



# **Child Maltreatment Victims with Disabilities**

## *A Bibliography*

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Global Response to Child Abuse**

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## Scope

This bibliography lists publications that discuss issues related to the maltreatment of children who have various intellectual, developmental, or physical impairments or disabilities.

## Organization

Publications include articles, book chapters, reports, and research briefs and are arranged in date descending order. Links are provided to full text publications when possible. However, this collection may not be complete. More information can be obtained in the Child Abuse Library Online.

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# Child Maltreatment Victims with Disabilities

## A Bibliography

Cheng, Z., Tani, M., & Katz, I. (2023). [Outcomes for children with disability in out-of home care: Evidence from the pathways of care longitudinal study in Australia](#). *Child Abuse & Neglect*, 143, 106246. DOI:10.1016/j.chiabu.2023.106246

Background: Children with disability are over-represented in out-of-home care (OOHC) in Australia and internationally. Yet we know little about their circumstances, placement types, support needs, and the outcomes of their trajectories and wellbeing through care. Objective: We examine the wellbeing and outcomes of children with and without disabilities in OOHC. Participants and setting: We use panel data from waves 1–4 of the Pathways of Care Longitudinal Study (POCLS) collected between June 2011 and November 2018 by the New South Wales (NSW) Department of Communities and Justice (DCJ), Australia. The POCLS sampling framework covers all children aged 0–17 years who entered OOHC in NSW for the first time between May 2010 and October 2011 (n = 4126). A subset of these children (n = 2828) had final Children's Court orders by 30 April 2013. Among these, caregivers of 1789 children agreed to participate in the interview component of the POCLS. Methods: We employ a random effects estimator to analyse the panel data. This is standard practice to exploit a panel database when some of the key explanatory variables are time invariant. Results: Children with disability have poorer wellbeing than children without disability across the three domains of physical health, socio-emotional wellbeing, and cognitive ability. However, children with disability have fewer difficulties at school and better school bonding. The type of placements – namely relative/kinship care, restoration/adoption/guardianship, foster care and residential care – have little or limited association with wellbeing of children with disability. Conclusions: Children with disability tend to have lower levels of wellbeing in OOHC than children without disability, and this is driven mainly by their disability status rather than care factors.

Elklit, A., Murphy, S., Skovgaard, C., & Lausten, M. (2023). [Physical violence against children with disabilities: A Danish national birth cohort prospective study.](#) *European Journal of Psychotraumatology*, 14(1), 2173764.  
DOI:10.1080/20008066.2023.2173764

Background: Children with disabilities are at heightened risk of violence compared to their non-disabled peers. However, extant research suffers from several limitations, focusing on child abuse and one or few types of disability, ignoring conventional violent crimes. Objective: The aim was to assess 10 disabilities and to examine whether different disabilities vary in their risk of criminal victimization. Method: Using the Danish Psychiatric Case Register, the Criminal Register, and other population-based registers, we included nine birth cohorts ( $n = 570,351$ ) and followed them until 18 years of age. We compared children exposed to violence with non-exposed children. We estimated odds ratios (ORs) for the disabilities and adjusted the ORs for several risk factors. Results: We identified 12,830 cases of reported violence (2.25% of the population) towards children and adolescents. Children with disabilities were overrepresented, as were boys and ethnic minorities. After controlling for risk factors, four disabilities had heightened risk for criminal violence: attention-deficit hyperactivity disorder (ADHD), brain injury, speech, and physical disabilities. When we compared risk factors controlling for the various disabilities, parental history of violence, family break-up, out-of-home placement, and parental unemployment contributed especially to the violence, while parental alcohol/drug abuse was no longer a predictor. Having several disabilities increased the risk of violence. Conclusions: Criminal victimization of children and adolescents with specific disabilities was common. However, compared to the previous decade, a considerable reduction of one-third has taken place. Four risk factors contributed particularly to the risk of violence; therefore, precautions should be taken to further reduce the violence.

Klebanov, B., Friedman-Hauser, G., Lusky-Weisrose, E., & Katz, C. (2023). Sexual abuse of children with disabilities: Key lessons and future directions based on a scoping review. *Trauma, Violence, & Abuse, 25*(2), 1296–1314. DOI:10.1177/15248380231179122

In recent years there has been a growing public and professional interest in situations of risk, abuse, and exploitation of children with disabilities (CWDs). Despite the increasing awareness of CWDs experiencing child sexual abuse (CSA) at high rates, research in this area is still in its infancy. The current study seeks to identify, map, and thoroughly analyze the existing knowledge to better inform future research, policy, and practice. A scoping review was conducted using Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, identifying 35 articles addressing CSA among CWDs based on self-report surveys, official report data, and qualitative interviews. The findings addressed the phenomenon's epidemiology, disclosure, identification patterns, and consequences. Studies showed that CWDs experience CSA two to four times more often than children without disabilities and that they suffer longer and harsher abuse due to factors that complicate the identification of CSA of CWDs. This review highlights the diverse methodologies, producing a high variance in phenomenon rates, as well as unique methodological strategies for addressing challenges in CSA and disability research. Future research should focus on qualitative-retrospective studies of the perceptions of survivors and significant others in their lives (e.g., parents). Moreover, an intersectionality paradigm must be adopted in future studies to address the diverse contexts that construct the phenomenon (including sociocultural contexts). There is also a need to develop integrative interventions to allow higher accessibility of services, adaptive identification mechanisms, and more effective collaboration between professionals and CWDs.

Samuel, D., O'Malley, F., Brink, F. W., Crichton, K. G., Duffy, B., Letson, M. M., & Michaels, N. L. (2023). Characterizing child maltreatment fatalities among child victims with disabilities in the United States, 2010–2019. *Child Abuse & Neglect, 144*, 106354. DOI:10.1016/j.chiabu.2023.106354

Background: There has been little research on child maltreatment-related fatalities among children with disabilities. Despite being a minority of children in the United States, children with disabilities experience higher rates of victimization. Objective: To characterize fatalities due to child maltreatment among children with disabilities in the United States. Methods: Data from the National Violent Death Reporting System from 2010 to 2019 were analyzed to describe child maltreatment-related deaths among children with disabilities aged birth to 17 years. Results: There were 106 fatalities meeting the study criteria. The average age of the victims was 5.9 years old and 74.6 % were male. The most frequent suspected perpetrators of maltreatment-related fatalities were biological mothers (35.2 %), and most perpetrators were White (55.7 %). Analyses showed a statistically significant relationship between fatalities caused by neglect and diagnoses of attention deficit hyperactivity disorder, autism spectrum disorder, cerebral palsy, and/or traumatic brain injury. Overall, physical abuse and/or neglect resulting in a fatality among children with disabilities were significantly correlated with the relationship of the perpetrator to the victim. Conclusions: Children with disabilities who died as a result of abuse were more likely to have autism spectrum disorder, a developmental disability, or other physical impairment, with physical abuse being the most prevalent type of abuse that resulted in death. To decrease the likelihood of abuse of disabled children, healthcare practitioners and caseworkers should work together to create strategies to help caregivers cope with the financial, mental, and physical stress that comes with raising children with disabilities.

Thomas, C., Flynn, S., Slayter, E. and Johnson, L. (2023). [Disability, intersectionality, child welfare and child protection: Research representations](#). *Scandinavian Journal of Disability Research*, 25(1), 45–64. DOI:10.16993/sjdr.963

Considerations of the disability community within child welfare generally and the child protection sector specifically are well-served using an intersectional analytical lens. We aimed to determine how intersectionality is listed in the child welfare literature in the context of disability and to describe how and to what extent researchers integrate, embed, and engage intersectionality in the conduct of their research. This critical literature review was informed by scoping review strategies, with qualitative thematic analysis to help us to produce descriptive patterns. It was unexpected that less than half of the articles engaged in the intersectionality of child welfare or child protection and disability, and in only 23.8 percent of the sample articles was this explicitly engaged. Our primary finding is that researchers use the term intersectionality but are not always rigorously engaging with the concept methodologically. We recommend the use of 'strong intersectionality' methodological techniques and deeper consideration of disability as a social identity in this research arena.

Vanderminden, J., Finkelhor, D., Hamby, S., & Turner, H. (2023). [Victimization and abuse among children with disabilities: age adjusted rates in a US national sample](#). *Child Abuse & Neglect*, 146, 106495. DOI:10.1016/j.chiabu.2023.106495

Background: Research has indicated that children with disabilities are at higher risk for victimization although the literature on this topic is limited. Objective: We examined rates of assault, sexual victimization, peer-sibling victimization, property crime, maltreatment, and poly-victimization among youth in the United States with and without disabilities. We examined these rates for three age groups (children ages 0–4 years, ages 5–11 years, and ages 12–17 years). Participants and setting: We use data from the National Survey of Children's Exposure to Violence (NatSCEV), waves I (2008), II (2011), and III (2014). These are cross-sectional nationally representative samples of children and youth ages one



month to 17 years (N = 12,634). Results: Considering children of all ages together, children in all disability categories, except for physical disability, were at higher risk for poly-victimization. Victimization exposure overall is higher among older children (except for assault among very young children with developmental or learning disabilities), though the disparity between children with and without disabilities generally narrows as children get older. Age of the child impacted the relationships between disability and victimization. Very young children with physical disabilities were at heightened risk for most types of victimization while children with internalizing disabilities were at heightened risk for assault, property crime, and maltreatment in middle childhood and adolescence. Children with externalizing disabilities were at heightened risk for most types of victimization across all ages while developmental disabilities appeared to be risk factor for very young children and a potentially protective factor at later ages though these varied by type of victimization. Conclusion: Victimization risk varied by victimization and disability types. This study demonstrates the importance of controlling for demographic characteristics, especially age of the child in estimating the prevalence of victimization among children with disabilities and establishes the importance of type-specific analyses by victimization type, disability type, and age of the child.

Brendli, K. R., Broda, M. D., & Brown, R. (2022). [Children with intellectual disability and victimization: A logistic regression analysis](#). *Child Maltreatment*, 27(3), 320–324. DOI:10.1177/1077559521994177

It is a common assumption that children with disabilities are more likely to experience victimization than their peers without disabilities. However, there is a paucity of robust research supporting this assumption in the current literature. In response to this need, we conducted a logistic regression analysis using a national dataset of responses from 26,572 parents/caregivers to children with and without disabilities across all 50 states, plus the District of Columbia. The purpose of our study was to acquire a greater understanding of the odds of victimization among children with and without intellectual

disability (ID), while controlling for several child and parent/adult demographic correlates. Most notably, our study revealed that children with ID have 2.84 times greater odds of experiencing victimization than children without disabilities, after adjusting for the other predictors in the model. Implications for future research and practice are discussed.

Fang, Z., Cerna-Turoff, I., Zhang, C., Lu, M., Lachman, J. M., & Barlow, J. (2022). Global estimates of violence against children with disabilities: an updated systematic review and meta-analysis. *The Lancet: Child & Adolescent Health*, 6(5), 313–323. DOI:10.1016/S2352-4642(22)00033-5

Background: Previous meta-analysis evidence shows that children (aged 0–18 years) with disabilities experience high amounts of violence. During the past decade, there has been a substantial increase in the volume of available data, and we therefore aimed to update the evidence and provide a current global estimate of violence against children with disabilities. Methods: For this systematic review and meta-analysis, we searched 18 English-language international databases for observational studies published in English or Chinese between Aug 17, 2010, and Sept 16, 2020, and three Chinese databases for studies published from database inception to Sept 16, 2020. We used search terms structured around the concepts of disability, child, and violence—defining violence as physical, emotional, or sexual violence, or neglect, and considering disability as physical, mental, intellectual, and sensory impairments, and chronic diseases. We also searched 11 grey-literature repositories and hand searched the reference lists of included records for observational studies. We double screened records for studies that measured violence against children with disabilities. We excluded studies that included only people who had experienced violence or that did not provide separate estimates for children if adults were also included. Two authors independently extracted data and appraised study quality. We pooled estimates using three-level, mixed-effects meta-analyses, and did subgroup analyses. This study was prospectively registered with PROSPERO, CRD42020204859. Findings: We found and screened 26 204 records, of which we excluded 25 844. We

assessed 386 full text articles and finally included 98 studies (with 16 831 324 children) in our analysis. Our results showed that the overall prevalence of violence against children with disabilities was 31.7% (95% CI 27.1–36.8; I<sup>2</sup>=99.15%; 16 807 154 children, 92 studies) and the overall odds ratio of children with versus without disabilities experiencing violence was 2.08 (1.81–2.38; I<sup>2</sup>=91.5%; 16 811 074 children, 60 studies). Sensitivity analyses suggested a high degree of certainty for these estimates, although there was a high degree of heterogeneity across most estimates. There was some risk of publication bias, although the included studies were, on average, of medium quality. The estimates of violence differed by the type of violence, disability, and perpetrator. Children in economically disadvantaged contexts were especially vulnerable to experiencing violence. Interpretation: This review shows that children with disabilities experience a high burden of all forms of violence, despite advances in awareness and policy in the past 10 years. Our results indicate a need for increased partnerships across disciplines and sectors to protect children with disabilities from violence. Additional well designed research is also needed, especially in under-represented and economically disadvantaged populations.

Tsangue, G. T., Awa, J. C., Nsono, J., Ayima, C. W., & Tih, P. M. (2022). [Non-disclosure of abuse in children and young adults with disabilities: Reasons and mitigation strategies northwest region of Cameroon](#). *African Journal of Disability*, 11, 1025. DOI:10.4102/ajod.v11i0.1025

Background: Child abuse is a serious public health issue in low- and middle-income countries, and children with disabilities are at greater risk of abuse. Despite this heightened risk, the abuse of children with disabilities often goes undetected and under-reported, leading to the continuity of such abuse by their abusers. Objectives: This study was aimed at identifying the reasons for non-disclosure of abuse and possible mitigating strategies to curb this dilemma in children and young adults with disabilities (CWD). Methods: A population-based record-linkage qualitative study was conducted among CWD (both at home and in institutions) in the Northwest Region of Cameroon. Twelve key

informant interviews and eight focus group discussions (FGDs) were conducted among key staff from child protection offices for child abuse, parents and teachers in schools. Fifty in-depth interviews were also conducted among children with disabilities. Reasons for nondisclosure and proposed mitigating approaches from audio tapes were transcribed verbatim, thematic analysis performed and findings reported. Results: A lack of knowledge on where to disclose, fear of stigma, long and expensive procedures, a lack of confidence in the justice system, threats from abusers, protection of family unity and friendship ties were linked with nondisclosures. The most common mitigating strategies postulated were sensitisation, capacity building on parenting and the creation of child protection committees. Conclusion: From this study, nondisclosure of abuse is common in CWD, and thus there is a need for urgent attention to curb the situation for safer and more child-friendly environments through sensitisation, parental support and putting in place strategic child protection committees.

Langevin, R., Marshall, C., Wallace, A., Gagné, M. E., Kingsland, E., & Temcheff, C. (2023). [Disentangling the associations between attention deficit hyperactivity disorder and child sexual abuse: A systematic review](#). *Trauma, Violence, & Abuse*, 24(2), 369–389. DOI:10.1177/15248380211030234

An association between child sexual abuse (CSA) and attention deficit hyperactivity disorder (ADHD) has been documented. However, the temporal relationship between these problems and the roles of trauma-related symptoms or other forms of maltreatment remain unclear. This review aims to synthesize available research on CSA and ADHD, assess the methodological quality of the available research, and recommend future areas of inquiry. Studies were searched in five databases including Medline and PsycINFO. Following a title and abstract screening, 151 full texts were reviewed and 28 were included. Inclusion criteria were sexual abuse occurred before 18 years old, published quantitative studies documenting at least a bivariate association between CSA and ADHD, and published in the past 5 years for dissertations/theses, in French or English. The

methodological quality of studies was systematically assessed. Most studies identified a significant association between CSA and ADHD; most studies conceptualized CSA as a precursor of ADHD, but only one study had a longitudinal design. The quality of the studies varied greatly with main limitations being the lack of (i) longitudinal designs, (ii) rigorous multimethod/ multiinformant assessments of CSA and ADHD, and (iii) control for two major confounders: trauma-related symptoms and other forms of child maltreatment. Given the lack of longitudinal studies, the directionality of the association remains unclear. The confounding role of other maltreatment forms and trauma-related symptoms also remains mostly unaddressed. Rigorous studies are needed to untangle the association between CSA and ADHD.

Legano, L. A., Desch, L. W., Messner, S. A., Idzerda, S., Flaherty, E. G., Council on Child Abuse & Neglect, Council on Children with Disabilities, Haney, S. B., Sirotnak, A. P., Gavril, A. R., Girardet, R. G., Gilmartin, A. B., H., Laskey, A., Mohr, B., A., Nienow, S., M., Rosado, N., Kuo, D., Z., Apkon, S., Davidson, L. F., ... & Yin, L. (2021). [Maltreatment of children with disabilities](#). *Pediatrics*, 147(5), e2021050920. DOI:10.1542/peds.2021-050920

Over the past decade, there have been widespread efforts to raise awareness about maltreatment of children. Pediatric providers have received education about factors that make a child more vulnerable to being abused and neglected. The purpose of this clinical report is to ensure that children with disabilities are recognized as a population at increased risk for maltreatment. This report updates the 2007 American Academy of Pediatrics clinical report “Maltreatment of Children with Disabilities.” Since 2007, new information has expanded our understanding of the incidence of abuse in this vulnerable population. There is now information about which children with disabilities are at greatest risk for maltreatment because not all disabling conditions confer the same risks of abuse or neglect. This updated report will serve as a resource for pediatricians and others who care for children with disabilities and offers guidance on risks for subpopulations of children with disabilities who are at particularly high risk of abuse and neglect. The report will also discuss ways in which the medical home can aid in early identification and

intervene when abuse and neglect are suspected. It will also describe community resources and preventive strategies that may reduce the risk of abuse and neglect.

Seppälä, P., Vornanen, R., & Toikko, T. (2021). [Multimorbidity and polyvictimization in children—An analysis on the association of children's disabilities and long-term illnesses with mental violence and physical violence](#). *Child Abuse & Neglect*, 122, 105350. DOI:10.1016/j.chiabu.2021.105350

The study is focused on the association of children's DLTIs with child maltreatment and poly-victimization perpetrated by parents. The study is based on a 2013 Child Victim Survey (N = 11,364), which is a cross-sectional survey. This nationally representative survey focused on the life situation of Finnish children aged 12–17 years, as well as on experiences of violence, crime, and bullying. Multinomial logistic regression analysis was used to examine the association of children's DLTIs and child maltreatment. Poly-victimization played a significant role in child maltreatment. Children's hearing impairment (OR 5.68, 95% CI 2.25–14.35), physical disability (OR 3.32, 95% CI 1.61–6.88), and mental health problems (OR 4.37, 95% CI 1.63–11.72) increased the odds of poly-victimization more than other forms of abuse. The situation was similar with both somatic diseases (OR 1.59, 95% CI 1.14–2.21) and psychiatric illnesses (OR 2.12, 95% CI 1.36–2.47) in children. Further, somatic and psychiatric multimorbidity in children increased the odds of poly-victimization (OR 4.17, 95% CI 2.25–7.75) slightly more than risk of physical abuse (OR 3.57, 95% 1.11–11.49). As control variables, child's gender and age, the family financial situation, and the parent's intimate partner violence were adjusted in all of the analyses. Clinical professionals should consider children's multimorbidity as a potential risk factor of maltreatment. The results of the study can be used to support families and children with DLTIs.

Bearman, M., Brubacher, S. P., Timms, L., & Powell, M. (2019). Trial of three investigative interview techniques with minimally verbal adults reporting about occurrences of a staged repeated event. *Psychology, Public Policy, and Law*, 25(4), 239–252. DOI:10.1037/law0000206

The current study explored the effectiveness of three interview protocols on the number and specificity of details provided by minimally verbal adults about a staged repeated event. Eighty adults (with expressive sentence length of around 5 words, matched on measures of expressive language and intellectual functioning) participated in 3 live events and were pseudorandomly assigned to receive 1 of 3 interviews. The narrative-first protocol exhausted recall with open-ended questions before focused questions were asked, the intermixed protocol paired open-ended questions immediately followed by related focused questions, and the visual cues protocol mimicked the narrative-first protocol but with the use of cue cards. Overall, participants reported more correct information about the last occurrence in the intermixed and visual than narrative-first interview. The narrative-first interview elicited fewer internal intrusions (experienced details attributed to the wrong occurrence) compared with the visual, but not the intermixed, interview. Expressive language and intellectual function were positively associated with the reporting of event-related details. Providing information about repeated events was challenging for minimally verbal adults; reporting of generic event details was more frequent than occurrence-specific details, one third of participants answered a question about event frequency incorrectly (by saying they participated once), and the remaining participants provided few details about the other occurrences when directed to do so. Findings were consistent with the broader repeated event literature on children and adult witnesses recalling repeated events. This research provides guidance for investigative interviewers on how best to obtain accurate event-related information from minimally verbal adults about their experiences.

McDonnell, C. G., Boan, A. D., Bradley, C. C., Seay, K. D., Charles, J. M., & Carpenter, L. A. (2019). [Child maltreatment in autism spectrum disorder and intellectual disability: Results from a population-based sample](#). *Journal of Child Psychology and Psychiatry*, 60(5), 576–584. DOI:10.1111/jcpp.12993

Children with developmental disabilities are at heightened risk for maltreatment. However, little is known regarding the prevalence of maltreatment among specific groups, such as autism spectrum disorder (ASD) and/or intellectual disability (ID). Information about maltreatment in these groups can aid in the development of supports and prevention strategies for vulnerable children and their families. Using record linkage between the Department of Social Services (DSS) and the Autism and Developmental Disabilities Monitoring (ADDM) network, this study compares the prevalence and characteristics of maltreatment among children with ASD-only (n = 316), ASD and comorbid ID (ASD+ID; n = 291), ID-only (n = 1,280), and controls (n = 3,101). Behavioral correlates of maltreatment are examined. Controlling for demographic factors, this study found significantly higher odds of reported and substantiated maltreatment among children with ASD-only (odds ratio = 1.86 for reported, 1.51 for substantiated), ASD+ID (odds ratio = 2.35 for reported, 1.97 for substantiated), and ID-only (odds ratio = 2.45 for reported, 2.49 for substantiated) relative to a population control group, with large effects. In particular, children with ASD+ID and ID-only were between two and three times more likely to experience maltreatment. All groups were more likely to experience physical neglect, and children in the ASD+ID and ID-only groups were more likely to experience all forms of abuse. Children in the ASD-only group were more likely to experience physical abuse. Maltreated children in the ASD-only and ID-only groups experienced more cases of physical abuse and neglect, and were victimized by more perpetrators compared to other maltreated youth. Maltreatment was associated with higher likelihood of aggression, hyperactivity, and tantrums for children with ASD. Children with ASD and/or ID are at heightened risk for maltreatment. Empirically-supported assessment and intervention approaches for identifying and addressing traumatic stress related to maltreatment in ASD are urgently needed.



Blasingame, G. D. (2018). Risk assessment of adolescents with intellectual disabilities who exhibit sexual behavior problems or sexual offending behavior. *Journal of Child Sexual Abuse*, 27(8), 955–971. DOI:10.1080/10538712.2018.1452324

Adolescents with intellectual disabilities are known to engage in various sexual behavior problems or sexual offending behaviors. This article provides a review of important aspects of risk assessment within the context of a broader, more comprehensive and holistic assessment of these individuals. Pertinent risk and sexual interest assessment tools are identified along with their strengths and limitations. Issues that are often unattended to are addressed, including consideration of the behavioral implications of the young person's diagnosis and level of cognitive functioning, need for sexual knowledge and sexual interest assessment, and issues related to making a mental health diagnosis. Recommendations for future research are also offered.

Brown, D. A., Brown, E. J., Lewis, C. N., & Lamb, M. E. (2018). [Narrative skill and testimonial accuracy in typically developing children and those with intellectual disabilities](#). *Applied Cognitive Psychology*, 32(5), 550–560. DOI:10.1002/acp.3427

Children must describe maltreatment coherently for their testimony to be influential in court. We know little about how well children with intellectual disabilities (CWID) describe their experiences relative to typically developing (TD) children, despite CWID's vulnerability to maltreatment. We investigated children's reports of an experienced event and compared coherence in CWID (mild to moderate impairment: 7–11 years) with TD children matched for mental (4–10 years) or chronological age (7–11 years). All children included important markers of narrative coherence in their reports. Children with lower mental ages, particularly those with an intellectual disability, included fewer markers of narrative coherence in their reports than children with higher mental ages. Individual markers of narrative coherence, particularly recall of content, predicted accuracy of testimony and resistance to suggestion even when disability and mental age were taken

into account. These findings highlight the importance of helping children to describe their experiences coherently.

Helton, J. J., Gochez-Kerr, T., & Gruber, E. (2018). Sexual abuse of children with learning disabilities. *Child Maltreatment*, 23(2), 157–165. DOI:10.1177/1077559517733814

Although children with a learning disability (LD) are at an increased risk of sexual abuse, it is unclear whether conditions specific to their impairment are associated with sexual assault or if risk derives from other comorbid conditions such as behavioral problems, social skill deficits, or loneliness. Using a national probability study of child maltreatment investigations in the United States ( $n = 2,033$ ), we hypothesized that children over the age of 4 with a LD are target congruent to a sexual perpetrator. Seven percent of children were identified as having a LD, and the odds of a sexual abuse allegation was 2.5 times greater for children with a LD relative to children without a LD regardless of confounders. Further, type and severity of assaults varied by group: over 3 times more children with a LD experienced digital or oral copulation compared to those without a LD. Results suggest that children with LDs may require tailored prevention efforts to protect them from sexual abuse.

Maclea, M. J., Sims, S., Bower, C., Leonard, H., Stanley, F. J., & O'Donnell, M. (2017). [Maltreatment risk among children with disabilities](#). *Pediatrics*, 139(4), e20161817. DOI:10.1542/peds.2016-1817

Children with disabilities are at increased risk of child maltreatment; however, there is a gap in the evidence about whether all disabilities are at equal risk and whether risk factors vary according to the type of disability. A population-based record-linkage study of all children born in Western Australia between 1990 and 2010. Children with disabilities were identified by using population-based registers and risk of maltreatment determined by allegations reported to the Department for Child Protection and Family Support. Although

children with disabilities make up 10.4% of the population, they represent 25.9% of children with a maltreatment allegation and 29.0% of those with a substantiated allegation; however, increased risk of maltreatment was not consistent across all disability types. Children with intellectual disability, mental/behavioral problems, and conduct disorder continued to have increased risk of an allegation and substantiated allegation after adjusting for child, family, and neighborhood risk factors. In contrast, adjusting for these factors resulted in children with autism having a lower risk, and children with Down syndrome and birth defects/cerebral palsy having the same risk as children without disability. The prevalence of disabilities in the child protection system suggests a need for awareness of the scope of issues faced by these children and the need for interagency collaboration to ensure children's complex needs are met. Supports are needed for families with children with disabilities to assist in meeting the child's health and developmental needs, but also to support the parents in managing the often more complex parenting environment.

Euser, S., Alink, L. R., Tharner, A., IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2016). The prevalence of child sexual abuse in out-of-home care: Increased risk for children with a mild intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, 29(1), 83–92. DOI:10.1111/jar.12160

Children without disabilities in out-of-home care have a higher risk of child sexual abuse [CSA (Euser et al. 2013)]. In this study, we examined the year prevalence of CSA in out-of-home care for children with a mild intellectual disability, and compared it with the prevalence in out-of-home care for non-disabled children and children in the general population. Professionals (N = 104) from out-of-home care facilities reported cases of CSA that occurred in 2010 for the children they worked with (N = 1650). In out-of-home care for children with a mild intellectual disability, 9.8 per 1000 children were victims of CSA. This prevalence was significantly higher than in regular out-of-home care and in the general population. Children with a mild intellectual disability in out-of-home care have

an increased risk of CSA. Adequate education and support for both children and caregivers is necessary to recognize and prevent further sexual abuse.

Gokten, E. S., Duman, N. S., Soylu, N., & Uzun, M. E. (2016). Effects of attention-deficit/hyperactivity disorder on child abuse and neglect. *Child Abuse & Neglect*, 62, 1–9. DOI:10.1016/j.chiabu.2016.10.007

It is known that children with mental and developmental problems are at risk of abuse and neglect. Attention-deficit/hyperactivity disorder is one of the most frequent neuro developmental disorders in children and adolescents. The purpose of this study is to examine whether children diagnosed with ADHD are under more risk in terms of child abuse and neglect compared to controls. In this case-control study, 104 children, who applied to Child and Adolescent Psychiatry Unit of Bursa Yuksek Ihtisas Training and Research Hospital between January and June 2015, were diagnosed with ADHD, and had no other psychiatric comorbidity except for disruptive behavior disorders, and 104 healthy children were compared. Abuse Assessment Questionnaire was applied to children after approval of the families was received. It was determined that the children diagnosed with ADHD were exposed to more physical (96.2%) and emotional abuse (87.5%) in a statistically significant way compared to controls (46.2%; 34.6%), they were exposed to physical and emotional neglect (5.8%) at a lower rate compared to healthy children (24.0%), and there was no difference between them and healthy children in terms of witnessing family violence (56.7%;47.1%) and being exposed to sexual abuse (5.8%; 1.9%). The children diagnosed with ADHD were exposed to physical and emotional abuse at a higher rate; further studies should emphasize the role of parents in this topic and how parental education and treatment programs change the results.

Aff, T. O., Taillieu, T., Cheung, K., Katz, L. Y., Tonmyr, L., & Sareen, J. (2015). [Substantiated reports of child maltreatment from the Canadian incidence study of reported child abuse and neglect 2008: Examining child and household characteristics and child functional impairment](#). *The Canadian Journal of Psychiatry*, 60(7), 315-323. DOI:10.1177/070674371506000704

Identifying child and household characteristics that are associated with specific child maltreatment types and child functional impairment are important for informing prevention and intervention efforts. Our objectives were to examine the distribution of several child and household characteristics among substantiated child maltreatment types in Canada; to determine if a specific child maltreatment type relative to all other types was associated with increased odds of child functional impairment; and to determine which child and household characteristics were associated with child functional impairment. Data were from the Canadian Incidence Study of Reported Child Abuse and Neglect (collection 2008) from 112 child welfare sites across Canada (n = 6163 children). Physical abuse, sexual abuse, and emotional maltreatment were highly prevalent among children aged 10 to 15 years. For single types of child maltreatment, the highest prevalence of single-parent homes (50.6%), social assistance (43.0%), running out of money regularly (30.7%), and unsafe housing (30.9%) were reported for substantiated cases of neglect. Being male, older age, living in a single-parent home, household running out of money, moving 2 or more times in the past year, and household overcrowding were associated with increased odds of child functional impairment. More work is warranted to determine if providing particular resources for single-parent families, financial counselling, and facilitating adequate and stable housing for families with child maltreatment histories or at risk for child maltreatment could be effective for improving child functional outcomes.

Martinello, E. (2015). Reviewing risks factors of individuals with intellectual disabilities as perpetrators of sexually abusive behaviors. *Sexuality and Disability*, 33(2), 269–278. DOI:10.1007/s11195-014-9365-5

Children with intellectual disabilities (IDs) are at an increased risk for experiencing sexual abuse, as compared with their typically developing peers (Mahoney and Poling in *J Dev Phys Disabil* 23(4):369–376, 2011). One of the most frequently cited populations of sexual offenders against this population are other individuals with IDs. This may be due to skill deficits in areas including social development, cognitive abilities, emotion regulation and awareness, and communication in both expressive and receptive areas. Delays in each of these areas can impact an individual's ability to navigate healthy sexuality and relationships, partnered or with oneself. Whereas education and intervention can support building capacity for healthy sexuality across the lifespan, there presents a unique opportunity to address both risk-reduction (i.e., addresses the potential victim) and prevention (i.e., addresses the potential perpetrator) by educating one population, that is, all individuals with IDs. Challenges such as the duality of simultaneously being victim and perpetrator, the potential need for education/support and direct consequences, and the balancing act of supporting a potential perpetrator whilst protecting potential victims will be examined in this literature review.

McLay, L., Carnett, A., Tyler-Merrick, G., & van der Meer, L. (2015). [A systematic review of interventions for inappropriate sexual behavior of children and adolescents with developmental disabilities](#). *Review Journal of Autism and Developmental Disorders*, 2(4), 357–373. DOI:10.1007/s40489-015-0058-5

This review provides a systematic analysis of studies that evaluated interventions for inappropriate sexual behavior(s) of children and adolescents with developmental disabilities. Searches of databases, reference lists, and journals yielded 12 studies that met the predetermined inclusion criteria. Each study was summarized in terms of (a) participant characteristics, (b) dependent variables, (c) research design, (d) measures and data collection procedures, (e) independent variables, (f) treatment integrity, (g)

results, and (h) level of certainty. All of the 12 studies reported decreases in the target behavior as the result of intervention. The most common intervention involved the use of multi-component behavioral strategies. Clinical implications and suggestions for future research are discussed.

Wilczynski, S. M., Connolly, S., Dubard, M., Henderson, A., & McIntosh, D. (2015).  
Assessment, prevention, and intervention for abuse among individuals with  
disabilities. *Psychology in the Schools*, 52(1), 9–21. DOI:10.1002/pits.21808

Individuals with disabilities are at increased risk for abuse by their parents, caretakers, and the staff who are entrusted with their care as well as from the general population. Many individuals with disabilities have cognitive or communication impairments that place them at even higher risk for abuse. These limitations also make it more difficult for school psychologists and other clinicians to assess abuse history. Further, full participation in traditional prevention or treatment programs may not be feasible without modification. These challenges are the most likely explanation for why such limited research has been conducted in this critical area. The purpose of this article is to familiarize school psychologists with the research that has been conducted regarding the assessment, prevention, and intervention of abuse in the disability population when possible and to extrapolate from the general abuse literature when data regarding individuals with disabilities are not available. We suggest ways for school psychologists who are committed to promoting and maintaining the safety of people with disabilities to take action toward this end. In addition, we provide particular emphasis on individuals with intellectual and comorbid communication impairments because assessing, preventing, and treating abuse with this population is extremely challenging.

Wissink, I. B., Van Vugt, E., Moonen, X., Stams, G. J. J., & Hendriks, J. (2015). Sexual abuse involving children with an intellectual disability (ID): A narrative review. *Research in Developmental Disabilities, 36*, 20–35. DOI:10.1016/j.ridd.2014.09.007

The current paper provides a narrative review of the literature on sexual abuse, involving children with Intellectual Disability (ID). The thirteen articles that were found and met our criteria vary in their definitions of sexual abuse and in how ID was determined. Still, they do paint a general picture concerning (1) the extent of sexual abuse, (2) the nature of the sexual abuse, and (3) the institutional reactions following sexual abuse of children with ID. Our findings confirm the greater vulnerability of children with ID to become involved in sexual abuse both as a victim and as a perpetrator, and we discuss ways to help strengthening prevention and intervention methods. Nevertheless, more research is needed, as it is still a rather unexplored topic, which is striking in light of the high vulnerability of this group.

Caldas, S. J., & Bensy, M. L. (2014). The sexual maltreatment of students with disabilities in American school settings. *Journal of Child Sexual Abuse, 23*(4), 345–366. DOI:10.1080/10538712.2014.906530

This study presents results from the first nationwide survey of students with disabilities who were sexually maltreated in American schools. The Web survey results, which were mostly provided by caregivers, parents/guardians, and professional advocates, illuminate the types of sexual maltreatment committed, the characteristics of the victims and the abusers, where in the school setting the maltreatment occurred, the manner in which the maltreatment was reported, and the school's response to the maltreatment. More than two-thirds of the maltreated students experienced at least one form of contact sexual maltreatment, and fully 35% of all incidences of maltreatment occurred more than 10 times. The majority of the incidences of maltreatment were committed by school personnel.



Griffiths, D. M., & Fedoroff, P. (2014). Persons with intellectual disabilities and problematic sexual behaviors. *Psychiatric Clinics of North America*, 37(2), 195–206.  
DOI:10.1016/j.psc.2014.03.005

Persons with intellectual disabilities who have been identified because they committed a sexual offense may have done so because of a sexual paraphilia. However, special consideration in assessment is required to determine whether the offense is caused by a paraphilia alone or whether other factors relating to the individual's intellectual disabilities may be especially significant. This article reviews some factors that have been identified as significant and provides an overview of treatment approaches from multiple perspectives.

Martinello, E. (2014). Reviewing strategies for risk reduction of sexual abuse of children with intellectual disabilities: A focus on early intervention. *Sexuality and Disability*, 32(2), 167–174. DOI:10.1007/s11195-014-9345-9

Individuals with special needs are at an increased risk for sexual assault during childhood as compared to their typically developing peers (Mahoney and Poling in *J Dev Phys Disabil* 23(4):369–376, 2011). Developmental delays across domains may influence the likelihood of sexual abuse. For example, motor delays may limit un/dressing and other self-care tasks, social delays may inhibit appropriate peer relationships, cognitive delays may prevent a child from discerning abuse from care, language delays may prohibit a child from reporting abuse or rejecting an inappropriate advance, and emotional delays may impact a child's self-esteem and potential designation as a "victim" (Brown and Turk in *Child Abuse Rev* 3:26–35, 1994; Melberg Schwier and Hingsburger in *Sexuality; your sons and daughters with intellectual disabilities*, Paul H. Brookes Publishing Co., Maryland, 2000; Mitchel and Buchele-Ash in *J Disabil Policy Stud* 10(2):225–243, 2000; Rogers et al. in *Int J Disabil Dev Educ* 56(3):205–228, 2009). Care providers are frequently cited as the most likely perpetrator of sexual abuse against children with intellectual disabilities, and are likely to be known to the child prior to the abuse occurring (Mahoney and Poling in *J Dev*

Phys Disabil 23(4):369–376, 2011). A strong foundation for healthy sexuality across the lifespan begins in the early years. Enhancing skill deficits across domains can impact a child's ability to navigate relationships with themselves and others, and can contribute to risk-reduction of sexual assault.

Mueller-Johnson, K., Eisner, M. P., & Obsuth, I. (2014). Sexual victimization of youth with a physical disability an examination of prevalence rates, and risk and protective factors. *Journal of Interpersonal Violence*, 29(17), 3180–3206.  
DOI:10.1177/0886260514534529

Children with disabilities have been shown to be at greater risk of victimization than those without. Although much of the research combines disability of any type into a single disability category, recent evidence suggests that not all types of disabilities are equally associated with victimization. To date, little knowledge exists about the victimization of youth with physical disabilities. This study used data from a national school-based survey of adolescents ( $n = 6,749$ , mean age = 15.41,  $SD = .66$ ) in Switzerland to investigate sexual victimization (SV) among physically disabled youth. Two subtypes of SV were differentiated: contact SV, including penetration or touching/kissing, and non-contact SV, such as exhibitionism, verbal harassment, exposure to sexual acts, or cyber SV. A total of 360 (5.1%) youth self-identified as having a physical disability. Lifetime prevalence rates for contact SV were 25.95% for girls with a physical disability (odds ratio [OR] = 1.29 compared with able-bodied girls), 18.50% for boys with physical disability (OR = 2.78 compared with able-bodied boys), and 22.35% for the total sample with physical disability (OR = 1.74 compared with able-bodied youth). For non-contact SV, the lifetime prevalence was 48.11% for girls with a physical disability (OR = 1.44 compared with able-bodied girls), 31.76% for boys with physical disability (OR = 1.95 compared with able-bodied boys), and 40.28% for the total sample with physical disability (OR = 1.67 compared with able-bodied youth). After controlling for other risk factors, physical

disability was a significant predictor of contact and non-contact SV for boys, but not for girls.

Bradley, E., Sinclair, L., & Greenbaum, R. (2012). Trauma and adolescents with intellectual disabilities: Interprofessional clinical and service perspectives. *Journal of Child & Adolescent Trauma*, 5(1), 33–46. DOI:10.1080/19361521.2012.646412

Myths, misunderstandings, and misconceptions have contributed to the underrecognition of increased vulnerability and greater exposure to trauma of people with intellectual disabilities (mental retardation). Consequently, individuals so traumatized remain hidden in distress that further diminishes reaching their full capacity. In this article, we explore these issues from interprofessional clinical and service perspectives and illustrate our understanding by drawing on our work with adolescents with intellectual disabilities who have experienced trauma in their lives.

Brunnberg, E., Lindén Boström, M., & Berglund, M. (2012). Sexual force at sexual debut. Swedish adolescents with disabilities at higher risk than adolescents without disabilities. *Child Abuse & Neglect*, 36(4), 285–295. DOI:10.1016/j.chiabu.2012.01.002

The aims of this study are first to compare the incidence of force on the first occasion of sexual intercourse reported by participants with disabilities to that of students without disabilities; second to determine whether there are significant differences in mental health, substance abuse, and school performance as reported by participants forced into their sexual debut as opposed to those who were not forced, analysed by gender; and finally to identify the significant variables that predict girls reporting force at sexual debut as opposed to girls not reporting force, as well as to identify similar variables within the male group. There were no data on sexual abuse prior to the first occasion of full sexual intercourse. This cross-sectional study is based on 2 surveys: Life and Health---Young People 2005 and 2007. All 17/18-year-old adolescents in upper-secondary schools in a

county in Sweden were asked the same questions both years. A total of 2,254 students completed the survey in 2005 and 2,641 in 2007. The main finding is that force at sexual debut (intercourse) is more common among adolescents with a disability (4.0%) than those not reporting any disability (1.6%), and is most common among those reporting multiple disabilities (10.4%). This was found both for girls and boys, even if the rates for girls were several times higher. Other findings are that girls and boys reporting force at sexual debut (disability and non-disability groups taken together) reported different profiles. For girls, their country of origin and who they live with are significant. This background data is not significant for boys. Boys report a strong psychosomatic reaction. Culture-, functionality-, and gender-sensitive studies of adolescents' reactions to sexual abuse are needed to help determine relevant and effective interventions.

Koetting, C., Fitzpatrick, J. J., Lewin, L., & Kilanowski, J. (2012). Nurse practitioner knowledge of child sexual abuse in children with cognitive disabilities. *Journal of Forensic Nursing, 8*(2), 72-80. DOI:10.1111/j.1939-3938.2011.01129.x

The purpose of this study was to describe the knowledge level of nurse practitioners regarding symptoms of child sexual abuse in children with cognitive disabilities. A total sample of 43 nurse practitioners from two professional nurse practitioner organizations was surveyed to assess child sexual abuse symptoms identification in intellectually disabled children using a revised edition of the Child Sexual Abuse Knowledge Survey. Data collected showed nurse practitioners have deficits in identifying various parts of prepubescent female genitalia. The majority of nurse practitioners did not check genitalia in regular physical exams, did not feel competent to perform this type of evaluation, and were not aware of their professional organizations' position regarding checking for child sexual abuse. When assessing a child with an intellectual disability, nurse practitioners must accurately assess physical symptoms and behaviors that could have resulted from sexual abuse. Examining children for sexual abuse is a required duty of the nurse

practitioner as evidenced by the position statements of the various professional organizations and nurse practitioners must be aware of their required scope of practice.

McEachern, A. G. (2012). Sexual abuse of individuals with disabilities: Prevention strategies for clinical practice. *Journal of Child Sexual Abuse, 21*(4), 386–398. DOI:10.1080/10538712.2012.675425

Sexual abuse of individuals with disabilities occurs in alarming proportions, although the prevalence and incidence of such abuse is difficult to determine. Although all states maintain statistics on child sexual abuse, the rate of victimization for individuals with disabilities is not specific. This paper reviews several studies conducted on sexual abuse of individuals with disabilities with a focus on clinical prevention strategies. Recommendations for future directions in prevention and research are provided.

Stalker, K., & McArthur, K. (2012). [Child abuse, child protection and disabled children: A review of recent research](#). *Child Abuse Review, 21*(1), 24–40. DOI:10.1002/car.1154

This paper reports the results of a scoping study that reviewed research about child abuse, child protection and disabled children published in academic journals between 1996 and 2009. The review was conducted using a five stage method for scoping studies. Several studies have revealed a strong association between disability and child maltreatment, indicating that disabled children are significantly more likely to experience abuse than their non-disabled peers. Those with particular impairments are at increased risk. There is evidence that the interaction of age, gender and/or socio-cultural factors with impairment results in different patterns of abuse to those found among non-disabled children although the reasons for this require further examination. It appears that therapeutic services and criminal justice systems often fail to take account of disabled children's needs and heightened vulnerability. In Britain, little is known about

what happens to disabled children who have been abused and how well safeguarding services address their needs. Very few studies have sought disabled children's own accounts of abuse or safeguarding. Considerable development is required, at both policy and practice level, to ensure that disabled children's right to protection is upheld. The paper concludes by identifying a number of aspects of the topic requiring further investigation.

Stewart, C. (2012). Beyond the call: Mothers of children with developmental disabilities responding to sexual abuse. *Journal of Child Sexual Abuse*, 21(6), 701-727.  
DOI:10.1080/10538712.2012.722182

A qualitative, interdisciplinary study was undertaken to examine the experiences of mothers of children with developmental disabilities who were sexually abused. In-depth interviews were conducted with four mothers, their children, and the professionals involved with each case. The dual impact of caring for a child with a disability together with dealing with the aftermath of child sexual abuse, both personally and systemically, was considered. Individual professionals went out of their way to try to help, but, nonetheless, the abuse increased what was already a significant burden of care and further reinforced stigmatization, marginalization, and powerlessness. At the same time, the study painted a picture of committed and determined mothers who were devoted to their children.

Algood, C. A., Hong, J. S., Gourdine, R. M., & Williams, A. B. (2011). Maltreatment of children with developmental disabilities: An ecological systems analysis. *Children and Youth Services Review*, 33(7), 1142-1148. DOI:10.1016/j.childyouth.2011.02.003

The purpose of this review is to understand the risk factors for maltreatment of children with developmental disabilities. Using the Bronfenbrenner's (1976, 1977) ecological systems framework, the authors examine how socio-demographic characteristics (age,

gender, and special education), micro- (parent-child relationship and domestic violence), exo- (parenting stress, parents' social support, and area of residence), and macrosystems level (culturally defined parenting practices) factors influence or inhibit maltreatment of children with disabilities. The authors highlight major implications for practice and policy for maltreated children with disabilities.

Haydon, A. A., McRee, A., & Tucker Halpern, C. (2011). [Unwanted sex among young adults in the United States: The role of physical disability and cognitive performance.](#) *Journal of Interpersonal Violence*, 26(17), 3476–3493.  
DOI:10.1177/0886260511403756

This study examined associations between unwanted sexual experiences and both physical disability and cognitive performance in a nationally representative sample of young adults. We used data from 11,878 participants (ages 26–32) in Waves I, III, and IV of the National Longitudinal Study of Adolescent Health (Add Health). Logistic regressions determined associations between physical disability and level of cognitive performance (using a modified Peabody Picture Vocabulary Test) and the odds of experiencing physically forced and nonphysically coerced sex. Approximately 24% of females and 4% of males reported unwanted sexual experiences. Compared to respondents without disabilities, females with a physical disability had greater odds of experiencing forced sex (OR = 1.49; 95% CI [1.06, 2.08]), whereas males with a physical disability had greater odds of coerced sex (OR = 1.90; 95% CI [1.02, 3.52]). Compared to those with average cognitive performance scores, females with scores above 110 had slightly higher odds of coerced sex (OR = 1.20; 95% CI [1.03–1.41]). Further research on pathways underlying these associations is needed to inform prevention efforts.

Turner, H. A., Vanderminden, J., Finkelhor, D., Hamby, S., & Shattuck, A. (2011). Disability and victimization in a national sample of children and youth. *Child Maltreatment*, 16(4), 275–286. DOI:10.1177/1077559511427178

Although past research has found higher rates of violence, crime, and abuse among children with disabilities, most studies combine diverse forms of disability into one measure and assess exposure to only one particular type of victimization. Based on a representative national sample of 4,046 children aged 2–17 from the 2008 National Survey of Children’s Exposure to Violence, the present study examines the associations between several different types of disability and past-year exposure to multiple forms of child victimization. Results suggest that attention-deficit disorder/attention-deficit with hyperactivity disorder elevates the risk for peer victimization and property crime, internalizing psychological disorders increase risk for both child maltreatment and sexual victimization, and developmental/learning disorders heighten risk only for property crime. In contrast, physical disability did not increase the risk for any type of victimization once confounding factors and co-occurring disabilities were controlled. It appears that disabilities associated with interpersonal and behavioral difficulties are most strongly associated with victimization risks.

Bowman, R. A., Scott, J. R., & Morris, T. L. (2010). [Sexual abuse prevention: A training program for developmental disabilities service providers](#). *Journal of Child Sexual Abuse*, 19(2), 119–127. DOI:10.1080/10538711003614718

Persons with developmental disabilities are at an increased risk for becoming victims of sexual abuse. Research has revealed that the largest group of identified perpetrators of sexual abuse is developmental disability service providers. The purpose of the present study was to develop, implement, and evaluate the effectiveness of a sexual abuse prevention training program. Participants were administered a survey assessing knowledge and attitudes before and after the training workshop. Small improvements in knowledge and attitudes about sexual abuse and the sexuality of persons with



developmental disabilities were found; however, general attitudes about individuals with developmental disabilities did not change. Suggestions for future directions in this area are provided.

Alriksson-Schmidt, A. I., Armour, B. S., & Thibadeau, J. K. (2009). Are adolescent girls with a physical disability at increased risk for sexual violence? *Journal of School Health, 80*(7), 361–367. DOI:10.1111/j.1746-1561.2010.00514.x

The purpose of this study was to investigate whether US female adolescents who self-reported having a physical disability or long-term health problem were more likely to report having been physically forced to have sexual intercourse than US female adolescents without a physical disability or long-term health problem. Using data from the 2005 U.S. National Youth Risk Behavior Survey (YRBS), we employed logistic regression analyses to estimate the association between physical disability (and other variables) and the risk for sexual violence among US high school girls. Female high school students who reported a physical disability or long-term health problem were more likely to report having been physically forced to have sexual intercourse than those who did not (19.6% vs 9.4%;  $\chi^2 = 14.51$ ,  $p = .003$ ). Results from our multivariate analysis reveal that this association remained significant (adjusted odds ratio [AOR], 1.57; 95% confidence interval [CI], 1.10–2.23) after adjusting for certain demographic characteristics, physical health problems, behavioral health risks, and violent conduct. Our findings suggest that adolescent girls in the United States with a physical disability or long-term health problem may be at increased risk for sexual violence. It is important that national efforts to reduce sexual violence consider how to address the unmet needs of children and adolescents with disabilities. As most adolescent girls spend the majority of their time in a school setting, it is of particular importance that school health professionals are aware of the current findings.

Manders, J. E., & Stoneman, Z. (2009). Children with disabilities in the child protective services system: An analog study of investigation and case management. *Child Abuse & Neglect*, 33(4), 229–237. DOI:10.1016/j.chiabu.2008.10.001

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

Rogers, P., Titterton, L., & Davies, M. (2009). Attributions of blame and credibility in a hypothetical child sexual abuse case: Roles of victim disability, victim resistance and respondent gender. *International Journal of Disability, Development & Education*, 56(3), 205–228. DOI:10.1080/10349120903102189

This study examines the effects victim *disability* (physical vs. intellectual vs. none), victim resistance (physical vs. verbal vs. none) and respondent gender (male vs. female) have

on attributions of blame and credibility in a hypothetical case of *child sexual abuse*. Three hundred and thirty-five respondents read a fictional police statement regarding the sexual assault of a 12-year-old girl by a 23-year-old man before completing 28 attribution items. Principal axis factoring revealed six reliable factors. Subsequent multivariate analysis of covariance—controlling for respondents' general attitude towards *disability*—revealed that males deemed the victim more culpable for her own *abuse* than did females. Further, perpetrators were deemed more culpable when the victim physically (vs. verbally) resisted. Finally, a significant three-way interaction suggests victim resistance influences attributions of perpetrator blame given a victim's *disability* status, at least amongst male observers. Implications and proposals for future research are discussed.

Edinburgh, L., Saewyc, E., & Levitt, C. (2008). Caring for young adolescent sexual abuse victims in a hospital- based children's advocacy center. *Child Abuse & Neglect*, 32(12), 1119-1126. DOI:10.1016/j.chiabu.2008.05.006

This study compared health care assessments, referrals, treatment, and outcomes for young adolescent sexual assault/sexual abuse victims seen at a hospital-based Child Advocacy Center (CAC), to that provided to similar victims evaluated by other community providers. A second purpose was to document how common DNA evidence is found among such cases. A retrospective matched case-comparison design matched index CAC cases diagnosed with extra-familial sexual assault to non-CAC cases referred for prosecution in the same county, matched by age and sex of victim, age and sex of perpetrator, and type of assault ( $N= 128$  pairs). Since the case-comparison design produces paired data, analyses used paired  $t$ -tests, McNemars test, and Wilcoxon signed-rank tests. Health care outcomes included whether victims received a health exam, indicated tests, findings of trauma on genital exams and counseling referrals; legal outcomes included whether cases were prosecuted, verdicts, and length of sentences. CAC cases were significantly more likely to receive a physical exam, a genital exam when

indicated, and referral for counseling (all  $p < .001$ ). In the CAC group 26.7% vs. 4.8% had positive genital trauma findings, and only 6.3% of CAC cases failed to get indicated sexually transmitted infection (STI) tests or prophylactic treatment for STIs vs. 80% of the comparisons ( $p < .001$ ). There were no differences in decisions to prosecute, convictions, or sentence lengths between the groups. DNA was documented in only 27.3% of acute cases, although evidence kits were completed. Young adolescent sexual abuse victims received markedly different health care in a hospital-based CAC compared to elsewhere. DNA is not commonly found in acute cases.

Sebald, A. M. (2008). Child abuse and deafness: An overview. *American Annals of the Deaf*, 153(4), 376–83. DOI:10.1353/aad.0.0059

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

Hershkowitz, I., Lamb, M. E., & Horowitz, D. (2007). Victimization of children with disabilities. *American Journal of Orthopsychiatry*, 77(4), 629–635. DOI:10.1037/0002-9432.77.4.629

Children with disabilities (CWDs) are more likely to be victims of child abuse but may have more difficulty than their typically developing (TD) peers reporting their experiences. In this study, the authors examined the characteristics of abuse reported by CWDs based on forensic statements made by 40430 alleged abuse victims, 11% categorized as children with minor disabilities, and 1.2% categorized as children with severe disabilities. Proportionally more of the CWDs than of the TD children were allegedly victims of sexual rather than physical abuse. CWDs failed to disclose abuse and delayed disclosure more often than TD suspected victims. CWDs were more likely than TD children to be abused by parent figures and to experience physical abuse resulting in body injury or serious sexual offenses, including those involving penetration, repeated abuse, use of force, and threats. Higher levels of disability were associated with increased risk of sexual abuse. Both the heightened incidence of severe abuse among and the failure to disclose abuse by CWDs should be sources of considerable concern to social welfare and criminal justice agencies.

Hibbard, R. A., & Desch, L. W. (2007). [Maltreatment of children with disabilities](#). *Pediatrics*, 119(5), 1018–1025. DOI:10.1542/peds.2007-0565

Widespread efforts are being made to increase awareness and provide education to pediatricians regarding risk factors of *child abuse* and neglect. The purpose of this clinical report is to ensure that *children with disabilities* are recognized as a population that is also at risk of *maltreatment*. Some conditions related to a *disability* can be confused with *maltreatment*. The need for early recognition and intervention of *child abuse* and neglect in this population, as well as the ways that a medical home can facilitate the prevention and early detection of *child maltreatment*, are the subject of this report.

Cederborg, A. C., & Lamb, M. E. (2006). How does the legal system respond when children with learning difficulties are victimized? *Child Abuse & Neglect*, 30(5), 537–547. DOI:10.1016/j.chiabu.2005.10.015

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

Govindshenoy, M., & Spencer, M. (2006). Abuse of the disabled child: A systematic review of population-based studies. *Child: Care, Health and Development*, 33(5), 552-558. DOI:10.1111/j.1365-2214.2006.00693.x

Objective: To ascertain the strength of the association between childhood disability and abuse and neglect. Systematic review of population-based studies published between 1966 and January 2006. Medline, Embase, Cinahl, Cochrane library, National Research Register, Social Sciences database and PsychInfo databases were searched for potentially relevant studies. Inclusion criteria: population based cohort, case-control or cross-sectional studies of children < 18 years of age that reported empirical data on the association of abuse with disability. Risk estimates were expressed as odds ratios with 95% confidence intervals (CI) where possible. Meta-analysis was not undertaken because of heterogeneity of studies. Four studies met the inclusion criteria. Two were longitudinal studies, one was a retrospective birth cohort and the remaining study was a cross-sectional survey. Types of disability studied varied widely as did methods used to ascertain abuse and neglect. Two studies accounted for potential confounding. Three studies reported an association between psychological and emotional disabilities and abuse. Two studies reported an association of learning disability with abuse. Only one study examined the association of physical disability (cerebral palsy) with abuse reporting an adjusted odds ratio for all forms of abuse of 1.79 (95% CI 0.96, 3.36) and for physical abuse of 3.00 (95% CI 1.29, 6.78). The evidence base for an association of disability with abuse and neglect is weak. Psychological and emotional problems, and learning difficulties appear to be associated with abuse but this association might arise because these conditions share a common aetiological pathway with abuse. There is limited evidence that physical disability predisposes to abuse.

Lightfoot, E. B., & LaLiberte, T. L. (2006). [Approaches to child protection case management for cases involving people with disabilities](#). *Child Abuse and Neglect*, 30(4), 381–391. DOI:10.1016/j.chiabu.2005.10.013

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

Ruegg, E. (2006). Adult perceptions of children with learning disabilities: Implications for the forensic psychologist. *Forensic Examiner*, 15(2), 18–22.

Children have long been perceived as less credible witnesses, most likely due to their lack of narrative skills. For children with learning disabilities, however, narratives in



communication can be even more challenging. This article reviews the literature regarding a technique called Narrative Elaboration Training (NET), which was designed to support children who find themselves in court, and it specifically addresses the use of NET in helping children with learning disabilities recall more information and prepare them for the witness stand. The role of the forensic psychologist in witness consultation is emerging. NET can help a child increase his or her narrative skills without increasing the errors and prepare the witness for the stressors of the legal environment. This technique can aid the forensic psychologist in promoting competency, improving relations, and providing strategies to empower the child with a learning disability to be more accurate, complete, and honest.

Kendall-Tackett, K., Lyon, T., Taliaferro, G., & Little, L. (2005). [Why child maltreatment researchers should include children's disability status in their maltreatment studies](#). *Child Abuse and Neglect*, 29(2), 147-151. DOI:10.1016/j.chiabu.2004.09.002

Approximately 8% of children in the US have disabilities (US Census Bureau, 2002), and these children are more likely to be abused or neglected than their non-disabled peers. The studies that have identified this vulnerability have varied in methodology and sample, and yet the findings have been remarkably consistent. But much work still needs to be done to know the magnitude of the problem, and what professionals can do to help. The authors are writing to encourage researchers in the child maltreatment field to include children's disability status in their studies of abuse and neglect.

Kyam, M. H. (2005). [Experiences of childhood sexual abuse among visually impaired adults in Norway: Prevalence and characteristics](#). *Journal of Visual Impairment & Blindness*, 99(1), 5-14. DOI:10.1177/0145482X0509900102

This study compared the prevalence of childhood *sexual abuse* among visually impaired *children* and sighted *children* in Norway. Visually impaired women and men aged 18-65

who lost their sight before age 18 reported *sexual abuse* with contact before age 18 more often than did the sighted group, and the *abuse* of the visually impaired *children* was more severe. Implications for parents and teachers are presented, and the need for adapted *sexual* education is stressed.

McCormack, B., Kavanagh, D., Caffrey, S., & Power, A. (2005). Investigating sexual abuse: Findings of a 15-year longitudinal study. *Journal of Applied Research in Intellectual Disabilities*, 18(3), 217-227. DOI:10.1111/j.1468-3148.2005.00236.x

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

Bottoms, B. L., Nysse-Carris, K. L., Harris, T., & Tyda, K. (2003). Jurors' perceptions of adolescent sexual assault victims who have intellectual disabilities. *Law and Human Behavior*, 27(2), 205-227. DOI:10.1023/A:1022551314668

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

Gudjonsson, G. H., & Henry, L. (2003). Child and adult witnesses with intellectual disability: The importance of suggestibility. *Legal and Criminological Psychology*, 8(2), 241-252. DOI:10.1348/135532503322363013

The main aim of the study was to examine the relationship between learning (intellectual) disability and interrogative suggestibility among children (11-12 years old) and adults. The Gudjonsson Suggestibility Scale (GSS 2) was administered to 110 children and 221 adults who were categorized into three groups according to full scale IQ scores: (1) normal IQ (>75); (2) mild impairment (IQ score 55-75); and (3) moderate impairment (IQ score <55). Highly significant differences in memory and suggestibility emerged in both the

child and adult samples across groups. Using memory as a covariate in the analysis eliminated the significant group differences for 'yield 1' among the children, but not for adults. There was no significant influence of memory on 'shift' in either group. Whereas 'shift' was significantly influenced by intellectual disability in children, no significant difference emerged across groups among adults. Children and adults with learning disability have much poorer memory and higher suggestibility scores than their contemporaries of normal intelligence. Differences in suggestibility are only partly explained by poorer memory scores. The findings reveal important differences between children and adults with intellectual disabilities. Children with learning disabilities are more susceptible to altering their answers under pressure than are adults with learning disabilities.

Cooke, P., & Standen, P. J. (2002). Abuse and disabled children: Hidden needs...? *Child Abuse Review*, 11(1), 1-18. DOI:10.1002/car.710

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

Fallon, M. A., Eifler, K., & Niffenegger, J. P. (2002). Preventing and treating sexual abuse in children with disabilities: Use of a team model of intervention. *Journal of Pediatric Nursing, 17*(5), 363–367. DOI:10.1053/jpnd.2002.129054

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

Balogh, R., Bretherton, K., Whibley, S., Berney, T., Graham, S., Richold, P., Worsley, C., & Firth, H. (2001). Sexual abuse in children and adolescents with intellectual disability. *Journal of Intellectual Disability Research, 45*(3), 194–201. DOI:10.1046/j.1365-2788.2001.00293.x

The present authors conducted a study of the occurrence of victimization and the perpetration of *sexual abuse* among 43 in-patients with intellectual *disability* aged between 9 and 21 years who were admitted to a *child* and adolescent psychiatric in-patient department over a period of 5 years. A retrospective case-note review was employed that explored the nature and severity of *abuse* in relation to the age, gender and level of *disability*. The prevalence of *abuse* or abusive behaviour, i.e. 14% of 300 admissions, did not change over time. In 13 out of the 43 cases, the issue of *sexual abuse* was identified after admission. Victimization alone occurred in 21 cases, perpetration alone in six cases, and both victimization and perpetration in 16 cases. Fifty per cent of the victims had been abused by a member of their close or extended family. Most cases (62%) were adolescents. There was only one instance of a victim being abused by a female. However, there were five girls who were perpetrators, all of whom had previously

been victims. By contrast, 11 out of the 17 male perpetrators had been victims. Despite difficulties of disclosure, it was possible to establish that severely disabled patients had suffered *sexual abuse*. The present data support theories which (1) recognize gender differences in *sexual abuse* patterns and (2) have a developmental perspective, incorporating the influence of adolescence.

Goldson, E. (2001). Maltreatment among children with disabilities. *Infants & Young Children*, 13(4), 44-54.

This overview of maltreatment of children with disabilities seeks to provide the reader with definitions of maltreatment, the incidence of its occurrence among children, and highlight the fact that children with disabilities are at higher risk for being maltreated than are typical children. Factors are identified that contribute to maltreatment, independent of disability, that should lead the clinician to be alert to the potential for injury to the child. Finally, an ecological perspective is considered as an approach to prevention of maltreatment among children with disabilities. This approach addresses the need for comprehensive medical care. Using the strategies of the home visitor program, this approach uses the medical home model and links it with ongoing monitoring and support for families with disabled children.

Kvam, M. H. (2000). Is sexual abuse of children with disabilities disclosed? A retrospective analysis of child disability and the likelihood of sexual abuse among those attending Norwegian hospitals. *Child Abuse & Neglect*, 24(8), 1073-1084. DOI:10.1016/S0145-2134(00)00159-9

According to North American studies disabled children are at 2-3 times greater risk of being sexually abused than non-disabled. If the risk ratio for disabled children in Norway is similar, and the disclosure of sexual abuse is the same for disabled as for non-disabled, one should expect disabled children to constitute 2-3 times the 11% they constitute in the

general population. This research aimed to investigate if this is the case for Norwegian children, and to find characteristics within in the handicapped group suspected of being sexually assaulted. A questionnaire was addressed to all Norwegian pediatric hospitals, assessing children having a medical examination for possible sexual assault in the years 1994–96, the number with a smaller or severe disability, a description of the disability, age and gender, and the conclusion of the examination as to the likelihood of sexual abuse. The severely disabled children constituted only 1.7% of 1293 Ss. Altogether, 6.4% of Ss had a smaller or severe disability. These Ss were more often assessed as "probably assaulted" than the non-disabled. The disabled group had a larger part of boys than the non-disabled group.

Orelove, F. P., Hollahan, D. J., & Myles, K. T. (2000). Maltreatment of children with disabilities: Training needs for a collaborative response. *Child Abuse and Neglect*, 24(2), 185–194. DOI:10.1016/S0145-2134(99)00134-9

Describes the results of a research project conducted at the Virginia Commonwealth University to determine the current knowledge, experience, and training interests of parents, educators, and investigators concerning responses to children with disabilities who have been maltreated. Researchers used a needs assessment instrument to assess the knowledge level of 125 Child Protective Services (CPS) workers and law enforcement personnel, 199 educators, and 101 parents of children with disabilities. Results suggest that knowledge levels in most assessed areas were not extensive, and that future training efforts should be multidisciplinary and aim to provide disability-specific knowledge and emphasize systematic approaches to recognizing and responding to instances of suspected child abuse. This study helps document the nature of current knowledge gaps, and therefore should be considered in the development of training programs to build a more coordinated and informed response to the maltreatment of children with disabilities.

Randall, W., Parrila, R., & Sobsey, D. (2000). Gender, disability status and risk for sexual abuse in children. *Journal on Developmental Disabilities*, 7(1), 1-15.

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

Sullivan, P. M., & Knutson, J. F. (2000). The prevalence of disabilities and maltreatment among runaway children. *Child Abuse & Neglect*, 24(10), 1275-1288.  
DOI:10.1016/S0145-2134(00)00181-2

Examined the prevalence of disabilities among abused and nonabused runaways within a hospital population (Study 1) and community school population (Study 2) and to identify any associations between disability, maltreatment, family stress factors, academic achievement, school attendance, domestic violence and runaway status. Descriptive information was collected for maltreated and non-maltreated runaways from hospital (255 Ss) and school (562 Ss) populations. Children and youth with disabilities were at increased risk to become runaways in both populations. The presence of maltreatment significantly increased the association between running away and disability status. Children with behavior disorders, mental retardation, and some type of communication disorder were significantly more likely to run away than children with other disabilities. Among the maltreated runaways with and without disabilities, physical abuse and sexual abuse were significantly associated with running away. Records of



domestic violence were more prevalent in the families of runaways with behavior disorders and no diagnosed disability. Lower academic achievement, poor school attendance, and more family stress factors were associated with maltreatment, disability and runaway status.

Weinstein, D., Staffelbach, D., & Biaggio, M. (2000). [Attention-deficit hyperactivity disorder and posttraumatic stress disorder: differential diagnosis in childhood sexual abuse](#). *Clinical Psychology Review*, 20(3), 359–378. DOI:10.1016/S0272-7358(98)00107-X

Attention-deficit hyperactivity disorder (ADHD) and posttraumatic stress disorder (PTSD) are the most commonly diagnosed disorders in sexually abused children (SAC). There is a high degree of symptom overlap and comorbidity between these disorders, and differential diagnosis can be confusing. Current diagnostic criteria do not include PTSD as a differential diagnosis for ADHD, nor do existing assessment guidelines address these diagnostic similarities. This may have serious implications for SAC. This literature review describes the psychological impact of child sexual abuse and possible consequences for misdiagnosing ADHD in SAC. A comparison of criteria from the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (American Psychiatric Association, 1994) criteria for ADHD and PTSD is presented, and commonalities are discussed. On the basis of this comparison, recommendations are made for improving clinical decision-making and for facilitating differential diagnosis. Routine inquiry about traumatic experiences in children presenting with ADHD symptoms is suggested to increase accuracy in differential diagnosis.

Bernard, C. (1999). Child sexual abuse and the Black disabled child. *Disability & Society*, 14(3), 325–339. DOI:10.1080/09687599926172

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

Cigno, K., & Gore, J. (1999). A seamless service: meeting the needs of children with disabilities through a multi-agency approach. *Child and Family Social Work*, 4(4), 325–335. DOI:10.1046/j.1365-2206.1999.00135.x

Recent research and child care legislation has brought about a change in emphasis in services for families where there is a child with disabilities. The multi-disciplinary approach, where different agencies and professionals work together to provide a holistic service, has become of paramount importance. This study reports the results of an evaluation of a multi-agency Children's Centre which was attempting to put the rhetoric into practice. A multi-method research design, incorporating quantitative and qualitative techniques, was used. The main aim was to assess how far the Centre was carrying out an integrated approach in order to meet the needs of children and carers. The results indicate that while staff felt that there was still some way to go to provide a seamless service, the vast majority of parents felt that the Centre did meet its aims. While the reasons for these differences are explored, and the authors caution against

complacency, the overall conclusion is that there is evidence that professionals can successfully work together in close proximity with one shared aim; and that such multi-agency centres work for families.

Konstantareas, M. M. (1998). Allegations of sexual abuse by nonverbal autistic people via facilitated communication: Testing of validity. *Child Abuse & Neglect*, 22(10), 1027-1041. DOI:10.1016/S0145-2134(98)00082-9

Presents a comprehensive alternative approach to establishing the validity of allegations of sexual abuse by nonverbal children with autism produced through facilitated communication. The assessment protocol for this new approach is clearly described and illustrated using actual cases of reported sexual abuse. Table 1 provides a helpful outline of the assessment instruments employed as part of an evaluation of allegations of abuse via facilitated communication.

Little, L. (1998). [Severe childhood sexual abuse and nonverbal learning disability](#). *American Journal of Psychotherapy*, 52(3), 367-381. DOI:10.1176/appi.psychotherapy.1998.52.3.367

This article offers a review of, and case report on, the treatment of a young adult with a history of severe childhood abuse, dissociative symptoms, and right-hemisphere dysfunction, or nonverbal learning disabilities (NLD). The core of nonverbal learning disabilities is the inability to synthesize information and create meaning from complex information. Learning is a form of adaptation and disruptions in an individual's meaning-making process. There are major implications for the person's overall adjustment. Trauma is itself complex and often damaging to the survivor's well-being. Clinical assessment must take into account a person's cognitive style and possible learning deficits in order to adequately address traumatic material. Therapy must be modified in order to respond to the unique learning style of the NLD client. Finally, and important issue

for therapists remains their willingness to broaden their awareness and knowledge base, and shift the treatment paradigm to meet the needs of the client with neurocognitive vulnerabilities. Treating clients with difficult trauma histories' alone, can elicit negative reactions in the therapist. Repeated experiences with a client's mistrust, anger, noncompliance or self-defeating habits are particularly stressful. The neuropsychological perspective can provide a valuable tool in the mastery of those reactions, and in building a context for empathy and a joint narrative.

Sullivan, P. M., & Knutson, J. F. (1998). Maltreatment and behavioral characteristics of youth who are deaf and hard-of-hearing. *Sexuality & Disability*, 16(4), 295-330.  
DOI:10.1023/A:1023019912548

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

Sullivan, P. M., & Knutson, J. F. (1998). The association between child maltreatment and disabilities in a hospital-based epidemiological study. *Child Abuse & Neglect*, 22(4), 271-188. DOI:10.1016/S0145-2134(97)00175-0

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

Short, C. (1996). To report or not to report: Confidentiality issues regarding sexual abuse concerning victims and perpetrators with learning disability. *British Journal of Developmental Disabilities*, 42(38), 185-191.

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

Heckler, S. (1994). [Facilitated communication: A response by child protection](#). *Child Abuse and Neglect*, 18(6), 495–503. DOI:10.1016/0145-2134(94)90003-5

Discusses the case of a 7-year-old child with autism from Minneapolis, MN who reported via facilitated communication that she had been sexually abused. This case is used as a springboard for a thorough discussion on several of the issues concerning facilitated communication, including a research-based rationale for its use, the influence of the facilitator, and strategies for demonstrating the independence of produced messages. While outdated, this discussion provides a clear and readable introduction to the controversial method of facilitated communication, as well as a valuable explanation of the key issues that references actual cases of abuse reported via facilitated communication.

Ridgeway, S. M. (1993). Abuse and deaf children: Some factors to consider. *Child Abuse Review*, 2(3), 166–173. DOI:10.1002/car.2380020306

Deaf children are uniquely disadvantaged in terms of access to information on safety and abuse. This is often due to misunderstood linguistic and cultural needs which relate to the deaf community. Consequently, a greater number of children who are deaf are placed in potentially abusive situations when compared to their non-deaf peer group. A high percentage of deaf children have also acquired negative self-concepts. This is often due to external influences such as educational experiences and family communication. Many deaf children believe that abuse is part of their being deaf. The implications of this are that deaf children are at risk of neglect and abuse as well as long-term damage to their emotional development and self-esteem. A number of survivors of physical and sexual abuse have been referred to the National Centre for Mental Health and Deafness, Preston. Some of these referrals have been inappropriate and due to a dearth of local resources. Extremely little support is available for deaf people who have been or are being abused. There are few appropriately trained counselors equipped with the necessary skills in communicating with deaf people and even fewer trained in deaf awareness. A

number of risk factors have been identified and are illustrated in this article. Three case studies are described to highlight the issues involved.

Baladerian, N. J. (1991). Sexual abuse of people with developmental disabilities. *Sexuality and Disability*, 9(4), 323-335. DOI:10.1007/BF01102020

This article provides a comprehensive review of the State of the Art, regarding abuse of persons with disabilities as of February, 1990. It provides a unique approach to defining abuse, gives statistics on incidence and prevalence, and a national review of data collection efforts. Prevention programs nationwide are scattered, and inconsistent, but represent a growing interest and implementation. Identification of abuse continues to be an obstacle, both for social service and law enforcement, who require information (date, location, perpetrator identification) that many developmentally disabled persons are unable to give. Recommendations for specialized requirements and interview approaches are given. Treatment issues include getting someone to make a referral to a clinician, then having a competent clinician available who is trained in the three areas of developmental disability, sexuality, and abuse treatment. Recommendations include training for direct care staff, development of SCAN teams at service sites, and improvement of social and legal systems to address the special needs of this population.

Benedict, M. I., White, R. B., Wulff, L. M., & Hall, B. J. (1990). [Reported maltreatment in children with multiple disabilities](#). *Child Abuse and Neglect*, 14(2), 207-217. DOI:10.1016/0145-2134(90)90031-N

This study examined a population of children with multiple disabilities to investigate whether functional, developmental, or perinatal factors could differentiate children reported and substantiated as maltreated from those not so reported. Data were collected from medical records of a cohort of 500 children evaluated between 1973 and 1984 at the Kennedy Institute in Baltimore, Maryland. Maltreatment reporting was

documented through the State of Maryland Abuse Registry and the counties of residence of all study children. Results indicated that the profiles of demographic and family characteristics associated with child maltreatment reporting in this population are consistent with the literature, but child functional and developmental characteristics were not confirmed as risk factors for substantiated maltreatment reports. Indeed, contrary to investigator expectations, the more severely disabled children, in terms of functioning, appeared at less risk of maltreatment than did disabled children functioning at more age-appropriate levels.