

# Sexual Abuse of Children with Disabilities: A National Snapshot

Nancy Smith • Sandra Harrell

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## > Highlights

- > Children with disabilities are at higher risk for child sexual abuse than children without disabilities.
- > The risk of sexual abuse is exacerbated and heightened because of unique dynamics related to disability and the supports these children receive.
- > There is an alarming lack of primary prevention efforts geared to preventing sexual abuse of children with disabilities.
- > Children with disabilities who experience sexual abuse are less likely to receive the services and supports they need to heal and seek justice.



## Executive Summary

Children with disabilities are three times more likely than children without them to be victims of sexual abuse, and the likelihood is even higher for children with certain types of disabilities, such as intellectual or mental health disabilities.<sup>1</sup>

However, sexual abuse of children with disabilities has not garnered the attention of policymakers, practitioners, advocates, or community members. These children are also less likely to receive victim services and supports that are more readily available to other victims because of a variety of factors including barriers to reporting and a lack of responses tailored to meet their unique needs. Without receiving support, these children suffer

serious long-term aftereffects, including post-traumatic stress disorder, anxiety, and depression, as well as an increased risk of victimization in adulthood.

To address these issues, in March 2012, the Center on Victimization and Safety (CVS) of the Vera Institute of Justice and the Ms. Foundation for Women partnered on 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 recommend holistic responses that involve victim services, disability services, law enforcement, police, schools, and community members. We assembled participants from a wide variety of backgrounds to engage in a roundtable conversation: people with disabilities; parents of children with disabilities; advocates for children with disabilities; advocates for survivors of child abuse; law enforcement personnel; and other people who engage with children with disabilities as well as work with people who oversee those who sexually abuse them. We sought to develop a collective understanding of sexual abuse of children with disabilities, including the factors that contribute to the alarming rates of abuse, the dynamics unique to sexual-abuse cases that involve children with disabilities, and preventive and intervention responses to this phenomenon around the country. We also sought to identify critical gaps in efforts to end sexual abuse of children with disabilities in the United States and promising opportunities for closing those gaps.

This issue brief provides a summary of the main findings that emerged from our work. It provides an overview of the latest research on the incidence and prevalence of sexual abuse of children with disabilities and discusses the dynamics of that abuse—including the factors that contribute to its high prevalence, the status of prevention and intervention services designed to address this problem, and critical gaps and opportunities. Finally, it concludes with recommendations

for next steps to create a national strategy that advances the response to this epidemic. Its aim is to spur a broad-based dialogue and serve as a starting point for a conversation to end sexual abuse of children with disabilities.

## Our Process

At the outset of this project, CVS and the Ms. Foundation sought to explore the existing landscape surrounding efforts to address or prevent sexual abuse of children with disabilities. The assumption underlying this endeavor was that understanding the status quo would allow us to chart a course for growing a movement that could effectively navigate gaps and leverage strengths within and between current efforts. The existing research, perspectives from stakeholders, and insights from the roundtable discussion paint a portrait of the current climate surrounding efforts to address sexual abuse of children with disabilities, including unique dynamics, gaps, and opportunities.

From April to October 2012, CVS staff conducted a literature review, completed one-on-one interviews with key stakeholders, and convened a national roundtable on responding to sexual abuse of children with disabilities. Staff sought to identify as many people as possible who currently work at the intersection of child sexual abuse and disability. Through these efforts, we engaged 25 people with expertise in this area. They provided insights from a variety of perspectives, including that of people with disabilities; parents of children with disabilities; advocates for children and adults with disabilities; trauma counselors; victim service providers; national trainers and capacity-builders; policymakers; and funders.

## What Research Tells Us

**Children with disabilities are at higher risk for child sexual abuse than children without disabilities.**

- > According to a meta-analysis of findings from studies of victimization of people with disabilities, children with disabilities are 2.9 times more likely than children without disabilities to be sexually abused. Children with intellectual and mental health disabilities appear to be the most at risk, with 4.6 times the risk of sexual abuse as their peers without disabilities.<sup>2</sup>
- > According to the 2010 Administration on Children Youth and Families (ACYF) report, more than three million reports of child maltreatment were made in 2009, with 10 percent of cases involving sexual abuse. Eleven percent of victims reported having a disability, including 3 percent with behavior problems, over 2 percent with an emotional disturbance, and over 3 percent with an additional medical condition.<sup>3</sup>
- > A 2000 Nebraska school-based study found that children with disabilities were more than three times more likely to be sexually abused as children without disabilities. The sample included 40,211 children from 0–21 years using public school records from 1994 to 1995. The study found a 31 percent prevalence rate of maltreatment for children with disabilities vs. a 9 percent prevalence rate for children without disabilities.<sup>4</sup>
- > A 1998 Boys Town National Research Hospital study found that children with disabilities were 2.2 times more likely to be sexually abused than children without disabilities. The increased rate extended beyond sexual abuse to all forms of maltreatment, with a 64 percent prevalence rate of maltreatment for children with disabilities vs. a 32 percent prevalence rate for children without disabilities. The sample included more than 39,000 hospital records from 1982 to 1992.<sup>5</sup>

## Unanswered Questions

There are significant gaps in the understanding of sexual abuse of children with disabilities. While research demonstrates high rates of sexual abuse among these children, the full extent of the problem (such as the incidence and prevalence) is unknown. Studies that do exist generally focus on specific disability types (for instance, intellectual or mental health disabilities); use varying definitions of sexual abuse and measures of disability; draw their samples from specific settings (such as schools or hospitals); and often use samples lacking racial or economic diversity.<sup>6</sup> More research is needed to answer the following critical 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 sex, race, and socio-economic status?
- > Who are the perpetrators?
- > What percentage of victims reach out for help, and what percentage receive it?
- > What percentage of incidents are reported to the authorities?

## What Stakeholders Tell Us

**While children with disabilities are at risk for sexual abuse in the same ways as children without disabilities, dynamics related to their disabilities and their receipt of disability-specific services exacerbate and heighten their risk.**

Discrimination against people with disabilities, including children, is persistent in our society and is referred to as ableism. Ableism is a value system that deems people without disabilities as

the norm or standard and stereotypes people with disabilities as abnormal, weak, dependent, and unintelligent. This value system pervades our society and has resulted in the devaluation, depersonalization, and isolation of children with disabilities. Rendered less valuable, less human, and invisible, children with disabilities become prime targets for sexual abuse.

In addition to contributing to the higher rates of sexual abuse against children with disabilities, ableism has structured our responses and supports for children with disabilities around notions of their dependency as opposed to supporting more independence. This has resulted in a culture of compliance that surrounds children with disabilities. Although all children are trained to be compliant to authority figures in our society, compliance is stressed to an even greater degree for children with disabilities. In this environment, children with disabilities are denied the right to say no to everyday choices such as what they will wear or eat, leaving them completely unequipped to say no when someone is trying to hurt them.

Children with disabilities are systematically denied basic information about sexual health and relationships. This practice can be traced to a desire to shield children with disabilities from the realities of life as well as a belief that people with disabilities are asexual. As a result, sexual education is rarely provided in special education classrooms and, when it is, it is not tailored to the needs of children with disabilities. Moreover, family members may have personal anxieties about their children having sex and therefore will not raise such issues with them or the schools. As such, children with disabilities are not taught about their bodies, do not learn to distinguish good touches and bad touches, and are never given a framework for healthy relationships. Without such fundamental lessons, children with disabilities have no language to describe what has happened to them when they are abused.

While many perpetrators of sexual abuse are known to the children they victimize, perpetrators who prey on children with disabilities are often connected to them *through* their disability. Both research and stakeholders acknowledge that children with disabilities have a greater dependence on others for personal care activities. As such, children with disabilities may be in isolated settings with adults providing transportation, intimate personal care, occupational therapy, special education, and a host of other services. Perpetrators within these professions have learned that they can target children with disabilities with relative impunity because their crimes are rarely made known to authorities—and when they are, they are handled as administrative matters. For these reasons, many perpetrators specifically seek employment opportunities within organizations that will put them in contact with children with disabilities. Thus, employers play a critical role in ending sexual abuse of children with disabilities.

**There is an alarming lack of primary prevention efforts geared to preventing sexual abuse of children with disabilities.**

In general, efforts to prevent child sexual abuse are very limited. Those that do exist primarily focus on changing the behavior of children through risk-reduction strategies. These equip children to identify and leave situations where they may be at risk of sexual abuse. While risk-reduction is an important component of ending child sexual abuse, the curricula rarely identify the risks unique to children with disabilities, such as the range of perpetrators and settings that children with disabilities encounter. For instance, children with disabilities may have a personal care attendant who provides services such as bathing and dressing them, yet they are not taught to identify a bad touch in this context. Furthermore, these curricula are rarely offered in special education classes and, when they are, they are not tailored to the



learning needs of children with disabilities.

Yet risk-reduction techniques only address possible ways for individual children to avoid sexual abuse and do not focus on measures that stop the perpetrators of child sexual abuse. Minimal primary prevention efforts addressing societal norms, attitudes, and practices have been developed around child sexual abuse. Of those efforts, virtually none have countered the norms, attitudes, and practices, so deeply steeped in ableism, that shape the lives of children with disabilities. Without efforts to prevent sexual abuse of children with disabilities, including those designed to help children reduce their risks, it continues unchecked.

**Children with disabilities who have experienced sexual abuse are less likely to receive the services and supports they need to heal and seek justice.**

Surveying the landscape that comprises the lives of children with disabilities reveals clear barriers to receiving services and supports. Denied education about healthy sexuality and sexual abuse, they are also denied a language to describe what has happened to them. Because of misconceptions and stereotypes steeped in ableism, they are less likely to be believed if they do try to tell what happened to them. Moreover, the people around them—parents, educators, disability providers, medical professionals—are unlikely to be equipped to identify signs of sexual abuse.

Given all of these factors, children with disabilities are highly unlikely to ever make it to victim services organizations. Unfortunately, when they do, they encounter barriers there as well. Most victim services organizations and criminal justice systems are inaccessible. Barriers to access may be physical, but also include problems of communication, attitudes, and policy.



For instance, criminal investigators often lack the skills and knowledge to effectively interview children with communication disabilities who may require American Sign Language Interpreters or the use of communication boards. Additionally, victim services agencies often do not have therapeutic approaches tailored to children with intellectual disabilities. Further, sexual assault nurse examiners often do not have specialized training for conducting forensic exams on children with physical disabilities.

**Public awareness about sexual abuse of children with disabilities is lacking on every level.**

Stigma, fear, underreporting, and society's failure to hold perpetrators accountable have led to a silent epidemic of child sexual abuse. When disability is added to this landscape, the silence is further compounded by a number of factors. Many of the people constituting the community of support for children with disabilities are either unaware or unwilling to believe that these children are targeted for sexual violence. Parents and other family members may not report sexual abuse of a child in their care because they do not know who to turn to or are afraid that the child will be removed from their home. Professionals in disability organizations may lack training or education on the topic of sexual abuse and, therefore, miss indications of abuse of their clients. Meanwhile, because children with disabilities are segregated from the larger society, victim services organizations do not commonly see them in their client base and, therefore, do not designate them as a priority population.

Because silence insulates the community from awareness of this crime, no groundswell of voices reaches state and federal policymakers to motivate them to address sexual abuse of children with disabilities through resources or policy. Without a growth in awareness and public outcry, it will continue unnoticed by anyone except the victims.

## Our Recommendations

The higher incidence rate of sexual abuse of children with disabilities, coupled with the gaps in prevention efforts and barriers to getting help these children and their families face, warrant dedicating increased attention and resources to this issue. People and organizations charged with supporting children with disabilities and those addressing sexual abuse must strengthen their commitment and action to stop this epidemic and to assist the children who have been affected by it.

The complexities of the issues surrounding sexual abuse of children with disabilities require a unified and cohesive strategy. Because no such national strategy currently exists, the first and essential step is to create and, ultimately, implement one. Forums on the local, state, and national level can bring together people with disabilities, their family members, and professionals from the areas of criminal justice, disability, health and medicine, schools, and victim services, among others. By joining in a concerted effort, members of the wider community can merge their collective energy, knowledge, skills, and experience to form a movement designed to address sexual abuse of children with disabilities.

The national strategy for ending sexual abuse of children with disabilities should advance work in the following key areas:

- > Engaging key stakeholders
- > Public awareness
- > Research
- > Funding
- > Public policy and legislation
- > Prevention efforts

> Victims advocacy, services, and supports

> Criminal justice responses

Building a movement and advancing the kind of large-scale change that is required to end sexual abuse of children with disabilities requires people with passion and commitment, people who build relationships with diverse stakeholders and leverage new and existing resources, and people who take the initiative to create innovations and enhance what currently exists. These are exactly the kind of people CVS staff encountered during the course of this work. An opportunity exists to harness the energy and momentum of these and other pioneers, and to build on the lessons learned from the small but growing community of people working to address abuse of children with disabilities.

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## Endnotes

- 1 Lund, Emily M., and Vaughn-Jensen, J. (2012). "Victimisation of Children with Disabilities." *The Lancet*, Volume 380 (Issue 9845), 867-869.
- 2 Ibid.
- 3 Administration on Children, Youth and Families. 2010. Child Maltreatment 2009. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families.
- 4 Sullivan, P., and Knutson, J. (2000). "Maltreatment and disabilities: A population-based epidemiological study." *Child Abuse & Neglect*, 24(10), 1257-1273.
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- 6 Goldson, E. (2001). "Maltreatment among children with disabilities." *Infants and Young Children* 13(4), 44-54; Petersilia, J. R. (2001). "Crime victims with developmental disabilities." *Criminal Justice and Behavior*, 28(6), 655-94; Sullivan, P. M. (1999). "Violence and abuse against children with disabilities." Washington, DC: National Research Council; and Westcott, H., & Jones, D. (1999). "Annotation: The abuse of disabled children." *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 40(4), 497-506.

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## For More Information...

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For more information on the Center on Victimization and Safety, please contact [cvs@vera.org](mailto:cvs@vera.org) or (212) 334-1300.

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Vera Institute of Justice  
233 Broadway, 12th Floor  
New York, NY 10279  
Tel: (212) 334-1300  
Fax: (212) 941-9407

Washington DC Office  
1100 First St. NE, Suite 950  
Washington, DC 20002  
Tel: (202) 465-8900  
Fax: (202) 408-1972

New Orleans Office  
546 Carondelet St.  
New Orleans, LA 70130  
Tel: (504) 593-0937  
Fax: (212) 941-9407

Los Angeles Office  
707 Wilshire Blvd., Suite 3850  
Los Angeles, CA 90017  
Tel: (213) 223-2442  
Fax: (213) 955-9250

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