



Fact Sheet

Strategies of Minimizing the Risk of Sexual Abuse

By Maurice Belote, CDBS Project Coordinator

The incidence of sexual abuse among persons with disabilities is staggeringly high, and yet abuse prevention is rarely addressed in school programs for these individuals. Teaching children who have multiple disabilities including deaf-blindness often requires creativity and the ability to adapt and modify existing materials and programs. When teaching abuse prevention, it may not be adequate to simply follow the same instructional objectives used among children without disabilities – don't talk to strangers, run away and tell a safe person if someone is trying to hurt you, etc. For a child who is deaf-blind, intervention will need to encompass many curricular domains, including the areas of communication, self-help, and social skills. The following strategies may be useful in creating an instructional program to address prevention of abuse and exploitation.

Start young. Issues of sexuality begin at an early age, and instruction during these early years creates a foundation onto which everything else can be built. Some of the early skill areas that will assist in abuse prevention instructional activities include curiosity about the bodies of other people (children and adults), names and function of body part, and public restroom behavior. In addition, this is the time to make children feel comfortable about talking to their parents or caregivers about personal issues. This comfort level – established at an early age – will be very helpful as the child passes through adolescence and young adulthood. Despite what we may think, national research consistently suggests that teenagers *want* to discuss these issues with their parents, and that adult-child communication is effective in decreasing sexual risk behavior.

Know the people who interact with your child. Sadly, most abusers aren't strangers, but people who know their victims: friends of the family, neighbors, service providers, etc. If a situation doesn't feel right, trust your instincts and intervene. An internet resource can be found at <http://www.sexoffender.com> that provides a database searchable by state and also a guide to Megan's Law (don't accidentally type sexoffenders – plural – or you will go to an adult material website). And while vigilance is important, there is probably no need to be overly suspicious of everyone who interacts with children. The vast majority of friends, neighbors and service providers are caring people who would never put a child's safety and well being at risk.

Make sure skills are generalized. When teaching abuse prevention skills, use the same methods that help ensure that all skills are generalized – teach the skills in multiple locations and settings, with multiple people, and at various times of the day and night. A significant component of skill acquisition is testing to determine if a skill is truly mastered and generalized. Don't assume that a child will perform in a certain way if she or he has demonstrated the skill in a contrived setting

with familiar adults. You may need to set up a situation where the child must demonstrate mastery in an unfamiliar setting with unfamiliar people.

Teach terminology, including slang. It may be difficult for an individual to relay information about abuse or mistreatment if the person lacks a way to communicate this clearly. Building vocabulary regarding body parts and action words is an important step to providing the individual with a communication system that will last a lifetime. It may also be necessary to specifically address the use of slang. For example, an individual who isn't knowledgeable of widely used slang terms for genitalia and sexual acts is more vulnerable because of their lack of sophistication, even if they know the proper "medical" terms for the same things.

Respect privacy; and insist that others do so, too. It is important that we provide children with significant disabilities the same respect and dignity we give all people. It may be necessary to teach the concept of modesty, and be certain that this instruction respects individual family values and norms. For children who require help with daily living, issues of privacy and modesty may be complicated by situations where adults and even peers are providing assistance with physical care needs that require intimate physical contact. One way to handle this, from an early age, is to ask the person's permission before helping with intimate or invasive tasks. If requesting permission is established early and consistently, the person who is receiving help is much more likely to feel she or he is in control of their body, and in control of where they are touched and by whom they are touched.

Teach appropriate behaviors. We want to teach our children and students to act in the same way we expect others to when those others interact with our children. For example, we want our children to resist if other people try to touch them in inappropriate places on their bodies. This will be difficult to teach if these same children have been allowed to touch others in those same places. The goal is to establish norms, so that behaviors outside of these norms are clearly viewed as such.

Put it in the IEP. Don't assume that goals and objectives discussed in the IEP meeting will be implemented if they are not part of the written plan. It isn't necessary to include *everything* in an IEP, but too often, there is a reluctance to include items in IEPs that are out of the ordinary domains such as functional academics, gross/fine motor, communication, etc. if a particular skill is very important to you, do not accept an explanation that instruction in this skill doesn't need to be written into the IEP because it will be addressed all the time throughout the child's program. The IEP is the family's insurance that a skill will be addressed, and also provides a forum for discussing mastery towards the goal at subsequent IEP and team meetings. For service providers, IEPs provide concrete plans, and help maintain consistency between programs and staff members during times of transition or instability.

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Fact Sheets from the Colorado Services to Children with Deafblindness are to be used by both families and professionals serving individuals with vision and hearing loss. The information applies to students birth through 21 years of age. The purpose of a Fact Sheet is to give general information on a specific topic. More specific information for an individual student can be provided through personalized technical assistance available from the Colorado Services to Children with Combined Vision and Hearing Loss Project. For more information call (303) 866-6681 or (303) 866-6605.