

*Risk Reduction Workbook for Parents and Service Providers*

# Addressing Abuse at Any Age: Guidebook for Caregivers of Disabled Children

by Roslyn K. Myers, J.D., M.A.\*

Children with disabilities are almost twice as likely to be abused as non-disabled children, according to the calculations in one study (Westat, Inc., *A Report on the Maltreatment of Children With Disabilities* (National Center on Child Abuse and Neglect, 1994), or 3.4 times, according to a study conducted one decade later (P.M. Sullivan and J.F. Knutson, "The Association Between Child Maltreatment and Disabilities in a Hospital-Based Epidemiological Study," 22 *Child Abuse & Neglect* 271-88 (1998).) When these children become adults, their rate of victimization will be far higher than their non-disabled counterparts. (L.E. Powers, M.A. Curry, M. Oschwald, S. Maley, M. Saxon, and K. Echels, "Barriers and Strategies in Addressing Abuse: A Survey of Disabled Women's Experiences," 68 (1) *J. Rehabilitation* 4-13 (2002).)

Despite the increasing public knowledge of child abuse, there is a dearth of information about such abuse of young people with intellectual and developmental disabilities. In fact:

most victims do not tell anyone about the abuse; most are not asked about abuse. If they tell, there is rarely help given as their credibility is questioned. If a report is taken, most likely it will not be effectively investigated by authorities.

## Address Abuse at Any Stage

A book developed by Dr. Nora J. Baladerian, a licensed psychologist practicing clinical and forensic psychology and specializing in working with individuals with developmental disabilities, steps into the breach. As a follow up to her first book, *A Risk Reduction Guidebook on Abuse to Use for*

\*Roslyn Myers, the managing editor of VED, teaches at John Jay College of Criminal Justice in areas related to law and society, sex offenses, crime victims' rights, and restorative justice.

A Risk Reduction Workbook for Parents and Service Providers is available in print or online at <http://NoraBaladerian.com/books.htm>. For more information, see [www.DisabilityAndAbuse.org](http://www.DisabilityAndAbuse.org) and [www.NoraBaladerian.com](http://www.NoraBaladerian.com).

*Children & Adults With Developmental Disabilities* (1994), her new workbook, *A Risk Reduction Workbook for Parents and Service Providers* (2013), guides parents and others "to develop, design, and revise your [response] plans as circumstances change, including your child's abilities to communicate."

Baladerian's book is a resource guide for caregivers and agencies to address abuse at any stage—before it occurs, during the ongoing incidents of abuse, and after the abuse has occurred. The author states:

My approach is to significantly reduce the risk of abuse happening either in one's agency or home, of individuals with whom one has

explains why a plan is necessary and how to develop one that takes an "individualized approach combined with a realistic appraisal of the individual's environment, abilities, and cultural aspects." Tailoring the response plan to the needs of the victim is the most effective way to prevent further abuse and trauma from previous abuse, and it is the most effective way to get necessary evidence for law enforcement.

## Stages of Process

The material throughout the guidebook, including many of the charts that readers will find useful as they move through the process, is organized in a tripartite "before-during-after" formula.

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responsibility and regular contact. Equipping individuals with disabilities with knowledge and skills, and equipping those who are responsible for their well-being with the knowledge and skills to recognize and respond when abuse happens is something that is possible and produces results. . . My experience with parents of children and adults with intellectual and developmental disabilities has taught me that the risk reduction plans that I have designed are effective. They are effective in preparing the child and family for this tragedy when it occurs. Such plans lead to faster response by law enforcement and services for victims. Finally, and best of all, an effective Risk Reduction Plan leads to less psychological trauma for the victim and the parents/loved ones of the victims.

Punctuating the advice with statistical and other factual information about abuse, including an appendix of government statistics, the author

This emphasizes the differences between the needs at each stage of the process.

**Prevention Stage.** The focus of the "before" stage is prevention. By educating caregivers and children on how abuse can occur, they will be better equipped to avoid it. Moreover, by doing thorough background checks on the authority figures with whom the child comes into contact, and keeping their credentials up to date, parents can be assured that they are creating a safe environment for a disabled person. For example, for teachers, the book advises parents to:

[m]ake sure the teachers and aides have read the Individual Education Plan (IEP) for your child, are familiar with your child's diagnosis, personality, preferences, and communication abilities, as well as IDEA, the Individuals with Disabilities Education Act, or the significance of the IEP. Conduct regular background checks on teaching staff throughout the year.

See *RISK REDUCTION*, next page

*RISK REDUCTION, from page 19*

Also, for transportation providers, the manual recommends:

[getting] the names of all the drivers who may serve your child. Learn how many children will be on the bus or van. Are they from all over the school or only from your child's class or grade level? Is there an aide on the bus? All the time? Is there a video camera on the bus? How is the route established? Under what conditions is it changed? What are the qualifications to be a bus driver? Are there exceptions or waivers? What happens if a driver cannot come to work?

become comfortable naming their sexual body parts, which diminishes the taboo around sexuality, especially sexual abuse, and helps if a forensic interview is conducted. The victim needs words to describe what happened. The author says:

[T]here are only five body parts that need to be named. . . .For the female—the breasts, the vulva, and the anus. . . .What one sees on the outside of the female's genitals is called the vulva. Within that, one can literally see the clitoris, the urethra, and the opening to the vagina.

For males, all you can see is the penis, the scrotum inside which reside the

for the family and the individual with disabilities;

- 10 tips to help people caring for victims deal with the reality of the abuse and take steps to move forward;
- A chart listing the people in the child's life, on which the parent can track the dates of background checks, their references, and expiration dates of their credentials for follow up;
- A checklist of the individual response plan that allows parents and caregivers to be sure they have carried out the book's advice in the right way;
- Information about how predators think and how to thus avoid such preludes to abuse as grooming;
- Advice about the skills that can ameliorate the effects of abuse and accelerate discovery of abuse for victims and potential victims, including "overcoming social inhibitors"; and
- How to identify signs of abuse and how to respond to such signs, keeping in mind that "signs of abuse may be subtle, may not seem to signal abuse, but signal that some change has occurred."

The book also offers a thorough guide to what kinds of changes might signal abuse, including the following:

- Regression from skills already mastered;
- Does not want to go to a particular location or with a particular person;
- Questions related to sex or pregnancy are asked;
- Onset of or increased sexualized conduct;
- Diarrhea or constipation or both;
- Acting out what was done to them (replicating the assaultive act upon others);
- Withdrawal;
- Trouble thinking, concentrating, remembering;
- Sleep disturbances; or
- Wanting to sleep with parents.

### Essential Resource

This is an essential workbook for parents, caregivers, and agencies dealing with disabled individuals. The guide is a 360-degree manual that serves as both professional advisor and trusted friend to assist victims and the authority figures around them throughout the process of coping with abuse. Readers will feel that the author is holding their hand each step of the way. ■

## ***Perpetrators count on these social inhibitors so they can continue to abuse while silent observers feel bound to silence. The observer's silence is the perpetrator's safety net.***

**"During" Stage.** The focus of the "during" stage is to end the abuse. This might be accomplished by reporting the abuse, yelling while the threat seems imminent, etc. The guide recognizes that the link between the "before" and "during" stage is the training of caregivers and children to identify abuse, understand that it is wrong, and feel that making a report will be safe and lead to effective responses. Moreover, the book warns:

Social inhibitors keep us from saying something to or about a suspected perpetrator. Perpetrators count on these social inhibitors so they can continue to abuse while silent observers feel bound to silence. The observer's silence is the perpetrator's safety net.

One unusual piece of advice for the "during" or "after" stage is to create with the child an "Abuse Communication Book," using photos, drawings, words, pictographs, or icons that communicate various aspects of abuse: who, what, where, when, and feelings that were experienced.

The "after" stage is geared toward encouraging disclosure and preserving evidence.

### **Name Body Parts**

In a section entitled, "Talking About Sexual Abuse," the author suggests that both caregivers and disabled individuals

testicles, and the anus. These are not difficult words to pronounce. They are only difficult to say because you have been taught that these words are too difficult, they are "dirty," or it is wrong to name your body parts. . . .All other body parts seem to be free from this problem. We easily say elbow, wrist, and arm.

She points out that some disabled will have difficulty with the euphemisms familiar to most people, such as calling sexual body parts "private parts." She says:

For literal thinkers, especially people on the Autism Spectrum among others, and myself, this automatically causes me to think, OK, what are the public parts? Obviously, if there are private parts, there are public parts. I have decided for myself that I have no private parts. I believe that my entire body belongs to me and is not owned by the public. Thus, only I can decide who may touch my body. This makes sense to me, and I like it. I prefer to refer to genital areas as such or sexual body parts. Which, of course, being a part of my body, belong to only me. They are neither public nor private.

Highlights of the book include the following:

- Step-by-step instructions to design an effective "Individual Response Plan"



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