Protecting Children with Disabilities from Sexual Assault

A Parent's Guide

New Mexico Coalition of Sexual Assault Programs, Inc.

In 1978, the state of New Mexico Legislature created the Sexual Crimes Prosecution and Treatment Act. This Act mandates that the state provide services to professionals (medical, mental health, law enforcement, and social services) which will assist them in offering appropriate services to victims of sexual abuse. This law outlines the necessity to provide ongoing training on a variety of sexual abuse topics. It also mandates the provision of sexual abuse evidence collection in order to offer victims the best possible prosecution of their cases. Additionally, the Act provides for payment for all victims' medical exams following an assault or the discovery of abuse.

The New Mexico Coalition of Sexual Assault Programs (NMCSAP), a private, non-profit organization, was created and continues to exist to fulfill the requirements of this statute. In addition, the NMCSAP provides child sexual abuse prevention projects in rural New Mexico as well as a clearinghouse of literature and resources to assist professionals in our state in the assessment, prosecution and treatment of sexual abuse and assault cases.

For more information: www.swcp.com/nmcsaas

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Introduction

Individuals with disabilities experience victimization of violent crimes at greater rates than those without disabilities. Sorensen (2002) reported that major crimes against people with disabilities are underreported when compared to the general population and estimated that individuals with disabilities are over four times more likely to be victims of crime than are people without disabilities.

The risk of being a victim of crime, especially a victim of sexual assault, is 4 to 10 times higher for someone with a disability. Research studies *(Powers, 2004; Nosek, 2001; Sobsey, 1994; Petersilia, 1998; Waxman, 1991)* consistently report that there is a very high rate of sexual violence against people with physical and cognitive disabilities, as well as, those with significant speech/communication disabilities.

Furthermore, the risk of sexual violence appears to increase with the degree of disability *(Sobsey & Varnhagen, 1988)*. Compounding the physical and mental trauma of violence, crime victims with disabilities are less likely to seek medical attention and report the victimization to law enforcement due to limited access to the criminal justice system.

> "The joys of parents are secret, and so are their grieves and fears."
>
> **Francis Bacon**

Children with any kind of disabilities are more likely to be sexually abused *(Petersilia, 1998)*. Surprisingly, the risk of sexual assault is independent of their living situation. Children and adults with disabilities are at an increased risk for sexual assault whether they live at home, in a semi-supportive living environment, or if they live independently.

Over 90% of the time, the offender will be someone your child knows, trusts, and regularly encounters such as caregivers, transportation providers, immediate family members, acquaintances, neighbors, etc. *(Couwenhoven, 2007)*.

Many parents are terrified that their child with a disability will be sexually assaulted. By talking to children about sexuality, the risk of them being sexually assaulted begins to be minimized.

While many parents share the same fear that their child will be sexually assaulted, it is unrealistic to guarantee protection from sexual abuse. However, by taking some proactive measures, parents can communicate with their children about the risks and negative consequences of experiencing relationships. And just as important, they can communicate with their children about the positive and healthy aspects of being with others.

What can parents do to prevent their child from being sexually assaulted?

There really is only one way for parents to prevent their child from being sexually assaulted and that is to be with them 100% of the time, 24 hours a day, and 7 days a week. Of course this is not really realistic for the parent or the child.

The best approach a parent can take to minimize the risk of their child being victimized is to strive for a balance of being overly protective and allowing their child to be a child. At the same time, children must be allowed to be as independent as possible. Parents must resist the temptation of being too overbearing or overprotecting. It is important to remember that children with or without disabilities will grow up into adult sexual beings independent of anything we do. How parents choose to respond to this sexuality is critical.

How can we teach children with disabilities about sexuality and setting boundaries?

Teaching children with disabilities about sexuality can be a very difficult thing to do. It depends on the child's disability, their intellectual abilities, and more importantly, the parents' comfort level in talking about sexuality. It is difficult to do but it is imperative. Parents must talk with their children with disabilities about sex and sexuality for several reasons.

> "Making the decision to have a child... is to decide forever to have your heart go walking around outside your body."
>
> **Elizabeth Stone**

First, research indicates children with disabilities are at a statistical greater risk for sexual assault and other criminal victimizations.

Secondly, some children may not understand what constitutes abuse.

And finally, many children with disabilities do not have a clear understanding of how to set boundaries. For example, they may not have had the experience of setting boundaries regarding what parts of their body should or should not be touched. This could be due to a history of assistance with activities of daily living (e.g. bathing, dressing) or early in life surgeries that blur the boundaries of appropriate and inappropriate touching.

Parents must talk to their children about sex and sexuality. In order to have that conversation, coming to terms with their own concerns and fears about discussing sexuality with their children is the first step parents must take.

Children must also be involved early on in the process of any conversations that relate to their personal care. This includes; bowel and bladder management, bath-rooming, or other activities of daily care and living. Parents should engage their children early on so that they start to understand their body and what represents appropriate and inappropriate touches.

In teaching children about appropriate and inappropriate touches, it may vary significantly depending on the child's disability. For some children, they may very easily understand discussions about sex, sexuality, and boundaries just like children without disabilities. For other children it may require alternative methods.

Appropriate and Inappropriate Touches

One method for teaching children with disabilities "appropriate" and "inappropriate" touching is comparing it to red flag touches and green flag touches.

Red flag touches are those touches in our private areas that are not appropriate.

"There is no friendship, no love, like that of the parent for the child."

Henry Ward Beecher

And, green flag touches are those touches that are appropriate.

Often times we use the terms "that's appropriate" and "that's not appropriate". For many kids, particularly for those children with disabilities, these are difficult concepts. By using the terms red flag touches and green flag touches it makes it more concrete and easier to understand.

It is important to teach children not only about inappropriate or red flag touches, but also to teach them about appropriate or green flag touches. First, this helps them understand the difference. And second, it begins the process of learning about healthy relationships.

Minimizing Risk

There are a number of things parents can do to minimize risk: (1) Talk openly to their child about sex and sexuality; (2) Engage their child in conversations about their own bodies; and (3) Discuss the concept of healthy relationships.

It is difficult for most parents to think about their children as sexual adults and sexual beings. It is particularly difficult for parents of children with disabilities to do so. While it may be uncomfortable to think of children with disabilities as sexual beings, the reality is children get older and develop sexual feelings. If parents don't start early on with this

understanding, they may inadvertently put their child at greater risk for sexual exploitation or violence such as sexual harassment, voyeurism, exhibitionism, or sexual assault.

What are some common risks for abuse that parents might overlook?

Children with disabilities may have access to technology such as cellular telephones, internet social networking sites such as MySpace and FaceBook, or other online dating services. They may have little understanding of the potential dangers involved by participating in these activities, and may be more vulnerable to victimization. As indicated earlier in this booklet, children with disabilities need a

balance between a parent's desire to overprotect and the ability to engage in age appropriate social interaction with her peers. Technology can level the playing field for some children with disabilities. In the virtual world, everyone can be equal. Therefore, the desire to use such technology may be great. As such, parents should embrace this desire with support and guidance. Support and guidance provides access as well as supervision to minimize risk.

We assume the people who are providing services to our children are trained and knowledgeable about the risks our children face. However, this is not always the case. Be proactive when working with agencies that may be providing services for your child.

The following is a series of screening questions that you can ask:

- ❏ What are your agency's policies and procedures for identifying and responding to suspicious staff behavior and signs of abuse or exploitation of your clients?
- ❏ How are staff trained and educated about these policies and procedures and how do they handle allegations?
- ❏ What kind of sexuality education is offered for clients they serve?

- ❏ What staff screening procedures are in place?
- ❏ How are investigations of sexual abuse handled?
- ❏ When and if abuse occurs, what supports are offered to help clients recover?

What should I do if I suspect my child has been abused?

If your child has not told you that he or she has been abused, but has physical signs or symptoms that might indicate abuse is occurring or has occurred, or you notice behavioral changes, you have a few options.

First, you could speak with a professional at your local sexual assault program or other agency that specializes in evaluating and treating sexual abuse. If you need assistance identifying an organization in your community, contact the New Mexico Coalition for Sexual Assault Programs, Inc. at 1-888-???-????.

Secondly, you may want to consult with your family physician or health practitioner. This medical professional might be able to identify any potential health and medical issues that might be contributing to your child's behavioral changes. He or she may also be able to assist you in determining whether abuse is a real possibility *(Couwenhoven, 2007)*.

How do I respond if my child tells me he or she has been abused?

Hearing your child tell you that he or she has been abused is never an easy experience. Try to remain calm and to respect your child's safety, privacy, and dignity.

If she tells you in a place that is not private or where others can hear, immediately move to a private place where you can talk safely.

Ask your child such simple questions as:

"Can you show me where he touched you?"
or
"Where on your body did he touch you?"

This can help you to clarify what is going on once allegations are made *(Couwenhoven, 2007)*.

After your child has told you that he or she was abused, don't attempt to handle things on your own or pressure your child with additional questions. This can interfere with an investigation and influence reporting.

The following is a list of things that you can do right away:

- ❑ **Believe your child.**
  No matter how old your child is, believe and support her. Reporting abuse takes incredible courage and your child can be very fearful.
- ❑ **Reassure your child that it is not his or her fault and that telling was the right thing to do.**
- ❑ **Contact the authorities.**
  If your child is a minor, contact the New Mexico Child Protective Services at 1-800-797-3260. If your child is an adult, contact the local police or sheriff"s department.

What else do I need to know?

Surprisingly, there are not a lot of educational materials and training manuals designed to help parents talk to their children with disabilities about sex and sexuality. However, we highly recommend parents refer to: *Teaching Children with Down Syndrome about Their*

Bodies, Boundaries, and Sexuality: A Guide for Parents and Professionals (2007) by Terri Couwenhoven. The author is a certified sexuality educator and a mother of two daughters; her oldest has Down syndrome.

Although this book is written specifically for children with Down syndrome, it is full of helpful information, activities, and pictorial guides. We believe this is a valuable resource for parents who are seeking in-depth information about how to teach their children with disabilities about their bodies, boundaries, and their sexuality.

As parents, you are the best person to help your child to read, interpret, and respond to

"There are two lasting bequests we can give our children. One is roots. The other is wings."

Hodding Carter, Jr.

> "The most important thing that parents can teach their children is how to get along without them."
>
> **Frank A. Clark**

their own intuitive signals. With your guidance, most children with disabilities can develop the capacity to recognize and respond to their own natural internal radar system that helps them know when experiences are dangerous, uncomfortable, or not quite right *(Couwenhoven, 2007)*.

Communicating with children openly and honestly about sexuality at home and teaching them about healthy relationships goes a long way in minimizing risk, helping the child feel that he or she can discuss sexuality which will make them more likely to seek parental input as concerns regarding sexuality arise.

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