Accessibility Toolkit:
Building a Better Model to Serve Child Victims with Disabilities

www.CACAccessibility.org

Welcome and Introductions

Today’s road map

• Overview of the Problem
• Accessibility Toolkit:
  – Introduction and Overview of Website
How we got here

- Cultural Competency Plan
- Local Disabilities Taskforce
- State-wide Accessibilities Taskforce

Victimization of children with disabilities

- Disabled children are more vulnerable because of a variety of situational factors:
  - Dependence on caregivers for meeting their basic needs
  - Socialized to comply
  - Limited understanding about sexual issues
  - Frequent isolation from conventional social environments
  - At times limited social and communication skills


Cascade of injustices

- From the start of the incident through the criminal justice system, children and citizens with disabilities often are not given the equal access to services

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- Chris Newlin, MS, LPC, Executive Director
  National Child Advocacy Center, Huntsville, AL
- Ian Danellen, LCSW, Program Coordinator
  Greater Richmond SCAN Children’s Advocacy Center
2012 National Survey on Abuse of People with Disabilities

- First national survey of its kind
- Focuses on incidents of, response to, and attitudes about, abuse or crime victimization of children and adults with disabilities.
- 7,289 people took the online survey May through October 2012
- Surveyed persons with disabilities, family members, advocates, protective service workers, therapists, and law enforcement personnel

Children with disabilities are at greater risk for all types of abuse

- Children with any type of disability are 3.44 times more likely to be a victim of some type of abuse compared to children without disabilities. (From the Website of The Arc of the United States)
- More than 70% of people with disabilities who took the survey reported they had been victims of abuse.
  - verbal-emotional - 87.2%
  - physical - 50.6%
  - sexual - 41.6%
  - neglect - 37.3%
  - financial - 31.5%

Children with disabilities are likely to experience abuse multiple times

- More than 90% said they had experienced abuse on multiple occasions.
- 57% said they had experienced abuse on more than 20 occasions.
- 46% stated it was too frequent for them to even count.
Their abuse often goes on for a long time before it is detected or reported

62.7% stated that they did not report the abuse
• 58% believed that nothing would happen
• 38% had been threatened or were otherwise afraid
• 33% did not know how to or where to report
• Disabilities which affect communication may make the investigation more difficult
• May not know the words for abuse

Child may not recognize that he/she is being abused or neglected and that it is wrong

• May not be taught about appropriate vs. inappropriate touches
• Don’t know when he/she is being mistreated
• May have been taught compliance with adult requests

The child may not be understood or believed

• Caregivers and professionals may ignore, misunderstand or misinterpret signs and symptoms of maltreatment
• May not understand communication
• May pass it off as fantasy or disturbed thinking
Reports not investigated

When abuse was reported
- 52.9% reported that nothing happened
  - Perception that child will not make a competent witness
  - Perpetrator’s misleading statements about what happened
  - May use disability to explain away or minimize the child’s condition (“She’s always covered with bruises…”)
  - May blame child for his/her own injuries
- Only 9.8% of the alleged perpetrators were arrested

No trial/No convictions

- Prosecutors have chosen not to go to trial
- Believes victim may not be a competent witness
- Fear trial will not be successful
- Judges have discounted competency of children with disabilities because of communication issues

Getting Help

- Only 38.7% of the victims received therapy
  - Lack of community or family resources
  - Lack of available therapists who can adapt to child’s communication needs
  - Therapists who can communicate are not always available or affordable
  - May not be able to adapt their therapy for child’s needs
- When they did receive therapy 83% said that it was helpful
- Fewer than 5% of the victims received any benefits from a victim – witness program
What CAC’s can do

Accessibility Toolkit: Website Introduction and Overview

*Accessibility Toolkit is a compilation of resources we have created and found via the internet, other conferences and networking.
Accessibility Toolkit
Broken out into types of disabilities
• Acquired Traumatic Brain Injury
• Deafness, Hard of Hearing
• Developmental Disabilities
• Autism Spectrum Disorder
• Learning Disorders
• Mobile Disabilities
• Visual Disabilities

Accessibility Toolkit
Broken out into 8 categories
• General
• Advocacy
• Forensic Interviews
• Investigation – Law Enforcement/CPS
• Prosecution
• Medical
• Mental Health
• Parents and Caregiver Information
• Prevention

GENERAL INFORMATION
Appointment Screening Tool

- Is there anything I should know about your child before I talk with them?
- Does your child have a disability? If yes does he/she receive services?
- Can you tell me what level your child functions at?
- What are your child’s support needs and what accommodations does he/she receive?
- What do I need to know to communicate with your child?
- Are there ways that they communicate other than words?
- How do you know when they are happy, hungry, etc.?
- Does he/she use any special device or equipment?

- Is your child sensitive to noises, sounds, lighting, smells or textures?
- What type of things are soothing to your child?
- Is there any actions, behaviors or routines that your child does that I need to be aware of?
- What are your child’s favorite activities/objects?
- About how long do you think your child be able to stay focused during his/her appointment?
- Does your child take any medications? What are they for?
- What is the best time of the day for your child to have an appointment?

ADVOCACY
Advocacy

• The National Dissemination Center for Children with Disabilities http://nichcy.org/disability summarizes information on the full spectrum of child disabilities, addresses categories of disabilities defined in Federal Law, and links to numerous State and national support organizations.

• You can select the state in which you want to search! Great information, check it out!

Advocacy Resources

• Parent Educational Advocacy Center (PEATC) www.peatc.org
• Council of Parents, Attorneys and Advocates (COPAA) www.copaa.org
• Wrightslaw: Special Education Law and Advocacy www.wrightlaw.com
• Legal Aid Justice Center: JUSTChildren Program www.justice4all.org

FORENSIC INTERVIEWS
**Considerations When Interviewing Children with Developmental Disabilities**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Benefit</th>
<th>Caveat</th>
<th>Disability Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position yourself directly across from the child</td>
<td>Eases direct view of the interviewer, enhances ability to lip read, and read body language</td>
<td>Lip reading is only 30% effective, requires many skills</td>
<td>All disabilities</td>
</tr>
<tr>
<td>Position yourself at child’s level</td>
<td>Sets up equality in the relationship</td>
<td>May be awkward seating for interviewer</td>
<td>All children</td>
</tr>
<tr>
<td>Leave adequate space between you and the child</td>
<td>Offers sense of safety in your presence</td>
<td>Ask parent about personal space preferences</td>
<td>Autism; ADD/ADHD, Deaf, hard of hearing; Vision impaired</td>
</tr>
<tr>
<td>Allow the child to establish eye contact with you. Do not force eye contact</td>
<td>Child feels more at ease when eye contact is not demanded</td>
<td>Eye contact is not pleasant or possible with some children</td>
<td>Children from some cultures; unlike ours; Children with disabilities with sensory issues, such as autism, that feel far from hearing</td>
</tr>
</tbody>
</table>

**INVESTIGATIONS: LE AND CPS**

- Greeting
- Rapport
- Enchantment that this may be a difficult conversation
- Tell the child it is time to begin talking about “what you told your mom”
- Confront Confounding Statements
- Open to the needs of the child
- Praise the child for participation in the interview (not any answer)
- SAY “yes, yes, yes” with your body language to encourage conversation
- Sum up what has happened and tell child what will happen next

**GREAT COP SAYS FFF!**

- FFF "Feel; Fell, Found" is a handy mnemonic:
  - I understand how you feel. I have felt like that myself. I found that when I told someone about it, I felt better, got help, etc.
  - I think I understand how you feel. I’ve never felt exactly like that before, but I did feel scared/confused/angry. I found that when I talked to somebody about it, I felt better, and got the help I needed.
General considerations in the medical examination of Deaf/Hard of Hearing children

The Medical History

- Follow usual protocol and questions when gathering the medical history from a Deaf/HOH child, including taking the medical history in the presence of the parent if that is the physician’s usual practice.
- It is useful to be informed of any language or developmental delays, or any other disabilities, prior to conducting the assessment.
- Try not to ask any questions already answered during the forensic interview. If an emergent medical evaluation preceding the forensic interview is needed, then the physician should gather the information necessary to appropriately diagnose and treat the child.
- Tell the Deaf/HOH child that if they are not certain of the question or information that the physician is providing they should request clarification or repetition as many times as they need to, offer the option of writing down their answers or questions when other methods of communication seem inadequate.
- It is important to identify a support person outside of the home that the child can reliably trust and share their concerns and fears with.

The Medical Examination

- It is important to tell the child what will happen during the examination component; the child should be informed of each procedure just before it occurs as well. The medical professional should first explain what each bit of equipment is and what it does prior to the child disrobing.
- The child should be allowed to have the support person of their choice in the room during the exam.
- The examiner should continue to speak directly to the child rather than to the support person in explaining the medical procedures and results of the exam.
- Every effort to maintain clear face-to-face contact with the child should be taken: raise the head of the exam table up so that the examiner can see the child during the exam and do not allow drapes, etc., to block this view.
- Do not “talk shop” with other medical staff or personnel during the examination other than to request specific equipment or specific assistance with procedures.
- Do not talk and perform a procedure at the same time; explain first, then perform the procedure.
- Deaf/HOH children may opt to view colposcopic images on the computer if the examination room is equipped in such a manner.
- Drawings of the various examination positions (supine, prone, knee-chest, etc.) will greatly facilitate the child’s understanding of and cooperation with, positioning.
- When the examination is done, have the child sit up, fully draped, and ensure that he or she understands the results of the examination prior to speaking with the parent.
MENTAL HEALTH

Facts on Traumatic Stress and Children with Disabilities

1. Slow down your speech
2. Use visuals whenever possible to reinforce messages
   • Draw picture and
   • Write down ideas or change in style
3. Present information one item at a time
4. Ask for feedback after each item to ensure clear comprehension
5. Be specific in making suggestions for change
6. If there is a different way of handling things, try it before proceeding
7. Format your therapy session so that several key points are covered in one hour
   • Review information covered in the previous
   • Educate few weeks longer
   • Supporter is always feeling without a target of change
8. Review the key things with the client to make up for times when you
9. Review it with the client if you use this method
10. Remember that effective treatment for people with developmental disabilities
    and also children’s stress and traumatic stress can be challenging for caregivers

   (Aavrin, Charlton, & Tallant, 1998, as cited in National Child Traumatic Stress Network)

PARENT AND CAREGIVER INFORMATION
A Relaxing Training Script for Parents to Use with Their Children

Hands and Arms: Squeeze a Lemon
Pretend you have a whole lemon in each hand. Now squeeze it hard. Try to squeeze all the juice out! Feel the tightness in your hand and arm as you squeeze. Squeeze hard! Don’t leave a single drop. (Hold for 10 seconds). Now relax and let the lemon drop from your hand. See how much better your hand and arm feel when they are relaxed.

Arms and Shoulders: Stretch Like a Cat
Pretend you are a furry, lazy cat and you just woke up from a nap. Stretch your arms out in front of you. Now raise them way up high over your head. Feel the pull in your shoulders. Stretch higher and try to touch the ceiling. (Hold for 10 seconds). Great! Let them drop very quickly and feel how good it is to be relaxed. It feels good and warm and lazy.

Shoulders and Neck: Hide in Your Shell
Now pretend you are a turtle. Try to pull your head into your shell. Try to pull your shoulders up to your ears and push your head down into your shoulders. Hold it tight! (Hold for 10 seconds). Okay, you can come out now. Feel your shoulders relax.

PREVENTION
Resources for prevention

- Stop It Now!
- www.stopitnow.org
- Provides collaboration services for parents, caregivers and people who work with children to prevent and recognize child abuse

PROSECUTION/LEGAL

Tips for working with child victims with developmental disabilities

CASE PRESENTATION (in the Courtroom)
A. PREPARING THE PROSECUTOR—RECOGNIZING YOUR OWN BIAS
B. PREPARING AND PRESENTING THE EVIDENCE
C. PREPARING THE VICTIM/WITNESS
D. PREPARING THE COURT
E. PREPARING THE JURY
F. PREPARING FOR OPENING AND CLOSING ARGUMENT
   - opening statement
   - closing argument

(The following information is obtained from EFFECTIVE PROSECUTION OF CASES INVOLVING VICTIMS WITH DEVELOPMENTAL DISABILITIES: A Protocol for Investigators and Prosecutors located at: http://www.markwynn.com/wp-content/uploads/Effective-Prosecution-of-Cases-Involving-IWDDS.pdf)
Resources

www.CACAccessibility.org