Child Sexual Abuse Treatment Program Recommendations for Children With Physical Disabilities

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University of Wisconsin-Platteville

Seminar Research Paper

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Abstract

Child sexual abuse is a problem faced by youth in America. Child sexual abuse treatment programs fail to remedy treatment options for many vulnerable populations. This research paper discusses child sexual abuse treatments lack of effectiveness regarding children with disabilities, mental health, gender variation in symptoms exhibited from child sexual abuse, and delinquency exhibited by victims. Statistics, theoretical framework, and case examples are presented as well. Various child sexual abuse treatment programs are analyzed and discussed regarding their weaknesses and triumphs. Lastly, recommendations for implementation of a successful child sexual abuse treatment program will be presented.

Keywords: treatment programs, child sexual abuse, mental health, disabilities, long term delinquency

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Section I. Introduction: Child Sexual Abuse Treatment Program Recommendations for Children with Physical Disabilities.

Statement of the Problem

Child sexual abuse has increased and is the most prevalent health concern for children, with the most damaging implications (Townsend, 2013). According to Townsend & Rheingold (2013), approximately one in ten children will become victims of sexual abuse before their 18th birthday. In fact, the study reveals that nearly one in seven girls would be sexually assaulted and 1 in 25 boys, prior to becoming an adult. (Townsend & Rheingold,2013). In 2016 alone, Child Protective Services reported 57,329 children were victims of sexual abuse. Every nine minutes child protective agencies substantiate, or find evidence for, a claim of child sexual abuse (US Department of Health and Human Services, 2016).

Child sexual abuse treatment programs fail to address children with disabilities (Lund & Vaughn, 2012). Children with disabilities that experience sexual abuse encounter barriers in receiving the support and services they need. (Sullivan & Knutson, 2000). According to the 2010 Administration on Children Youth and Families (ACYF) report, of the three million reported cases of child maltreatment in 2009, 10 percent involved sexual abuse, out of 10 percent reported being disabled and 11 percent reported being sexually abusive.

Purpose of the Study

The purpose of this paper is to offer recommendations for effective components for an ideal treatment program for child sexual abuse victims. Effective components of a treatment program include a mental health component and accommodate children with disabilities. Treatment program recommendations must not be overlooked, and the improved treatment of sexual abuse victim must be seriously addressed. This research paper will be an educational

resource for counseling victims, childcare workers and those interested in investigation and recovery processes of child sexual exploitation.

Method of Approach

Using secondary evidence, we will examine the related scientific, theoretical and realistic results to develop recovery services for children who are sexually exploited. Additionally, the US Department of Justice will present information from previous child sexual assault victims' service review and reports from validated publications and websites. Collective information provided will serve as the basis for the findings and recommendations to strengthen recovery services.

Contribution to the Field

This paper will offer strategies and recommendations that program directors and educators can use to redesign and reshape child sexual abuse victim treatment programs. This research paper will offer the general public the understanding of the prevalence of the child sexual abuse. Recommendations and conclusions will offer therapy and program solutions and adaptations. Lastly, this paper will offer a theoretical framework that offers explanations and understandings to victims and offenders involved in sexual child abuse.

Anticipated Outcomes

The anticipated outcomes include recommendations that enhance treatment programs for victims of child sexual abuse. There are many developed programs that offer insights on how to combat negative long-term effects faced by the victims. The statics will offer the imprudent need for increased education and program reconfigurations.

Section 2. Literature Review

The following literature review is divided into five components. The first part provides the prevalence of child sexual abuse with current statics and occurrences within the US. The second part discusses prevalence rates of child sexual abuse of children with disabilities and a discussion of various studies findings. The third part highlights research that illustrates the need for treatment programs for children with disabilities. The fourth part summarizes researchers' findings on the barriers to support for CSA in disabled children. The fifth part examines current problems associated with support services.

Definition of Child Sexual Abuse

The World Health Organization (WHO) defines CSA as:

> *"The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performances and materials."*

Definition of Physical Disabilities

Physical disability means the long-term loss or injury, resulting in a reduced physical activity, agility, strength or endurance, of part of the individual's body structure. The person may be unable to carry out normal body movements due to functional impairment, such as coordination and walking, standing and sitting, use of arms and hands, control of the muscles, etc. (Powers et al., 2017). Physical handicaps can affect a person's physical ability and/or mobility either temporarily or permanently. There may be various causes of physical disability, but they may include inherited or genetic disorders, serious diseases and lesions (Powers et al., 2017). Types of physical disabilities can include "acquired brain injury, spinal cord injury (SCI),

Spina Bifida, Cerebral Palsy, Cystic Fibrosis (CF), Epilepsy, Multiple Sclerosis (MS), Muscular dystrophy, Tourette Syndrome and Dwarfism" (Powers et al., 2017).

Prevalence of Child Sexual Abuse

The general population is led to believe adult rape occurs at a greater significance; however, children are victimized at a much higher rate than adults. For instance, in 2000, youth between the ages of 12-17 sexual assault victimization occurred at a rate 2.3 times higher than adults (Tebbutt, 2001). According to Children's Bureau at HHS' Administration for Children and Families (2017) Child Maltreatment Report: the estimated CPS referrals for investigative or alternative response rose by 15% in fiscal year 2017 from fiscal year 2013, (3,598,000) to (4,136,000). In total, 74.9% of the victims have been neglected, 18.3% physically abused and 8.6% sexually abused (ACF, 2017). According the ACF (2017) reporting in 2017 an estimated 1,720 children died from abuse and neglect. In 2017, an estimated 65,000 children were sexually abuse (ACF, 2017).

Nearly 70 percent of all sexual assaults reported occur in children aged 17 and under (RAINN,2015). Children are suspectable to manipulation and scare tactics, which results in many cases of underreporting. Moreover, 38% of children disclose the fact they have become victims of sexual abuse (London, 2003). Child abuse typically have specific attributes surrounding the circumstances of the crimes. Sexual abuse acts committed by juveniles occur during the school week, from the hours of 3pm and 7pm (Snyder, 2000). In total 40% of children are sexually abused by older juveniles (Finkelhor, 2012). According to Rape Abuse and Incest National Network (RAINN) (2015), one common myth is that pedophiles are perpetrating child sexual abuse. Yet most people who sexually assault kids are known by the victim (friends, partners, family members and members of the community). Approximately 93% of children

victims of sexual abuse know their abuser (RAINN,2015). A stranger assault fewer than 10 % of the sexually exploited children (RAINN,2015).

There are many prevalent facts and statistics surrounding child sexual abuse. Below is a list of facts of common misconceptions regrading child sexual abuse.

- Juveniles who enter the criminal justice system are likely to become victims of sexual abuse. For instance, 31% of female and 7% of males who enter the criminal justice system have been sexually assaulted (Baglivio,2014).
- According to Douglas (2005), in 93 % of child sexual abuse cases children know their assailants.
- According to Townsend (2013), 1 in 25 children age 10-17, will receive an online solicitation.

Prevalence of Child Sexual Abuse in Children with Disabilities

Jones (2012) conducted a review and meta-analysis of the prevalence of violence against disabled children. The research shows that 20,4% for physical abuse, 13,7% for sex, 18,1% for emotional abuse and 9,5% for neglect are total abuse rates per type of abuse. Sullivan and Knutson (2000) have compared the records of over 50,000 children in a US city with a disability that could 3.4 times the number of children without physical disabilities. The number of children at risk of abuse was over 50,000. The disabled children were abused at overall rate of 31 %, in comparison to the children without LD rate of 9%. The results from the study showed various rates for the categories of abuse, children with disabilities were “3.8 times more likely to be neglected, 3.8 times more likely to be physically abused, 3.1 times more likely to be sexually abused, 3.9 times more likely to be emotionally abused” (Sullivan & Knutson, 2000). Below is a

table of summaries of the results of three studies (Sullivan and Knutson 2000), Jones et al., (2012) and Spencer et al., (2005).

Rates of Sexual Abuse

Study (across)	Sullivan and Knutson (2000)	Jones et al. (2012)	Spencer et al. (2005)
Behavior Disorders	5.5 times more likely to experience sexual abuse	4.3 times for emotional abuse	n/a
Children with Language and Speech Difficulties	three times more at risk of sexual abuse	n/a	those with moderate/ severe speech and language disorders almost three times as likely
Children with "mental retardation"	four times more at risk of all forms of abuse	4.6 for sexual violence risk level	almost five times as likely
Children with Health-Related conditions	amongst the higher-risk groups	n/a	Seven times more likely to be abused in any type of abuse category

There is a correlational relationship between the type or rate of abuse based on the child's severity of impairment. Fisher et al. (2008) conducted a literature review and found children with severe impairments were at greater risk of abuse. Hershkowitz et al. (2007) conducted a study to compare the data from typically developing children to disabled children and found higher levels of sexual abuse with children with more serve disabilities.

Need for Treatment Programs for Children with Disabilities

There is an increased need for child sexual abuse treatment programs for children with disabilities. Disabled children are 2.9 times more likely to be sexually assaulted than non-disabled children (Smith, 2013). The risk of sexual abuse for children with disabilities is heightened due to unique dynamics associated with disabilities, and the kind of support they

receive. Intellectual and mental health children seem the most at risk as their disabled peers 4.6 times the risk of sexual abuse (Lund & Vaughn 2012). Despite clear disparities for sexual abuse treatment for children with disabilities, the resources available are lacking due to barriers to reporting and a lack of tailored treatments to meet their unique needs.

According to the Child Rescue Network, children with disabilities known their offender and may be connected through some variable of their disability. The risk of victimization increases for children with LD because of their need for personal care, education, and occupational therapy. According to Stirling & Flaherty (2010), children with LD are five times the risk due to following characteristics "if their disability impairs their perceived credibility, e.g., blindness, deafness, speech delay or disorder and developmentally delayed."

Thirteen research on the prevalence of child sexual abuse in children with disabilities were analyzed by Wissink (2015). The studies revealed a lack of harmony in the prevalence rates of sexual abuse and reporting. The shortcomings in research into the sexual exploitation of disabled child and small sample sizes were, Wissink (2015) summaries, a factor in the increase in recorded scores. The thirteen studies showed the highest at-risk for sexual abuse are children with intellectual disabilities (Wissink, 2015). Many characteristics associated with ID disabilities are many factors including "social isolation, dependence on care and critically, a lack of education and information (Wissink, 2015)." One study, Balogh (2001), focused specifically on the age of LD children and found that most victims ranged from 13 to 18 years of age and were females. Four out of thirteen of the studies found the children's offender was in fact, immediate family (Wissink, 2015).

Barriers to Support

In order to create an appropriate child sexual abuse treatment program, there needs to be a thorough understanding of reasons why sexual abuse occurs in disabled children. With an understanding of the underlying barriers that contribute to the abuse, a treatment program can be constructed to address these factors, minimalize abuse, and improve overall treatment.

Disabled children experience isolation, which increases their chances of sexual abuse. Nosek (2006) conducted a study of 415 girls with physical disabilities and discovered that children that were more socially isolated had higher risks of sexual abuse. Further studies have implicated that isolation intensify abuses and prohibits a victim's ability to respond to the sexual abuse (Gilson, 2001). According to Martin (2003) lack of employment and involved in extracurricular activities in school, leads to higher levels of abuse in children with disabilities. Children with decreased involvement, leads to a lack of communication with others that may recognize signs of abuse and report it.

Interviews with experts in the following areas: criminal justice, disability, sexual exploitation and child protection were performed by the Vera Institute of Justice. Their aim was to determine why policy makers and program developers have fail to address sexual abuse treatment programming for children with LD.

- Disabled children who experience sexual exploitation face significant obstacles to access to and funding for programs.
- People who sexually abuse children with physical disabilities are rarely held accountable.
- There are few steps to deter the sexual exploitation of disabled children.
- Very few studies have sought to explain the sexual exploitation of children with disabilities, and the frequency and severity of the issue is still little understood.

According to Taylor et al. (2014) there are many influencing factors on risk and protection of children with LD including assumptions, barriers in CPS, lack of reporting due to the child's impairment, and lack of an effective response. The negative attitudes and assumptions towards children with LD are highlighted in separate studies. Various children with disabilities in interviews with criminal justice professionals stated, "Don't blame us or have a go at us." "We do have feelings." "We're just like other children." "Show respect and don't patronize us (Marchant and Gordon 2001)." A child with LD that was victimized of sexual abuse stated, "I was not asked about my views and feelings. I was left out of meetings between my advocate and other people (NSPCC 2005)." According to the National Working Group on Child Protection and Disability (2003) the general population finds it hard to believe children with disabilities are sexually abused due to long standing myths. Indicators of abuse may include the child's behavior, mood, injury that for children without LD would be causation for concern, however many people attribute these indicators as typical for a child with an LD. In addition, children relying solely on behavioral communication and parents can fail to understand how young people express anxiety, fear and distress. Edwards & Richardson (2003) discussed two examples including a disable child with limited communication, had red marks on his arms and legs which were disregarded as eczema. These marks were from the child being tied into his buggy. An additional child with LD had bruising to the anal area and thighs, which was believed to be from rectal Valium, however the bruising was cause by sexual abuse (Edwards and Richardson 2003).

Finanancial circumstances may also prohibit families from seeking the support services their child needs (Larkins et al., 2013). Minorities may also face additional challenges including language barriers, discrimination, and lack of information. Children with LD that live in care facilities may experience isolation away from the familiar faces that they feel comfortable

confiding to. Disabled children in care facilities are at a higher risk from adults who are inclined to sexually abuse them according to the CEOP (2013) thematic assessment The Foundations of Abuse: *A thematic assessment of the risk of child sexual abuse by adults in institutions*.

An additional barrier to support is the high rates of underreporting, according to Allnock and Miller (2013) for many children revealing information regarding sexual abuse incident is a "journey", which on average can take 7.8 years for a child to disclose. In addition, children must recognize there is a choice to disclose sexual abuse to a trusted adult, including at school and at home (Morgan 2004). Children with physical disabilities have limited access to education in personal safety. Disabled children who continually rely on caregivers for their physical needs may be accustomed to having adults touch their body on a regular basis. Children with physical disabilities may become conditioned to comply with authority, which in return results in them failing to understand abusive behaviors (Sullivan, 2000). Disabled children may not be able to distinguish the difference between appropriate pain from inappropriate pain, because some therapy programs can be painful.

Support Services

There is a lack of holistic child-focused assessments that address broader issues faced by families with disabled children. The issues include family dynamics, environmental concerns, support for the parents/careers. The issues can stem to other concerns regarding the child's welfare in factors such as domestic violence, parental drug/alcohol abuse, and general family dysfunction. Ofsted (2010) reviewed a case where a young boy with cerebral palsy had passed, and in the review of his death there was key indications of neglect in the home. The professionals were hyper-focused on his complex heath and disregarded the possibilities of neglect (Ofsted, 2010). There is a skills gap in professional child advocacy workers that specialize in working

with disable children (Commission for Social Care Inspection et al., 2005). There is a lack of training in specialized skills, such as non-verbal communication, sign language, and understanding of child developmental issues (Murray and Osborne 2009).

There is an overall lack of training, documentation and recognition of disabilities in victims of sexual abuse by CPS (Crow, 2010). A survey taken of 51 state CPS agencies found that 86% CPS employees used a standardized form to report sexual maltreatment cases, but in only 59% of those cases did workers obtain information regarding disabilities on the form (Camblin,2005). According to Orelove (2000) a needs assessment of educators, CPS workers, parents found that knowledge and experience were lacking adapting treatments and care for children with physical disabilities.

Section 3. Current Treatment Programs in Child Sexual Abuse for Children with Physical Disabilities

Children with Physical Disabilities in Out of-Home Care

There is a significant lack of specialized foster homes that can accommodate children with physical disabilities who need specific therapies (Slayter & Springer, 2011). CPS and service providers should positively identify placements that are suited to accommodate service needs of the children (Lightfoot et al., 2011). Approximately 1/3 of all children in the foster care system have a physical aliment (Slayter, 2016). Physically disabled children are twice are likely to face sexual abuse in isolating environments (foster care, group homes, etc.) (Hill, 2012). Group homes and long-term care facilities face frequent staff turnover, which leads to decreased opportunity for staff to recognize and respond to changes in behavior exhibited by sexual abuse victims (Palusci et al., 2015).

Community-Level Programs

Coalition Against Sexual Abuse of Children with Disabilities (CASACD), is a program that formed in response to the high rates of abuse in children with disabilities. The vison of the program is "children with disabilities will live free from sexual abuse" (CASACD). The implementation of the program includes influencing systemic responses to cases of sexual abuse that involve children with physical disabilities. CASACD is constructed by Chicago Children's Advocacy Center and includes facets such as law enforcement, social service, prevention, medical, mental health and advocacy previsions. The programs overall goals are listed below:

1. *"Increase public awareness of the vulnerability to sexual abuse of children with disabilities.*
2. *Increase access of mental health services to children with disabilities who have experienced sexual abuse.*
3. *Increase sexual abuse prevention efforts regarding children with disabilities.*

4. *Improve knowledge and expertise of those professionals who are first responders to the abuse of children with disabilities* (CASACD)."

CASACD implements their vision and goals through mediums including trainings, informational website for parents, bilingual resources and pamphlets. According to Lightfoot (2014) parents may feel isolated due to the increased recourses and time necessary to care for children with physical disabilities. Johnson (2011) discussed parents of children with disabilities are hindered in their ability to talk among other parents. In order to combat parental issues, CASACD offers training topics for parents including Keeping Children Safe, Keeping my Family Safe, Keeping Children with Disabilities Safe, Mandated Reporter Training, and Sexual Abuse Prevention Consultation for Youth-Serving Organizations. Additionally, CASACD conducts community outreach and group activities among the families. CASACD is an effective treatment program through its strategies to connect parents through social interaction with peer to peer networking and support groups (Murphy et al., 2007). Direct phone numbers to reporting child abuse are listed on the main page of the website as well. Coalition Against Sexual Abuse of Children with Disabilities is addressing the areas many programs lack, including racial disparities, family and community involvement.

Family Focused Programs

The primary care of children with physical disabilities is parents and other caregivers, which makes it imperative programs make an established connection with parents to prevent maltreatment (Helton & Cross, 2011). Parents responsiveness and expectations to their disabled children can be improved through interventions methods that provide resources for positive interactions (Holtz, Carrasco, Mattek, & Fox, 2009). Not only should parents gain education regarding their child's disability, they should also obtain information regarding their own well-

being and mental health. The following are examples of effective strategies and general prevention services, which CPS workers should utilize to connect families:

Examples of Family Focused Treatment/Prevention Methods for Children with Physical Disabilities	
Program	Purpose
The PACER Center	Based out of Minnestoa, this center offers state parent centers and the National Bullying Prevention Center to families with disabled children.
The Arc	Program provides individualized supports and resources to disabled children (including both developmental and intellectual disabilities)
Parent to Parent of Pennsylvania	This program matches parents of newly diagnosed children with parent mentors of children with similar disabilities.
SAFE	Stop Abuse for Everyone is an educational and advocate program that offers specialized training for families regrading techniques for recognizing, responding, reporting, and detecting child sexual abuse in children with physical disabilities.
Respite Care Programs	Respite care offers families a break from the demands of caring for their disabled child during extreme crisis temporary short-term care ARCH is a program that assists families with finding and locating local respite care facilities and options.
Support Group Programs	Support groups offer parents the ability to share and connect experiences with other families that may be facing similar stressors. Examples include Parents Anonymous, or Circle of Parents.

Child Focused Programs

An effective program should provide the training and education to the child regarding ways they can advocate for themselves. Underlying decisions about which programs a child should intend, may include input from the caregiver (Haight et al., 2013). Program prevention strategies should include helping the children protect themselves, maximizing children's communication skills and

tools, and reducing children's social isolation. Effective child sexual abuse programs educate children regarding their body parts and functions, how to communicate with a responsible adult, what constitutes abuse and neglect, and what is inappropriate social interactions (Murphy,2011). CPS professionals should offer skill classes that allow children to practice efficacious communication skills. Children with physical disabilities have narrow involvement in activities that reduce social isolation. Compared to their peers without disabilities, children with physical disabilities in the welfare system are two times less likely to participate in these extracurriculars (Berg, Shiu, Msall, & Acharya, 2015). Examples of child focused program include Kidpower International and IMPACT. Kidpower international assists physically disabled children with education regarding personal safety and prevention (response) methods to child sexual abuse. IMPACT offers a 10-session program with a personal safety curriculum for disabled children. IMPACT uses realistic scenarios to educate child on how to respond during at-risk situations to stifle inappropriate sexual contact by a caregiver.

Collaborative Response Programs

For child sexual abuse programs to be effective, there needs to a be a multidisciplinary response and collaboration between service professionals. For example, CPS is known to partner with professionals in the disciplines of early childhood education, developmental disabilities, nutrition, medicine and mental health (Corr & Santos, 2017; Lightfoot, 2014;). Collaborative responses should include a team approach and information sharing between professionals. Agencies that communicate between one another can provide the best patient care for the child, thus creating a joint mission where the child's best interests are the common goal. According to Corr & Santos (2017) sharing resources and defining roles in a collaboration promote stronger partnerships between service agencies. HHS administration has created a list of state agencies

that are leading experts regarding physical disabilities. The Disability Child Welfare Collaborative (DCWC) is an example of an effective collaborative program response. DCWC funds multidisciplinary teams that conduct round table discussions. Their discussions include multiple professional from the fields of child physical disability, child welfare, and education. DCWC has constructed a resource factsheet including child welfare transition resources, and PDF's regarding definitions and questions about services in special education/child welfare.

Training Programs for CPS

There is a lack of service providers with education and knowledge on dealing with children with physical disabilities (Lightfoot, 2014). According to Shannon & Tappan (2011) training programs for physically disabled children impacted by sexual abuse must include relevant policies and information regarding services. Listed below are examples of effective training programs for CPS professionals.

Examples of Training Programs for CPS Professional regarding Working with Physically Disabled Children	
Program	Resource
The National Children's Advocacy Center	Program offers free trainings on how to work and communicate with disabled children.
Support Center for Child Advocates	Programs that offer the follow training topics • Child Welfare Practice in Courts • Best Practices for Trauma Informed Advocacy • Preventing Vicarious Trauma and Burn-Out: Supportive Self-Care Strategies for Helping Professionals • Caregivers as Advocates: How to Advocate and Navigate to Get Your Children the Services They Need • Child Abuse Reporting and Prevention: The Changing Landscape of Mandated Reporting • Advocating for Safety and Well-Being: Implications for Confidentiality
Oregon Project Ability: Demystifying Disability in Child Abuse Interviewing	This program offers training material about problems faced by CPS when interviewing physically disabled children regarding abuse.

Section 4. Current Therapies in Child Sexual Abuse for Children with Physical Disabilities

Positive Behavioral Supports

Many studies highlight historical treatments which promoted abusive conditions and inhumane practices (Blasingame, 2010; Dykens, 2006). The new wave of research in sexual abuse therapies for physically disabled (PD) children shows behaviors improve with positive non-aversive therapies (Reid, Parsons, Rotholz, Braswell, & Morris, 2004). Children with physical disabilities (who have been victimized by sexual abuse) are likely to exhibit offending behaviors and act out sexually (Blasingame, 2005). The effects of sexual trauma on children with PD are dependent on disclosure timing, coping skills, time of occurrence, and therapeutic response to the sexual abuse. Many treatment programs are unequipped to resolve future offending issues in sexual abuse victims. Discussed below are newly developing therapies that address sexual problems experienced by physically disabled children.

Positive Therapies

Positive psychology embraces building and encouraging the capabilities of individuals rather than limitations. Positive psychology has several inherent assumptions, which include:

- *"Individuals are capable of and want to develop and lead positive, meaningful, and satisfying lives, therefore focusing assessment and treatment only on disorders, deficits, or vulnerabilities may lead to deficit-based treatment rather than to a treatment that is rehabilitative (Seligman, 2002)"*

When implementing positive psychology therapists must include treatment plans for disabled children that reinforce approach goals (desired behaviors), instead of focusing on avoidance goals. Positive Youth Development (PYD) is a model therapy at the forefront of treatment plans for children with PD. PYD constructs have garnered the attention of the criminal justice system (Schwartz, 2007). PYD offers treatment plans for sexually abusive youth with

physical disabilities. PYD attempts to build abilities and competencies with assets already held by the victim (Lerner, Almerigi, Theokas, & Lerner, 2005). PYD foundationally has been proven effective in dealing with youth with various cognitive levels using "6 Cs". PYD model highlights sexual abuse offender and victim therapies in disabled children.

6 Cs of Positive Youth Development (Roth & Brooks-Gunn, 2003)

Connection	A feeling of safety, structure, and belonging positive bonds with people and social institutions
Confidence	A sense of self-worth and mastery; having a belief in one's capacity to succeed
Character	Taking responsibility, a sense of independence and individuality; connection to principles and values
Caring	Sympathy and empathy for others; commitment to social justice
Contribution	Active participation and leadership in a variety of settings; making a difference
Competence	The ability to act effectively in school, in social situations and at work.

Creative Therapies

When traditional methods fail, creative therapies promote positive strategies for working with children with physical disabilities. Creative therapies give victims opportunities to communicate non-verbally and indirectly. Studies show when a child with physical disabilities experiences trauma they are less likely to disclose sexual abuse and seek assistance. Porter et al. (2009) features how physically disabled children "play" in various ways and may appear withdrawn. Additionally, play therapy assists child sexual abuse victims with communicating their feelings, developing coping mechanisms, and increasing resilience (Porter et al., 2009). Art therapy offers compelling bonding opportunities for therapist while working with victims of child sexual abuse (Freilich and Shechtman, 2010). Epp (2008) highlights that social skills developed in art therapy have statistically improved results on children with physical disabilities.

Section 5. Gaps in the Criminal Justice System

There are many facets of the criminal justice system that are intertwined with the first reports of child sexual abuse. Many child sexual abuse treatment programs are overseen by the criminal justice system. For example, prosecutors conduct the casework against offenders, if there is a failure to convict the offender, the children with PD are left vulnerable and without justice. Moreover, prosecutors bias of physically disabled children is due to a stereotypical viewpoint and can lead to negation of charges. Nationally, police department and support services lack communication regarding background checks and abuser criminal history. The lack of communication gap perpetuates the problem of sexual abuse of children with physical disabilities.

Reporting of Suspected Abuse

Understanding emotional and behavioral indicators of child sexual abuse is paramount for government workers who work with disabled victims. Because indications of sexual abuse manifest as differences in behavior, workers must have adequate time with the victim. Despite basic training courses, many governmental entities are inconsistent with discovering child sexual abuse in disabled children. The reason for the inconsistency is the reporting procedures prescribed by various national plans. Through many agencies there are different places and systems that store information inaccessible to other agencies. The lack of communication between agencies and programs led to unreported sexual abuse cases. An effective program should include a “no wrong door” policy, which mandates all reports of CSA are investigated no matter which agency they were reported to. For example, a case worker at a physically, developmental disability facility is a mandatory reporter of suspected abuse of children with both mental and physical disabilities. Per their facility policy, if the victim resides at a facility

licensed by DODD versus a state facility, the report is filled with law enforcement and DODD. If the victim resides at a state hospital, the case worker is mandated to report the abuse to OhioMHAS. The red tape prevents the correct investigators from obtaining the report. Low employee retention rates of direct care workers at government facilities also contribute to underreporting. According to a 2013 study, Ohio paid care workers a rate of $8.00 an hour. The turnover rate of child developmental disability facilities (those who leave in the first year) is 34%. Care workers report suspected sexual abuse cases to their immediate supervisor, creating a middleman. A chain of command in a report interrupts and delays the law enforcement and agency response. If the supervisor does not report the abuse within 48 hours, key evidence in the case becomes lost. In order to develop an effective reporting system, agencies should streamline their mandated reports.

Forensic Interviews

Forensic interviewing is an efficient way of gathering initial evidence once suspected sexual abuse case is reported. The main purpose of forensic interviewing is to obtain detailed information about trauma they have experienced. Forensic interviewing plays a pivotal role in developing an effective sexual abuse treatment program for disabled children. Children with physical disabilities are interviewed by forensic interviewers who at times do not have the proper training. Children with PD need various interview methods to disclose information about sexual Advocacy centers typically use one forensic interviewer due to the limited resources. Most states do not have a system set in place for adequately interviewing and collecting testimony evidence from children with physical disabilities. The current forensic interview training program does provide educational seminars related to building skills to interview physically handicapped children and expose them to sexual abuse. However, these education seminars are limited to a

single day course (4-5 hours on average). Educational seminars do not cover enough material to uncover the myriad difficulties and vast scope of working with disabled children.

Law Enforcement Training

Law enforcement academies do not offer basic training on interviewing and working with children with physical disabilities. Overall, the special victims training required of the academy is minimal at most. The sexual assault interviewing training course does not always provide coursework in working with children with physical disabilities. The lack of police officers trained to work with developmentally disabled children hinders effective sexual abuse treatment programs. This issue is due to an implicit bias developed by police officers that disabled children are unable to comprehend the crime or provide specific details. According to the Ohio Department of Developmental Disabilities (DODD) (2015):

"Victims with developmental disabilities may not be trusted by law enforcement to provide an accurate account of the abuse they experienced because common but inaccurate stigmas and stereotypes can create a credibility bias against individuals with developmental disabilities. If officers have a better understanding of individuals with developmental disabilities, they are more likely to recognize credible victims and witnesses with developmental disabilities and take the necessary investigative steps to solve sexual abuse cases."

According to DODD (2015), Ohio's law enforcement academy fails to include any class work that pertains to working with disabled children in sexual abuse cases. Through the online continuing classwork courses offered by Ohio's law enforcement academy, in 2014, Ohio introduced two seminars focused solely on interacting with children with physical disabilities. Below are the tiles and course descriptions of these seminars:

- "De-escalating Mental Health Crises"- this course highlights working with physically disabled children and understand behavioral patterns and signs of any kind of abuse which may trigger a mental health crisis in the victim (DODD,2015).
- "Law Enforcement Officer Response to People with Autism"- this course includes content on children with all types of physical disabilities including Autism (DODD,2015).

The Federal Department of Physical Disabilities conducts further training on investigations of sexual abuse involving children with PD. Although various training opportunities are provided to the police department, usually only professional officials with a background in victim services can participate. If educative courses were offered nationally and attended universally, there would be a reduction in stereotypes and bias toward children with physical disabilities.

Prosecutor Training

Despite sexual abuse cases of physically disabled children, where law enforcement officers conduct proper investigations and gather evidence, most times these cases due not result in a conviction due to the prosecutor (DODD,2015). Like police officers, prosecutors and judges are not required to attend courses in dealing with children with disabilities. Prosecutors and judges develop a credibility bias towards children with PD, because of the lack of training and comfort levels in prosecuting cases dealing with children with PD. Requiring and encouraging educational courses throughout the criminal justice system will decrease bias and increase convictions. Prosecutors determine whether a criminal case will be brought against sexual abusers based on the level of tangible evidence and reliable testimony. For example, Ohio's judicial system incentivizes prosecutorial victories, making prosecutors less likely to convict

cases involving children with PD (DODD,2015). A 2016 study cited an incident that occurred where a nonverbal child with developmental disabilities was sexually assaulted by a care worker, the sexual abuse was observed by an eyewitness. Despite law enforcement conducting a full-scale investigation and discovering the assailant had a criminal history of sexual abuses, the case did not go to trial. The local prosecutor did not think the proof collected would be adequate, particularly with a nonverbal victim (DODD,2015).

Abuser Registries and Background Checks

A critical step to prevent sexual abuse is to ensure that known offenders are not able to work in positions where people with developmental disabilities have access to their services. As such, it is critical for registers of offenders to be as exact and full as possible, and for any employee to undergo comprehensive background checks before jobs. Because abuser registers can contain individuals whose claims of harassment may be substantiated if the abuser may not come to court, they may alert employers who may not want access to vulnerable communities. The abuser register may also warn employers. The program of Ohio's developmental disabilities requires an Abuser Database (DODD,2015). Ohio's mental health system does not. The state is thus divided in its capacity to control abusers, and abusers may be split. A mental-health abuser from an Ohio facility might be abused, caught, and fired in connection with that abuse and then work at an Ohio development or nursing facility without being flagged as a delinquent until the abuser is convicted (DODD,2015). This is a problem in a criminal justice system where many offenders do not even obtain charges. The removal of this issue will help to streamline state-wide registries of offenders from all state systems, including the adult health and safety systems.

In addition to the holes in the lists of offenders, simple criminal history checks are not as effective as should be carried out in states. The State has requirements for background checks of

employees in the developmental disability system, but DRO has found evidence that unscrupulous providers can ignore these checks (DODD,2015). The backgrounder inspections typically take up to 30 days to return from the BCI, so some high-current jobs can overlook or delay background inspection requirements in order to avoid inspecting an officer who can leave work by the time the results of the background inspection are reached (DODD,2015). Background inspections usually take up to 20 days to return. DODD convened the health and safety system team in early 2014 to analyze the problem of unchecked background checks by medical service providers. Too many companies do not routinely conduct background checks or do them too late and the government policy to allow workers to operate unattended for up to 60 days before a background check is received was too slow. The panel recommended that the State improve and streamline the background inspection process as much as possible and review existing laws and regulations so as to place fines on providers who cannot get background inspections on workers in time and limit the time available for an employee to work unchecked before returning a background inspection (DODD,2015).

Section 6. Recommendations for Implementation of a Successful Child Sexual Abuse Treatment Program for Children with Physical Disabilities

Recommendations for Ways to Combat Contributing Factors to CSA

Independence, Community Integration, and Education

- An increased effort will be made to educate people with physical disabilities, their loved ones and their service providers about the best way to avoid and detect sexual assault (DODD,2015).
- Children with physical disabilities should be encouraged to take important decisions about their lives, including their bodies, climate and services. This goes hand in hand with the measures already strongly prioritized for group integration (DODD,2015).
- Families and care professionals should learn about the signs of violence, the functioning of abusers, preparations for violence and how officials can be contacted about alleged abuse. Good training practices should be developed, and standards should be set for measuring improvements (DODD,2015).

Research

- Further analysis, data collection and strategic planning will be carried out in order to define best practices to minimize sexual abuse. A 2015 review of previous findings on sexual abuse and children with physical disabilities shows that research is highly inadequate and quickly becoming outdated, including at the national level (DODD,2015).
- State universities should prioritize funding for research and data collection in the physical disability system concerning sexual abuse (DODD,2015).

Recommendations for Support Services

Although the above-mentioned deficiencies in victim services are difficult to resolve, Disability Rights suggests that some basic modifications may lead to improving care for children

with sexual violence. Such reforms will help more physically disabled children in coping with their trauma, recover from their maltreatment and decrease the risk of more violence.

Independence, Community Integration, and Education

- The right to live and take part in the community should be a protected right for all people with disabilities. Community involvement, such as group activity and education, may reduce people with acquired disabilities' vulnerability by decreasing isolation and increasing the probability of recognizing individuals when violence is involved (DODD,2015).
- Family, friends and community leaders (such as community employers and coworkers) should be given counseling or counseling in the detection and risk management of sexual assault (DODD,2015). The state will partner with physically disabled groups in order to provide affordable and effective instruction for members of the group (DODD,2015).
- Connections will be built to teach victims to respond to disabled children so that they can respond to their needs.
- Best practices should be established and benchmarks, where possible, established to measure improvements in identifying sexual abuse.
- Even if an incident of violence cannot be substantiated, advice and care should be given and supported for potential victims (DODD,2015). Too frequently, victims of abuse have recovery delays because abuse is unreported or unproven.
- In all situations in which sexual abuse is suspected, SAFE exams should be available and accessible to persons with disabilities, carried out by impartial, trained third parties in medical practice (preferably sexual assault nurse examiners) (DODD,2015).

- The same range of victim services that all victims receive should be provided to children with physical disabilities and should be available to each person.

Training for Victim Services Providers

- In order to avoid stereotypes and stigma leading to credibility problems in cases of abuse, programs addressing children with physical disabilities should continue improving education plans (DODD,2015). Education should cover the diversity of children with physical disabilities, prevalence of sexual abuse and tips for communicating with children with different types of disabilities. All victim care providers will be provided with a specific and comprehensive training curriculum, including how to support people with different disabilities (DODD,2015).

Recommendations for Gaps in the Criminal Justice System

The following recommendations will help resolve the weaknesses in the criminal justice system and create a healthier atmosphere for all children with physical disabilities.

Reporting Requirements

- To prevent ambiguity, States should simplify and streamline their reporting standards across government departments and continue to promote swift action when abuse is suspected (DODD,2015).
- The Revised Code or the Administrative Code will include an official "no wrong door" policy for recorded abuses (DODD,2015). Such a rule clarifies, even though it is not legally necessary for the original communication agency to receive the report, that any employee or department receiving a report must be sure to file reports with the correct department. It does not remove reporting requirements for required reporters but guarantees that all complaints are answered immediately (DODD,2015).

- The physical disability programs of the states will strive to strengthen pay and benefits for staff in direct care to maximize treatment, promote retention for employees and to enhance compliance with compulsory reporting (DODD,2015).

Forensic Interviewers

- Forensic interviewers should be given the opportunity to get advanced experience in interviews with people with different physical disabilities (DODD,2015).
- The State should ensure that there is an adequate number of Forensic Interviews available, particularly in underserved and rural areas, to meet request for immediate forensic interviews of children with physical disabilities (DODD,2015).

Training and Education for Law Enforcement and Prosecutors

- Police officers, particularly children with physical disabilities, will undergo further compulsory basic instruction for work with children with disabilities. Education will provide instruction to combat stigma for children with physical disabilities, to resolve identity issues and to address certain misconceptions and prejudices (DODD,2015). Unique strategies for the investigation of children with disabilities should also be included in training as it is crucial that officers learn the best ways to treat all people, to build trust and to gather relevant research evidence, especially in the event of sexual assault (DODD,2015).
- Continuing legal training courses (CLEs) concerning the work of disabled persons will be expected to be attended annually by local prosecutors (DODD,2015). Public prosecutors should be exceedingly vigilant not to discriminate against children with disabilities, when deciding how to prosecute "risk" sexual abuse cases on behalf of children with physical disabilities (DODD,2015).

Improve Abuser Registries and Background Checks

- The State should streamline the background check process, according to the recommendations of the Health and Safety Programs Commission, for providers as far as possible, and the State must provide penalize providers who fail to obtain background checks in a timely manner (DODD,2015). The State will also that the time an employee can legally work unmonitored without a criminal background check.
- States should have a more structured and open registry for state-wide abusers which encompasses all state systems, including mental health (DODD,2015). Any documents, including service provider records, should be made public as much as possible.

Section 7. Summaries and Conclusions

The risk of sexual abuse and major barriers to the safety and wellbeing of children is increased for children with physical disabilities. Sexual abuse in children has very low reporting rates, and even more so in physically disabled children. Understanding the needs of a child, building on its strengths, removing obstacles and finding new approaches to resolving the issues would not only increase the well-being of the child and discourage misuse, but also will include learning that can help non-disabled children as well. The rights of vulnerable children to protection from violence are equal. It must be addressed for all stakeholders. A successful sexual abuse treatment program for should incorporate solutions that address the criminal justice system and family support system in the lives of the disabled children.

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