

KEEPING OUR CHILDREN SAFE

A Booklet For Caregivers
And Providers Of Children
With Developmental
Disabilities To Reduce
The Risk Of Abuse



Angela Bissada, Psy.D.
Leslie Scher Miller, Ph.D.
Ann Marie Wiper, M.S.W.
Michele Oya, Psy.D.

KEEPING OUR CHILDREN SAFE

A Booklet For Caregivers
And Providers Of Children
With Developmental
Disabilities To Reduce
The Risk Of Abuse

Angela Bissada, Psy.D.
Leslie Scher Miller, Ph.D.
Ann Marie Wiper, M.S.W.
Michele Oya, Psy.D.

Copyright© 2000

TABLE OF CONTENTS

Chapter	page
1. Acknowledgements	3
2. What is a Developmental Disability?	4
3. What is Child Abuse?	5
4. How Often are Children with Developmental Disabilities Abused?	6
5. Why are Children with Developmental Disabilities at Risk for Abuse?	7
6. What are the Signs or Symptoms of Abuse?	10
7. What Can I Do to Help Keep My Child Safe?	14
8. What Do I Need to Know about Reporting Abuse?	17
9. What Organizations Can I Contact to Learn More about Risk and to Get Support?	20
10. Which Agencies Provide Mental Health Counseling to Children with Developmental Disabilities who have been Victimized?	22
11. References	23

ACKNOWLEDGEMENTS

The Authors of this booklet would like to thank many people for making this project possible. First, we would like to acknowledge the members of the Project Heal Grant Advisory Board who gave us valuable feedback and suggestions about the booklet. We would also like to thank the wonderful children and caregivers who allowed us to use their photographs in our booklet. The booklet itself was put together by Victor Dawahare, Digital Design. We thank Mr. Dawahare for all of his hard work and for donating his time to this important project. Lastly, we would like to express our gratitude to the California State Council on Developmental Disabilities for making the funding for this booklet possible. We appreciate their support in making this project available to the many children, caregivers, and service providers whose lives are affected by disabilities and victimization. Thank you all for your help in KEEPING OUR CHILDREN SAFE!



WHAT IS A DEVELOPMENTAL DISABILITY?

There are different definitions of a developmental disability. There are federal and state definitions. The California State definition basically states that a developmental disability begins before an individual turns 18. The developmental disability is permanent and includes mental retardation, cerebral palsy, epilepsy and autism. Other developmental disabilities include conditions that are similar to mental retardation and require similar treatment. A developmental disability does not include conditions that are only physical such as blindness.¹

Both the California State and Federal definitions stress that a developmental disability starts early in life, lasts for a long time, and can affect how a child learns and develops. A child with a developmental disability may need the help of many family members and care providers who work together to meet his or her special needs.



In the rest of this booklet, the word “disability” will be used to refer to “developmental disability”.

WHAT IS CHILD ABUSE ?

Understanding child abuse can be confusing for many people. Different cultures and countries have different ideas about how children should be treated. This part of the booklet will talk about how the law in California defines child abuse.

TYPES OF ABUSE

1. Physical abuse is physically hurting a child on purpose. Some examples of physical abuse include hitting, slapping, kicking, biting, burning, shaking, choking, and cutting. Physical abuse also includes using excessive physical punishment, control, or force. For example, hurting a child by using a belt to spank him or her or tying a child up to keep him or her still, would be considered abuse.

2. Sexual abuse involves sexual contact forced on a child by an adult or an older or larger child, and includes many different types of behaviors. Sexual abuse includes, but is not limited to, putting a penis, object, or finger inside a child's anus or vagina, oral sex with a child, and/or touching a child's genitals or other body parts to get pleasure.

Sexual abuse also includes non-touching behaviors such as showing a child pornography and masturbating or having sex in front of a child. It also includes taking and giving out nude pictures of a child.² It is important to note that these sexual acts are abusive, even if the child cooperates out of fear, confusion, or interest/pleasure.

3. Emotional abuse is using words and/or non-physical ways of hurting a child. This form of abuse includes put-downs, name calling, embarrassment, and excessive and cruel criticism. An example of this would be telling a child they are stupid, no good, and worthless all of the time. Emotional abuse often happens when a child is being abused in other ways.

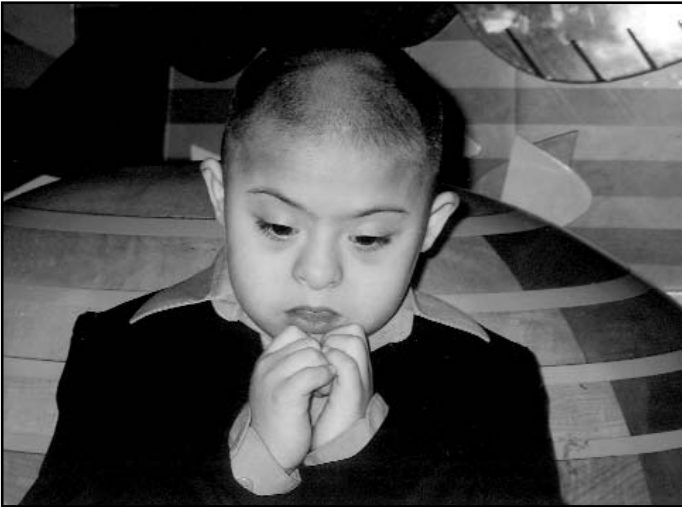
4. The last form of abuse is neglect. There are three types of neglect: physical, emotional, and educational. Physical neglect is when an adult does not take care of a child's physical and/or medical needs. For example, not giving a child enough food, shelter, clothing, or supervision is neglect. Neglect also includes not bringing a child to necessary doctor appointments, giving a child important medication, or providing a child with necessary medical equipment (for example, a wheel chair). This type of neglect could also include not helping a severely disabled child with his or her sanitary needs (for example, changing diapers, bathing the child). Emotional neglect involves not paying attention to a child's emotional needs. As a result, he or she does not feel loved, wanted, secure, and worthy.^{2,3} Finally, educational neglect is not providing appropriate educational services to a child, such as keeping a child out of school without a reason.⁴

HOW OFTEN ARE CHILDREN WITH DEVELOPMENTAL DISABILITIES ABUSED?

Child abuse is common in the United States. More than 3 million children are reported to be abused and neglected each year, and this number is thought to be an underestimate since many cases of abuse are never reported.⁵

People with developmental disabilities are even more likely to be abused than the general population.^{6,7,8} Abuse and neglect among children with disabilities is thought to be 1.5 to 10 times more likely than for children without disabilities.^{8,9,10,11,12} In addition, the abuse is often severe, and happens more than once.^{4,7} Unfortunately, 88-99% of people who abuse children and adults with developmental disabilities are people they know, trust, and depend on such as disability service providers and family members.^{11,12,13,14}

Specifically, people with disabilities are 2 to 10 times more likely to be sexually abused than people without disabilities.^{8,9} Children and adolescents with disabilities are especially at risk for sexual abuse^{8,15,16} Studies have shown that 39 to 68% of girls with a disability and 16 to 32% of boys with a disability will be sexually abused before the age of 18.¹⁵



WHY ARE CHILDREN WITH DEVELOPMENTAL DISABILITIES AT RISK FOR ABUSE ?

A child with a disability is at greater risk for experiencing all types of abuse. Most risk factors do not have to do with the disability, but with how society sees and treats those with disabilities. Some of the risk factors for children with disabilities include:

- A child who cannot communicate with words may have a hard time saying “no”. He or she may have trouble screaming or calling for help. This child may also have a hard time telling or explaining the abuse to someone who can help.
- Some children with disabilities have limited mobility. In other words, he or she may not be able to fight back in a physical way or to get away from the person who is abusing them (the offender).
- Children with cognitive delays including mental retardation are at a greater risk for abuse. Offenders may try to find children that have a hard time knowing who or what could be dangerous. Children and adolescents with disabilities may trust others easily which can also put them at risk for abuse.
- Children with disabilities usually go through the same sexual development process as other children their age. Like most children, they may be curious and/or ask questions about how their bodies are changing and the feelings that go along with these changes. Parents and educators may not talk about sex and sexual development with children who have disabilities. This means that these children may have less general information about their bodies and feelings that their bodies may have. If a child has pleasure during abuse this can make him or her feel even more confused. If a child does not know that these pleasurable feelings are automatic, he or she may blame him or herself and become afraid to tell.
- Children with disabilities are often taught to comply or obey the people who take care of them. As was mentioned earlier, disability service providers are often the people who abuse children. Teaching a child to obey can not only place the child at risk for abuse but it also makes him or her less likely to say “no,” fight back and/or to tell about the abuse.
- Children with disabilities often depend on several caregivers and service providers for many things ranging from their care to their transportation. A child who depends on others for care is at a higher risk for abuse. He or she may become confused about what is care and what is abuse.

- Children who have disabilities may live in places that don't give them enough chances to spend time with the outside community. Most residential placements try to give children the opportunity to have interactions with others and to do things outside of the placement. However, some facilities do not give children with disabilities these opportunities. This makes it hard for children to practice and develop their social skills. The child may want friends and an offender knows this. An offender may act nice, pay attention to the child and listen to the child. The child may become very attached to this person. Once the offender starts to abuse the child, he or she may have a hard time accepting that this person is doing something wrong, or telling on the offender since the child may feel he or she will hurt their friend.
- A child with a disability may need special care and support services. Caregivers often have to advocate for the special needs of their child. These responsibilities may lead to the caregiver feeling stressed and frustrated. A lot of stress can get in the way of the caregiver's relationship with the child. It is important that society help caregivers to help their children. Without society's support, caregivers may feel alone, tired and frustrated. If a caregiver cannot manage the stress, he or she may lose control and this places the child at risk for abuse.
- Many people don't understand or believe that children with disabilities are at higher risk for abuse than children without disabilities. When a child with a disability begins to act differently or to tell about abuse, people may not believe he or she is telling the truth. This can be a confusing and frustrating experience for the child and he or she may learn not to tell since it doesn't do any good.
- False beliefs or myths can increase the chances that a child with disabilities is abused. Society has false beliefs and attitudes about children with disabilities that place them at risk for abuse. These attitudes get in the way of preventing, identifying, and reporting abuse. Some of the myths people have about children with disabilities are listed here.

1) Children with disabilities are not at risk for abuse because no one would abuse a child who has a disability. We know this is not true since children with disabilities are actually at higher risk for abuse.

2) Children with disabilities are safe from abuse because they are always with well-known and trusted people. We know that the people trusted by children with disabilities are often those who abuse them.

3) Children with disabilities are less attractive than non-disabled children; therefore no one would choose to abuse them. We know that attractiveness does not matter. Offenders choose victims because they think children will have a hard time understanding or telling others about the abuse.

4) Children who are mentally retarded don't understand what is happening, so abuse does not bother them. Children who are mentally retarded can still feel and know that what is happening bothers them.

5) If children are really being abused, they would just say "no" to the offender. Children are often shocked and confused while being abused. They may not know what to say or do. Also, children with disabilities may not be able to say "no" because of verbal difficulties.

6) Children with disabilities do not feel pain the same way as other children. All children feel pain and are hurt, disabled or not disabled.

7) Keeping children at home or in a sheltered group facility will lessen the risk of abuse. Keeping children isolated gives them less chances to build social skills and to feel good about themselves.



WHAT ARE THE SIGNS OR SYMPTOMS OF ABUSE ?

As a parent or care provider, it is important to understand what abuse is, the different types of abuse and the signs that a child may show if he or she has been abused. Understanding this information can help you to identify abuse and to take steps to keep a child safe. Some of the signs are listed below. If a child shows these signs, it does not always mean that he or she has been abused. However, if a child does show these signs, the parent or care provider should get more information. You may want to talk to a pediatrician or therapist who has specific experience identifying and treating child abuse.

The signs we describe below may be shocking or make you feel uncomfortable. You may want to read through this section in parts if the information is hard to read. Talking with others about your feelings can also help.

PHYSICAL/ MEDICAL SIGNS OF ABUSE

Physical Abuse

- Cuts or Scrapes may be a sign of abuse especially when there are many cuts and they cannot be explained or the explanation does not make sense.
- Bruises may be a sign of abuse. Bruises are very common in child abuse. Where the bruises are, their color, how many there are, and how often you find them can be helpful information if you are thinking abuse may be the cause. The bruises might be in the shape of certain objects such as a hand, belt, ring, or coat hanger. Some bruising is normal in children with certain medical conditions. If you think the bruises are the result of abuse, it is best to talk to a pediatrician with expertise in abuse who can help you.
- Bite Marks can be found anywhere on the child's body. The size of the mark can help you to identify if it was made by an adult or by another child. Bite marks are usually oval shaped but can also be shaped like a doughnut or a horseshoe.
- Burns that happen often and cannot be explained may be signs of abuse. A burn can be in the shape of a cigarette butt, an iron, or a grill from an electric heater. Scalds happen when children are put in very hot water or hot water is thrown or poured on them. Rope burns can be found on the child's ankles and wrists if he or she has been tied up or tied to something.
- Broken or missing teeth may be a sign of abuse. The child may have been hit in the mouth and teeth were knocked out or broken. However, it is also important to consider normal tooth loss or decay as the reason for the broken or missing teeth.

- Broken bones may be hard for a parent or care provider to identify. Signs that a child has a broken bone or a sprain include the child putting more pressure on one leg, walking differently, swelling and pain. If these signs are present, an experienced pediatrician can examine the child to find out the cause. If the child has many broken bones or breaks bones over and over, this may be a sign that someone is hurting him or her.
- Head Injuries can also be hard to notice. Shaken Baby Syndrome occurs when someone shakes a child very hard. Signs that the child has a head injury include the head swelling quickly, seizures, irritability and vomiting. If the child is unconscious or does not respond, get medical help right away.
- Welts could be caused by whipping the child. The welts may look like the object used or if it has happened more than once, they may be at different stages in the healing process

Sexual Abuse

- The child has a lot of strange colored or bad smelling genital discharge.
- The child has genital and/or anal pain.
- The child has unexplained bruises, scratches, and/or bite marks on or around the genital area.
- The child has pain when he or she urinates or has a bowel movement.
- The child has stomach pains.
- The child has headaches.
- The child becomes pregnant.
- The child has a sexually transmitted disease. Some sexually transmitted diseases include chlamydia, gonorrhea, genital warts and genital herpes.
- The child has torn and/or bloody underwear.



Neglect

- The child is not getting enough food. He or she is often hungry and/or tired.
- The child's diet may not have enough of all food groups and/or vitamin supplements.
- The child has poor hygiene, which can include dirt on the body, body odor, and/or head lice.
- The child lacks dental care which can cause tooth decay and/or chronic bad breath.
- The child lacks medical care, which can lead to the child having many colds and other illnesses that seem to go untreated.
- The child is not given appropriate assistive technology. For example, a child is not given a wheelchair, a walker, braces or a communication board when he or she needs them.
- The child is not appropriately supervised. A young child should not be left alone or left with other young siblings. An older child should not be left alone for long periods of time or made responsible for taking care of younger siblings.
- The child is not appropriately dressed for the weather. A child may not be wearing a coat or hat on cold days.
- The child's home is not clean. The home is dirty, food is spoiled, and rooms have a lot of insects or rodents.
- The structure of the home does not match the needs of the child. The home has no ramp for the child's wheelchair, personal belongings are stored out of reach, and/or showering facilities are not appropriate.

BEHAVIORAL/EMOTIONAL SIGNS OF ABUSE

The behavioral signs of abuse may be different depending on the child and his or her developmental level. As the caregiver, you know your child best. Most often it is more than one of the following behaviors, or a change in behavior that indicates potential abuse. It is important to consider that these symptoms may suggest abuse but do not always mean abuse has definitely happened. If your child is showing these symptoms, and the symptoms are a change from his or her typical behaviors, you may decide to get help from a therapist.

- The child tells you that he or she has been abused.
- The child acts aggressively which can include hitting, biting, and hurting others or themselves in physical ways.
- The child seems depressed including sadness, frequent crying, loneliness, isolation, and feelings that nothing will get better.
- The child seems anxious which includes general fears, worry, panic attacks, and having a hard time separating from caregivers.

- The child is not listening to or following directions.
- The child acts impulsively. He or she does things before thinking about the consequences.
- The child may show attention difficulties which can include being distracted, not answering when called several times, not completing things he or she has started and/or seems like he or she is “in a fog” or “in a daze”.
- The child may experience social difficulties including having trouble making or keeping friends, having a hard time talking to other children, and not having an interest in spending time with other children.
- The child may regress or act like he or she did at younger ages. These behaviors may include sucking his or her thumb, wanting to use the bottle, crawling, wetting and soiling.
- The child may have trouble with sleep including a hard time falling asleep, staying asleep, nightmares, and sleep walking.
- The child may show eating disturbances including not feeling hungry or eating a lot less or a lot more than usual.
- The child may self-mutilate, which can include scratching or cutting his or her skin as well as pulling out hair.
- The child may begin to take drugs or drink alcohol.
- The child may seem suicidal. He or she may talk about death, write poetry or letters about death, have a plan or try to kill him or herself.

Sexual Abuse

In addition to the general behavioral symptoms listed above, children who have been sexually abused may show symptoms that seem sexual. A few of these behaviors are listed below.

- The child may show aggressive sexual behaviors with brothers, sisters, or friends. These behaviors may include forcing another child to perform or to receive oral sex, or putting objects, fingers or a penis into the vaginal or anal openings of another child.
- The child may act out sexual themes with their toys. For example, the child may act out oral sex with two dolls over and over again.
- The child may display developmentally inappropriate, detailed understanding of sexual behavior. For example, a five-year-old boy who asks another child to put his or her mouth on his penis is showing sexual behavior that is developmentally inappropriate.
- The child may masturbate a lot and at times when he or she should be interested in other developmentally appropriate activities.
- The child may put objects into his or her anus, vagina and/or penis.
- The child may know details about sexual acts or sexual positions.
- The child may act seductive or flirt often with adults and/or friends.
- The child may seem very interested in sex. He or she may talk about sex a lot or ask questions about sexual subjects.

WHAT CAN I DO TO HELP KEEP MY CHILD SAFE?

1. Talk to your child about abuse. This is one of the most important things you can do to keep your child safe. It is important to teach children with disabilities about abuse and how to respond if abuse happens. Abuse is less likely to happen or to continue when your child can identify and respond to an abusive situation. Children almost always have questions. Try to be ready to answer them. You don't need to be an expert. It is more important to be willing to talk about abuse. Remember to give explanations that match your child's developmental level and communication style. Even though it is important to give your child appropriate information about abuse, it is also important not to give your child so much information that he or she feels overwhelmed and confused. For example, when explaining sexual abuse to a six-year-old, you do not need to give the child details about sexual intercourse. Instead, you can discuss the idea of "private parts" and the rule that no one (other than doctors and parents when necessary for exams or helping the child clean) are allowed to touch the child's private parts. You can also discuss the idea of uncomfortable touches and that the child can say "no" and should tell someone if they have been touched in a way that made him or her feel uncomfortable.

When you talk to your child about abuse, it is okay to ask him or her if anything like this has ever happened before. Be aware, however, that this may be a difficult topic not only for your child, but for you as well. Before you talk to your child, you may want to prepare yourself by recognizing your feelings before asking. You may be feeling anxious, fearful, confused, and possibly angry. It may even be easier to not ask at all, but your child's safety as well as the safety of other children may be in danger. By talking about abuse you are taking a necessary step to keep your child emotionally and physically safe. You are also showing your child that you care and that what he or she has to say is important.

2. Listen to your child. During or after you talk with your child about abuse, it is important to listen to what your child has to say. This can be just as hard as talking to your child about abuse! Not only is it important to listen to what your child tells you, it is also important to "listen" to how your child acts. For example, if your child seems uncomfortable around a certain person or place, check for possible problems. If your child does tell you about something that he or she thinks is abusive, get the facts. Ask your child to tell you what happened and, if possible, get information from other people about the situation (for example, if your child tells you he was hit at school, call the teacher to find out what happened). Also, if your child tells you that he or she has been abused, try to remember the following when you respond:
 - Stay calm.
 - Pay attention.
 - Believe what your child says.
 - Do not blame your child.
 - Put your feelings of shock, fear, and disgust aside.These feelings may stop your child from telling you about the abuse.

- Try not to make judgements. Instead make supportive statements to your child such as, "I am proud of you for telling me." Try not to say things that will make your child feel bad such as "why didn't you say something earlier?" Statements like these may make your child feel that he or she did something wrong or is to blame for the abuse.
- Answer your child's questions.
- Tell your child you need to report the abuse to people who can help keep him or her safe (for example, the Police Department or the Department of Children and Family Services).
- Report the abuse and prepare your child for what happens next.

If your child does not disclose abuse:

- Remind your child of your support if he or she tells you about abuse in the future. For example, you can tell your child, "If anything like this ever happens to you it is important that you tell me so we can stop it from happening. You won't get in trouble if you tell me."
- Encourage your child to ask you questions about abuse.
- Make sure that your child has an understanding of what types of behaviors are abusive. You can check to see if your child understands by asking him or her to summarize what you have said or ask if certain situations are abusive or not. For example, "Johnny, can you tell me what an unsafe touch is?," or, "If someone asks you to touch their private part is that abuse?"

3. Talk to your child about sexuality. Children with developmental disabilities often have normal sexual development. It is important that they are given a developmentally appropriate understanding of sexuality and their bodies. This is a hard topic for many parents. You may feel uncomfortable talking about sex or explaining bodily functions to your child. If it is too overwhelming, or you do not have a good understanding yourself, seek out professional help. Remember, giving your child this information will make it easier to identify abusive situations and not to blame themselves for natural reactions to sexual stimulation.



4. Teach your child personal safety and self-protection. Personal safety and self-protection include such skills as knowing what types of touches are okay and not okay, knowing what to do if someone tries to hurt you (say you want to leave, fight them off, get away, yell, tell an adult), being able to identify dangerous situations, and knowing when it is okay to not listen to adults. Personal safety and self protection also include teaching your child to stand up for him or herself, and, when appropriate, to make his or her own choices (for example, decide between two babysitters, decide which friends to play with). These skills reduce the likelihood that children will be abused and help children to keep themselves safe. You can help keep your child safe by making sure he or she learns these skills either from you or a trained professional.
5. Get information about service providers. Getting information about the people that care for your child may also reduce the risk of abuse. Do not assume that it is safe to leave your child with any service provider. Do a complete background check on people who work with your child, or require that your care providers do this check. If you do not do the background check yourself, make sure you are given the results of the check. When looking for service providers and/or agencies to help you care for your child, avoid agencies and providers that have little contact with other community agencies and/or do not involve caregivers in the child's care. Also, ask agencies/providers about how they screen their staff and about their abuse prevention policies.
6. Take care of yourself. One of the best ways to take care of your child is to take care of yourself! If you are having a hard time dealing with stress, are depressed, or have yourself been a victim of abuse, get the support and help you need. There are many ways to get support including talking to family and friends, joining community groups and participating in your own therapy. Taking care of your own emotional needs can help you to better take care of your child.



WHAT DO I NEED TO KNOW ABOUT REPORTING ABUSE?

After speaking with your child, you may choose to make a Suspected Child Abuse Report. The following sections will explain the reporting process.

When do I need to make report?

Someone may tell you a child is being abused, you may believe a child is being abused, or you may see a child being abused. In all of these cases it is important that a Suspected Child Abuse Report be made. In general, children do not lie about being abused. Instead, they are more likely to lie to keep themselves and/or someone who is abusing them from getting into trouble.¹⁷

All states have reporting laws for abuse. In California, these laws are for: 1) all children up to the age of 18 years, with and without disabilities; 2) "dependent adults" or people over the age of 18 with a disability needing help and supervision to keep them healthy and safe; and 3) the elderly or those age 65 or over. Child, dependent, and elder abuse is against the law. Making a report may keep a person safe from further abuse and help the person and his or her family get necessary services including appropriate counseling.

Who is responsible to report abuse?

Anyone can make a Suspected Child Abuse Report. By law, some people need to report child abuse, these people are called "mandated reporters". These are people who provide services to children, dependent adults, and the elderly. They include, but are not limited to, teachers, doctors, therapists, volunteers, and clergy. Other people can, but do not have to, report abuse. For these people (non-mandated reporters), reporting is their choice and can be done without giving their name. These people include parents, family members, and private citizens.

What is reportable?

If you know of or think abuse is happening, it needs to be reported*. Definitions of abuse were given in an earlier part of this booklet. Figuring out whether or not a child is telling the truth is not the job of the person making a report. It is the job of law enforcement and child protection workers.

How do I make report?

Reports of child abuse should be made, by phone, to a child protective agency and/or the police department in the area where the abuse is believed to have happened.

*According to the law, all known or suspected child abuse should be reported based upon "reasonable suspicion" of abuse. "Reasonable suspicion" means that "it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse" (Penal Code Section 11166[a]).

Suspected abuse of dependent adults over the age of 18 should be reported, by phone, to Adult Protective Services. If the dependent adult is living in a group home or board and care facility, a report should be made to a county ombudsman. In addition to making a report to Adult Protective Services, it is recommended that you also make a report to the police department where the abuse occurred. Phone numbers for these agencies are located at the end of this section.

In addition to the telephone report, “mandated reporters” in the state of California also need to fill out the standard Suspected Child Abuse Report Form provided by the state. This form needs to be turned into the agency which received the telephone report within 36 hours from the time the Suspected Child Abuse Report was made.¹⁸

Telephone reports made on dependent adults and the elderly need to be followed by filling out the Dependent and Elder Abuse Report Form 48 hours from the time the Elder/Dependent Abuse Report was made by phone.¹⁹

If you are not sure if a report should be made, you may call a counselor at the Child Abuse Hotline or Adult Protective Services Hotline (see phone number at the end of this section). The counselor can tell you if a report should be made.

What kind of questions will I have to answer?

When making a report, you will be asked to give information such as the child's name, address, telephone number, gender, date of birth, and the name of his or her school. Questions about the parents and the person who is believed to be abusing the child will also be asked. You will be asked what the child or others said or did to make you believe abuse has happened. You do not need to know all of this information to make a report. Not knowing some information should not keep you from making a report. The police and/or child protective services can try to make sure a child is safe even when given only a small amount of information.

What happens after a report is made?

After a child abuse report is made, different things may happen. If the child is in immediate danger, a social worker or police officer may be sent out right away to look into the situation and make sure the child is safe. If the child is not in immediate danger, a social worker or police officer will follow up at a later time. The amount of time it takes for agencies to respond to reports depends on the seriousness of the situation, and how many other reports need to be investigated. Usually, the person investigating the case will want to talk to the child and other people who know about or are involved in the abuse. Let the child know that a social worker or police officer may talk to them about the abuse. Additionally, if you are not the caregiver, you may want to tell the child's caregiver(s) that a report was made. However, if you feel that telling a caregiver might put the child in danger, or cause the person who is abusing the child to run away to escape the law, you may choose not to.

Can I find out what happened after a report was made?

Once the investigation is over, a "mandated reporter" can get the results of the investigation. However, "non-mandated" reporters are not able to get information about the investigation.

Important Numbers:

Child Abuse Hotline 1-800-540-4000

Adult Protective Services Hotline 1-800-992-1660

Y-Senior Services Long-term Care/
Ombudsmen Program 1-800-334-9473



WHAT ORGANIZATIONS CAN I CONTACT TO LEARN MORE ABOUT RISK AND TO GET SUPPORT ?

DEVELOPMENTAL DISABILITIES

California Department of Developmental Services
P.O. Box 944202
Sacramento, CA 94244-2020
Web Site - www.dds.cahwnet.gov/

NADD: An Association for Persons with Developmental Disabilities and Mental Health Needs
132 Fair Street
Kingston, NY 12401-4802
(800) 331-536
Web Site - www.thenadd.org/

The National Information Center for Children and Youth with Disabilities (NICHCY)
P.O. Box 1492
Washington, DC 20013
1-800-695-0285
Web Site - www.nichcy.org

Disability Organizations Link Page
www.nls.org/dislinks.htm

CHILD ABUSE

American Professional Society on the Abuse of Children (APSAC)
407 So. Dearborn Street, Ste. 1300
Chicago, IL 60605
Web site - www.apsac.org

California Professional Society on the Abuse of Children (CAPSAC)
P.O. Box 55427
Sherman Oaks, CA 91413
(818) 788-1605

Inter-Agency Council on Child Abuse and Neglect (ICAN)
4024 No. Durfee Avenue
El Monte, CA 91732
(818) 455-4585

DEVELOPMENTAL DISABILITIES AND CHILD ABUSE

International Coalition on Abuse and Disability

Abuse & Disability Project

Contact: Dick Sobsey, Ed.D.

6-102 Education North

University of Alberta

Edmonton, AB T6G 2G5 Canada

(403) 492-1142

Web Site - www.quasar.ualberta.ca/ddc/icad/icad.html

National Task Force on Abuse and Disabilities

Disability, Abuse and Personal Rights Program

Spectrum Institute

P.O. Box T

Culver City, CA 90230-0090

Contact Person: Nora Baladerian, Ph.D.

(310) 391-24200

Web Site - Disability-Abuse.com

Childrens Hospital Los Angeles

USC UAP Mental Health

Project Heal

4650 Sunset Blvd., MS #115

Los Angeles, CA 90027

Contact Person: Leslie Miller, Ph.D.

(323) 669-2350

WHICH AGENCIES PROVIDE MENTAL HEALTH COUNSELING TO CHILDREN WITH DEVELOPMENTAL DISABILITIES WHO HAVE BEEN VICTIMIZED ?

Childrens Hospital Los Angeles
USC UAP Mental Health
Project Heal
4650 Sunset Blvd., MS# 115
Los Angeles, CA 90027
Contact Person:
Angela Bissada, Psy.D.
(323)669-2350

Counseling Center of West Los Angeles
2100 Sawtelle Blvd., Ste. 303
West Los Angeles, CA 90025-6237
(310) 479-3779
Contact Person:
Nora Baladerian, Ph.D.

Family Stress Center
of the Child and Family Guidance Center
16861 Parthenia Street
North Hills, CA 91343
(818) 830-0200
Contact Person:
Linda Damon, Ph.D.

For the Child
4001 Long Beach Blvd.
Long Beach, CA 90807
(562) 427-7671
Contact Person:
Michele Winterstein, Ph.D.

Miller Children's Center
2790 Atlantic Avenue
Long Beach, CA 90806
(562) 933-0590
Contact Person:
Cheryl Lanktree, Ph.D.

Valley Trauma Center
8949 Reseda Blvd., Ste. 222
Northridge, CA 91324
(818) 886-0453
Contact Person:
Patty Dengler, Ph.D.

REFERENCES

1. California Welfare and Institutions Code Section 4512
2. Crime Prevention Center, Office of Attorney, Department of Justice (1993). Child abuse prevention handbook.
3. Baladerian, N. J. (1999). Abuse of children and adults with disabilities: A risk reduction and intervention guidebook for parents and other advocates. Disability, Abuse, and Personal Rights Project. Culver City, CA: Baladerian.
4. Sobsey, D. (1994). Violence and abuse in the lives of people with disabilities: The end of silent acceptance? Maryland: Paul Brookes Publishing Co.
5. Wang, E., & Harding, K. (1999). Current trends in child abuse reporting and fatalities: The results of the 1998 annual fifty state survey. Chicago: Prevent Child Abuse America.
6. Gil, D.G. (1970). Violence against children: Physical abuse in the United States. Cambridge: Harvard University Press.
7. Mahoney, J., & Carrillo, C. (1998). Meeting the needs of crime victims with disabilities. (Draft). Crime Victims Compensation Program Mental Health Treatment Guidelines Task Force.
8. Westat, Inc. (1991). A Report on the Maltreatment of Children with Disabilities. Washington, D.C.: U.S. Department of Health and Human Services.
9. Baladerian, N. J. (1991). Sexual abuse of people with developmental disabilities. Journal of Sexuality and Disability, 9(4), 323-335.
10. Sandgrund, A., Gaines, R.W., & Green, H. (1974). Child abuse and mental retardation: A problem of cause and effect. American Journal of Mental Deficiency, 79(3), 327-330.
11. Sobsey, D. & Doe, T. (1991). Patterns of sexual abuse and assault. Sexuality and Disability, 9(3), 243-259.
12. Sobsey, D., & Varnhagen, C. (1989). Sexual Abuse and exploitation of disabled individuals. In C.R. Bagley & R.J. Thomlison (Eds.), Child Sexual Abuse: Critical Perspectives on Prevention, Intervention and Treatment (pp. 203-216). Toronto, Canada: Wall & Emerson, Inc.

13. Mansell, S., Sobsey, D., & Calder, P. (1992). Sexual abuse treatment for persons with developmental disabilities. Professional Psychology, Research, and Practice, 23(5), 404-409.
14. Seattle Rape Relief (1979). Special education curriculum on sexual exploitation. Seattle, WA: Developmental Disabilities Project.
15. Senn, C.Y. (1988). Vulnerable: Sexual abuse and people with an intellectual handicap. Toronto, Canada: G. Allan Roeher Institute
16. Tharinger, D., Horton, C., & Millea, S. (1990). Sexual abuse and exploitation of children and adults with mental retardation and other handicaps. Child Abuse and Neglect, 14, 301-312.
17. Office of Child Abuse Prevention (1991). The California child abuse and neglect reporting law. Issues and answers for health practitioners. Sacramento, CA: California Department of Social Services.
18. California Penal Code Section 11166[a]
19. California Welfare and Institutions Code Section 15630



Children with developmental disabilities are at risk for abuse. Keeping our Children Safe is a booklet for caregivers and service providers of children and adolescents with developmental disabilities. This booklet was written to help you learn more about the problem, how to communicate with children about abuse, and where you can go for help.



This product was made possible by the California State Council on Developmental Disabilities Program Development Fund, Cycle XXII administered to Project Heal in order to provide prevention and intervention for children with developmental disabilities at risk for abuse. Project Heal is a University of Southern California/University Affiliated Program at Childrens Hospital Los Angeles.

Project Heal

