced leaders who will take up the cause, and support from collaborating or partnering organizations. The ways in which victim service organizations can better serve children with disabilities who are the victims of sexual abuse can be summed up as *strengthening the physical accessibility of their sites, training staff, matching their resources to clients' needs, and developing policies and procedures.*

- › **Ensure accessibility.** As with other agencies entrusted with responding to crimes against children with disabilities, victim services organizations need to identify and remove any physical barriers that impede access.²⁵ But remediating obstacles such as entrance stairways and narrow doorways can be prohibitively expensive for organizations with tight budgets. Often the government funding that these groups rely on is restricted to particular programs, leaving agencies without the leeway to use dollars to make these kinds of changes. There is a need to identify funders, especially private ones, that are willing to make these kinds of investments.

All agencies should conduct formal annual accessibility reviews. While they may elect to hire an expert to conduct a review, ideally victim services organizations should build their capacity to self-assess. This strategy builds organizations' competency to identify barriers and enables them to conduct routine follow-up assessments.

A number of victim services organizations have already developed processes and tools for self review that can be adapted and used with relatively little cost or effort.²⁶

Implementing this strategy requires:

1. selecting an access review tool and process;
2. assembling a team to conduct the review;
3. training the review team on how to conduct the review, including how to take measurements, how to use instruments, and how to use the assessment tool;

4. conducting the review and developing a barrier removal plan; and
 5. selecting and committing to a week every year to do a follow-up review.
- > **Develop service provider training.** Victim service organizations could better respond to sexual abuse of children with disabilities if they committed themselves to increasing providers' skills and knowledge in this area, including educating the staff on the unique contexts, perpetrators, dynamics, and responses. Additionally, providers should receive practical training on working with children with disabilities; specifically, they should learn about frequently requested accommodations such as American Sign Language interpreters, longer counseling sessions to allow for a delay in communication, support persons to facilitate communication, and tailored services.

Child advocacy centers, rape crisis centers, and other victim services organizations are encouraged to seek the expertise of local disability organizations for training and education. Partnering allows them to share and exchange their strengths and build training curricula that respond to staff questions and concerns. However, for the partnership to work well, the organizations must engage in authentic collaboration, exploring their shared values, discussing any tensions between their respective values, and developing strategies to address those tensions, such as using ethical communication approaches and engaging in crucial conversations.²⁷

Some of the critical areas to be addressed through training and education include:

- best practices in therapeutic interventions for children with disabilities;
 - healthy sexuality and relationships curricula for community health educators tailored to children with disabilities;
 - guidance for parents of children with disabilities to talk with their children about sexual abuse;
 - accommodations for children with disabilities, such as American Sign Language interpreters and adjustment of the interview time as needed; and
 - therapeutic interventions for children with disabilities who perpetrate sexual abuse.
- > **Match resources to needs.** Victim services organizations must ensure that their resources account for disability. These organizations use multiple resources when supporting the healing process of survivors of sexual abuse, including family safety plans, tips for talking with children about sexual abuse, statistical information to help children and families understand sexual abuse, and answers to common questions.²⁸ But experts on child sexual abuse report that these resources rarely reflect the unique experiences of children with disabilities.

For service providers to effectively serve children with disabilities, they need resources that reflect the lived experiences of children with disabilities. Specifically, they need resources that address:

- signs of sexual abuse unique to children who are nonverbal, including emotional and behavioral signs (which might require professional training to identify);
- considerations for family safety planning when a child has a disability; and
- strategies for parents of a child with a disability to discuss healthy sexual development.

To ensure that their materials are inclusive and that they are providing optimal services to children with disabilities, there are several simple steps that these organizations can take, including:

- conducting a thorough review of their programmatic resources to identify opportunities to better reflect the needs and experiences of children with disabilities;
- based on this assessment, updating their resources to ensure they are written in plain language, have examples of abuse that are relevant to children with disabilities, and include images of children with disabilities in their existing materials; and

- if necessary, developing new resources, including pictorial guides for use with children with complex communication needs, anatomically correct dolls that reflect children with disabilities, and communication boards that include language specific to sexual abuse.
- > **Implement appropriate policies, procedures, and practices.** Agency policies, procedures, and practices set the tone for how staff respond to clients with disabilities. For example, victim service organizations typically follow policies and procedures concerning confidentiality, eligibility for services, and mandatory reporting.²⁹ They may not, however, have policies and procedures specific to serving people with disabilities.

In the absence of clearly written policies and procedures, inconsistent practices can develop that can keep people with disabilities from taking advantage of services that are available to them. Such policies should address a wide range of issues, such as whether a client can bring a service animal to the agency or whether a staff member can accompany a child to the restroom. When staff members do not have clear directions, they may make spontaneous decisions that can have a negative effect on clients. Creating, reviewing, and revising policies and procedures to enhance the safety and accessibility of services is a crucial undertaking to ensure that children with disabilities can get the services they need.

Initial steps toward this goal can include:

- reviewing existing policies and procedures to determine where gaps exist;
- developing policies and procedures specific to:
 - ensuring the availability of auxiliary aids and services,
 - allowing service animals into facilities and programming, and
 - providing qualified interpreters for services;
- training staff on new policies and procedures; and
- evaluating and updating the policies annually.

A call for research

Many of the recommendations made in this report may be put into practice immediately by various constituencies. Yet without valid and longitudinal research on sexual abuse of children with disabilities, advocating for public policy reform and gaining funding for the needed work will continue to be challenging.

Robust evidence on the incidence and prevalence of sexual abuse of children with disabilities continues to be scarce because of a lack of well-designed research studies, poor measurement of disability and violence, and reliance on cross-sectional research, which does not

follow the subjects over time. Existing studies are limited in a number of ways. Some focus only on specific disability types (such as intellectual disability) or do not distinguish between those who were born with or acquired a disability. Experts in the field note that such studies typically lack universally accepted definitions of sexual abuse or of disability or draw samples from disparate settings (such as hospitals or schools) that are difficult to compare. Moreover, some are based on samples that lack racial or economic diversity.

Another complicated challenge to conducting research on people with disabilities is that the requirements for mandatory reporting of abuse mean that researchers may encounter information that they need to report—which can result in interventions that are not welcome to the victim. Participants in the Vera/Ms. Foundation roundtable pointed to several anecdotal examples of people who were living independently in their communities until it was discovered that they were abused by a personal care attendant; they were then put into a nursing home, where they did not want to be. In one case, an adult with Down syndrome living independently in North Carolina entered into a relationship, and her parents feared abuse and asserted control over her life. Another risk of revelation is that a person who describes abuse to a researcher may expect that an intervention will occur, only to discover that there is no consequence.

Research, therefore, requires extreme sensitivity and methodologies that balance the need for information with the prerogatives of mandatory reporting. If the research subject has a cognitive disability, questions must be developed by experts in communication with this population so that they are phrased in ways that a child with a disability can understand.

One way to ensure that research is performed ethically and does not result in devastating consequences is to ensure that researchers, policymakers, criminal justice professionals, funders and, most importantly, people with disabilities themselves participate in research efforts.

Future researchers may want to consider the following questions:

- › What is the national prevalence rate of sexual abuse of children with disabilities?
- › What is the rate in institutional settings?
- › Do the rates vary by disability type and severity, as well as by sex, race, and socio-economic status?
- › Who are the perpetrators?
- › What percentage of victims reach out for help, and how many receive it?
- › What percentage of incidents are reported to the authorities?
- › What percentage of reported incidents are prosecuted, and what are the outcomes?

Conclusion: Putting the blueprint to work

Stemming the sexual abuse of children with disabilities requires a national strategy. Vera has assembled key leaders in the disability rights and anti-violence movements to begin to build a national coalition capable of reducing violence against people with disabilities. Vera did this in response to alarming rates of violence perpetrated against people with disabilities, limited prevention efforts, insufficient support of survivors with disabilities, an absence of national partnerships devoted to this issue, and too little engagement of people with disabilities in addressing this problem. This national coalition will drive efforts to change public policy, improve service delivery, promote accountability, and develop prevention strategies. Efforts will focus on both domestic and sexual violence in the lives of people with disabilities, including child sexual abuse. The working title of the coalition is *Uniting to End Violence Against People with Disabilities*.

Only when many constituencies work within their spheres of expertise and influence can efforts to prevent and combat sexual abuse of children with disabilities advance. Regardless of which type of entity is working to implement the recommendations, it is critical that the voices of people with disabilities be a part of the planning and development. Including people with disabilities in workgroups, advisory committees, and multidisciplinary teams will require thoughtful planning and attention to making the process accessible to all participants. Any community or organization that is interested in adopting any of the strategies in this blueprint is welcome to draw upon the resources of the

Vera Institute of Justice and the stakeholders who contributed to this work. (See “Resources,” below.)

This blueprint makes initial recommendations for a burgeoning effort to end the sexual abuse of children with disabilities. The problems are complex and multifaceted, and the solutions require involvement of all societal sectors. But in identifying critical areas in need of structural reform and highlighting the outdated attitudes toward children with disabilities that society must overcome, it can serve as a catalyst for change.

Resources

For examples of tools and processes used in other organizations, see [Conducting accessibility reviews](#).

For examples of curricula designed to meet the needs of staff working with adults with disabilities, see [Curricula examples](#).

For examples of resources developed in communities addressing abuse of adults with disabilities, see [Resources](#).

For additional resources on building partnerships and networks, see [Building networks](#).

For additional resources on developing tools and training for investigators, see [Tools and training for investigators](#).

For additional resources on developing tools and training for system-based advocates, see [Training for advocates](#).

For additional resources on fostering accountability within disability organizations, see [Organizational accountability](#).

Endnotes

- 1 Erika Harrell, “Crime Against Persons with Disabilities, 2009-2015—Statistical Tables” (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2017) (“In every year from 2009 to 2015, the rate of violent victimization against persons with disabilities was at least twice the age-adjusted rate for persons without disabilities”), <https://perma.cc/SE74-GBU2>.
- 2 Nancy Smith and Sandra Harrell, *Sexual Abuse of Children with Disabilities: A National Snapshot* (New York: Vera Institute of Justice, 2013), <https://perma.cc/4NJ3-SWX7>.
- 3 Centers for Disease Control and Prevention (CDC), *Disability Impacts All of Us: A Snapshot of Disability in the United States* (Atlanta, GA: CDC, 2017), <https://perma.cc/WSW4-VGV>.
- 4 Ibid.
- 5 Child Rescue Network, “Child Sexual Abuse Facts,” <https://perma.cc/H3A6-FVDZ>; and Darkness to Light (D2L), “Child Sexual Abuse Statistics,” <https://perma.cc/EKV2-MQ8R>.
- 6 Laurie Block, “Stereotypes about People with Disabilities,” Disability History Museum, <https://perma.cc/CHD2-LNB5>.
- 7 Melissa Hall and Joshua Hall, “The Long-Term Effects of Childhood Sexual Abuse: Counseling Implications,” VISTAS Online (2011), <https://perma.cc/58LX-2JQN>.
- 8 Mistie Barnes and Juliet Fortino, “Understanding and Treating the Sexually Acting Out Child” (unpublished article), <https://perma.cc/DKN3-5ZKY>; and Australian Institute of Family Studies, “The Long-Term Effects of Child Sexual Abuse” CFCA Paper No. 11 (2013), <https://aifs.gov.au/cfca/publications/long-term-effects-child-sexual-abuse/introduction>.
- 9 Ibid. at 2.
- 10 National Research Council Commission on Behavioral and Social Sciences and Education, *Understanding Child Abuse and Neglect* (Washington, DC: National Academy Press, 1993), 253-58, 267-76, <https://perma.cc/YHY4-GTP7>.

-
- 11 D2L, “The Impact of Child Sexual Abuse,” <https://perma.cc/747P-3RCX>.
- 12 Prevent Child Abuse America, “Child Sexual Abuse Prevention—Resources and Research,” <https://perma.cc/W7G3-KQSL>.
- 13 Sonali Shah, “‘Disabled People Are Sexual Citizens Too’: Supporting Sexual Identity, Well-being, and Safety for Disabled Young People” *Frontiers in Education*, September 4, 2017, <https://perma.cc/N82R-2ZCP>.
- 14 Richard G. Netemeyer, J. Craig Andrews, and Scot Burton, “Effects of Antismoking Advertising-Based Beliefs on Adult Smokers’ Consideration of Quitting,” *American Journal of Public Health* 95, no. 6 (2005), 1062-66.
- 15 Janet McNaughton, *Portable Guides to Investigating Child Abuse: An Overview* (Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 1997), <https://perma.cc/MU7R-QXDJ>.
- 16 Dorothy K. Marge, ed., *A Call To Action: Ending Crimes of Violence Against Children and Adults with Disabilities* (Syracuse, NY: SUNY Upstate Medical University, 2003), 75-81, <https://perma.cc/GY5K-YGQ7>.
- 17 Rebecca Nathanson and Joe N. Crank, “Interviewing Children with Disabilities,” in *National Association of Counsel for Children (NACC) Children’s Law Manual* (Denver, CO: NACC, 2004), <https://perma.cc/MB3W-ZDL8>.
- 18 Philip Heymann and Carol Petrie, eds., *What’s Changing in Prosecution? Report of a Workshop* (Washington, DC: National Academy Press, 2001), 8-10, <https://perma.cc/9XCH-HPJY>.
- 19 Victor Flango, “Judicial Roles for Modern Courts,” National Center for State Courts, <https://perma.cc/BGJ5-XYQU>.
- 20 National Center for Victims of Crime, “What is a Victim Advocate?,” <https://perma.cc/LVU4-MLWT>.
- 21 Ibid.
- 22 Child Welfare Information Gateway, *Mandatory Reporters of Child Abuse and Neglect* (Washington, DC: U.S.

Department of Health and Human Services, 2015), <https://perma.cc/JT4S-94CK>.

- 23 “The Child Welfare System,” in *New Directions in Child Abuse and Neglect Research*, edited by Anne C. Petersen, Joshua Joseph, and Monica Feit (Washington, DC: National Academies Press, 2014), <https://www.ncbi.nlm.nih.gov/books/NBK195980/>.
- 24 An Individualized Education Plan (IEP) specifies the special education services to which a child is entitled in school. It is developed by the child’s parent(s), teacher(s), a psychologist, and school district employees. To qualify, a child has to have one of 13 specific disabilities described in the Individuals with Disabilities Act. A 504 Plan is similar to an IEP, but has a broader definition of disability to be more inclusive of children who would be excluded by the criteria for an IEP. These plans are generally less specific than IEPs about the type of specialized instruction to be provided. See Stacey Steinberg, “IEPs and 504 Plans: Which is the Best Fit for Your Special Needs Child?,” *Washington Post*, September 21, 2017, <https://perma.cc/B2ZS-7KCA>.
- 25 Two laws, the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, require agencies to be accessible, but compliance inspections are not conducted systematically, and often groups do not make these changes unless they are threatened with legal action. U.S. Department of Justice, Civil Rights Division, *A Guide to Disability Rights Laws* (Washington, DC: U.S. Department of Justice, 2009).
- 26 For more information and to find a local organization that can provide resources for conducting access reviews, visit End Abuse of People With Disabilities, “Get Connected,” <https://www.endabusepwd.org/get-connected>.
- 27 One resource to use in the necessary but difficult conversations that lead to productive partnership is Kerry Patterson, Joseph Grenny, Ron McMillan, and Al Switzler, *Crucial Conversations: Tools for Talking When Stakes Are High* (New York: McGraw-Hill Education, 2011).

28 NCVC, “What is a Victim Advocate?”

29 For an example of an organization’s outward-facing policies on confidentiality, reporting, Personally Identifiable Information, and more, see RAINN, “Terms of Service,” <https://perma.cc/JKE6-FHUW>.

Acknowledgments

The creation of this document would not have been possible without the contributions of the diverse experiences of our national stakeholder group. Their dedication, insights, and commitment of time yielded a robust set of recommendations, and the Vera Institute of Justice extends its gratitude to the following: Nora Baladerian, Disability and Abuse Project; Kelly Buckland, National Council on Independent Living; Leigh Ann Davis, The Arc; Erin Esposito, Advocacy Services for Abused Deaf Victims (ASADV); Karyn Harvey, The Arc Baltimore; Susan Kahan, University of Illinois at Chicago; Pam Malin, CARES, LLC; Ursel McElroy, Ohio Attorney General; Meg O'Rourke, Chicago Children's Advocacy Center; Shirley Paceley, Blue Tower Training; Julie Petty, Partners for Inclusive Communities; Hyunhee Shin, Ms. Foundation; Roberta Sick, Partners for Inclusive Communities; Abigail Sims, CALCASA; Meg Stone, IMPACT/Triangle; and Mary Turocy and Katherine Yoder of Disability Rights Ohio. The authors also wish to thank Barbara Kancelbaum for her role in writing this report, Alice Chasan for editing, Mary Crowley and Ram Subramanian for their insight into the final document, Cindy Reed and Maris Mapolski for editorial support, Khusbu Bhakta for proofreading, and Stephanie Grey for design.

About citations

As researchers and readers alike rely more and more on public knowledge made available through the Internet, “link rot” has become a widely-acknowledged problem with creating useful and sustainable citations. To address this issue, the Vera Institute of Justice is experimenting with the use of Perma.cc (<https://perma.cc/>), a service that helps scholars, journals, and courts create permanent links to the online sources cited in their work.

Credits

© Vera Institute of Justice 2018. All rights reserved. An electronic version of this report is posted on Vera's website at www.vera.org/a-blueprint-for-change.

The Vera Institute of Justice is a justice reform change agent. Vera produces ideas, analysis, and research that inspire change in the systems people rely upon for safety and justice, and works in close partnership with government and civic leaders to implement it. Vera is currently pursuing core priorities of ending the misuse of jails, transforming conditions of confinement, and ensuring that justice systems more effectively serve America's increasingly diverse communities. For more information, visit www.vera.org.

For more information about this report, contact Sandra Harrell, associate center director, Center on Victimization and Safety, at sharrell@vera.org.

Suggested Citation

Sandra Harrell. *A Blueprint for Change: Toward a National Strategy to End Sexual Abuse of Children with Disabilities*. New York: Vera Institute of Justice, 2018.

Vera Institute of Justice
233 Broadway, 12th Floor
New York, NY 10279
T 212 334 1300
F 212 941 9407

Washington DC Office
1111 14th Street NE, Suite 920
Washington, DC 20005
T 202 465 8900
F 202 408 1972

New Orleans Office
546 Carondelet Street
New Orleans, LA 70130
T 504 593 0937
F 212 941 9407

Los Angeles Office
707 Wilshire Boulevard, Suite 3850
Los Angeles, CA 90017
T 213 223 2442
F 213 955 9250