

RECOGNITION AND  
REPORTING: AGES 13 -  
ADULT

Saturday, 2:15 – 3:30

# Case Study: Birdman

- Article in NY paper, reporter (Diugud, L. W.) wrote about his experience with a bully in elementary school. He would swoop down on smaller students on the playground and dry hump them. *Teachers witnessed but ignored the behavior.* The bully continued to play “birdman” in middle school, but with more confidence and aggression. In 8<sup>th</sup> grade, “birdman” raped a smaller peer in the shower. Peers raced out of the locker room. The victim and peers said nothing. Adults did not investigate. As a young adult, the victim committed suicide.
  - ▣ How likely is it that the “birdman” was a victim, turned perpetrator?
  - ▣ If the “birdman” was stopped in elementary school, could the incident in the shower be prevented?
  - ▣ If the incident in the shower never happened, could the suicide have been prevented?

# Recognizing CA/N among ages 13+

- School-Aged Risk Factors:
  - ▣ Less parental involvement than younger kids
  - ▣ More likely to be placed in “alternative” programs at this age
  - ▣ Older children may be less likely to be trusted (vs. younger children)
  - ▣ Justice system can become involved (usually at age 10)
  - ▣ If abuse was systemic, child may show perpetrator characteristics
  - ▣ Multiple Disabilities

# Risk Factors for D/HOH Youth

- Communication Frustration
- Miscommunication
- Perception of defiance
- Emotional stress of raising a child with a disability
- Financial Stressors
- Social Demands
- Limited social and community support
- Poor coping skills
- High stress
- Lack of respite in child care responsibilities
- Poor parenting skills
- Isolation
- Lack of information

# Risk: Barriers to Disclosure

- Acquiescence with authority on behalf of the child. They do what they are told and don't recognize abuse.
- Perception as easy targets due to communication problems or cognitive problems.
- Communication problems with agency.
- Unclear on appropriate pain (medical treatments) vs. inappropriate pain (abuse).
- Limited number of potential individuals for outcry.
- Lack of knowledge regarding sexuality and maturation.

# Risk: Less Parental Involvement

- As children grow older, parents become less involved in their child's education.
- Students at residential schools typically see their parents on weekends. Historically, some students saw their parents only a few times each year.
- Studies show students are generally safe in schools. Abuse is most likely to happen after school (home, dorm, other settings).
- Studies show that the more adult involvement, the less likely a child will experience CA/N.

# Risk: Alternative Programs

- With the increase of “zero tolerance” and get tough philosophies, the number of alternative education programs has been increasing over years.
  - Kids with disabilities are frequently placed in these programs.
  - Abuse by adults and peers is high in these facilities.
  - Interpreters during non-academic times are rare.
  - Kids with more serious issues are placed alongside kids with less serious issues.
- Case Study: Roy
    - Roy, a deaf student with ADHD, was a nice child, but often in trouble. He was caught with a “pill,” sent to the principal, and expelled due to a “zero tolerance” policy. He was placed in a JJ program for 6 months.
    - Schools for the deaf often don’t have the resources for difficult children, and send them to their neighborhood school.
    - Neighborhood schools don’t have resources, so they place children in alternative programs.
    - Agencies are ill-prepared to manage difficult deaf children.

# Risk: Older vs. Younger Children

- CPS ranks risk for children this age as lower (an older child can defend self)
- Younger children are perceived as more vulnerable
- Younger children are seen as less manipulative
  
- For these reasons, protections for older children are often more relaxed than for younger children.

# Risk: Justice System Involvement

- Justice system is an increasing option for all youth.
- 45 States have made it easier to try youths as adults.
- Disabilities:
  - ▣ 70% of the JJ population have LDs.
  - ▣ An ASHA report found 30% of prisoners nationwide have hearing loss
  - ▣ Single largest predictor of later arrest of female adolescents is having been suspended, expelled, or retained in middle school.
  - ▣ JJ programs are typically not therapeutic, but punitive.
  - ▣ Services in JJ programs are rarely tailored to the needs of D/HOH youth.
  - ▣ Transition programs from JJ to mainstream are largely absent, especially for D/HOH youth.
  - ▣ Often, even savvy deaf youth don't understand the legal system, even with a skilled interpreter.

# Table 1: Clinical Case Studies of Deaf Youth (Andrews & Lomas, 2011)

Ss	Age	Hearing loss	Etiology & secondary disabilities	Criminal Offense	IQ	English Reading Level	ASL Level (Black & Glickman)	History sexual abuse, physical, neglect
CAL	16	Prelingual Sev/prof	Prematurity bipolar disorder, depression, ADHD Emotional disturbance Oppositional/defiant Mild cerebral palsy	Assault No criminal charges but removed from foster homes multiple times	69	2.8	1	Raped by bio father, physical abuse by mother, family violence 7+foster placements, 3 hospitals
ANN	23	Prelingual profound	Meningitis Learning disability	DUI (3)	93	4.0	2	None reported
SAL	16	16mo. Prelingual/profound	Meningitis ADHD Depression Suicide alert	Sexual abuse of a minor (3+)	77	1.7	1	Sexual abuse by neighborhood boy
BO	14	Prelingual Profound	Hereditary	Sexual abuse of a minor (3+), violate probation (2)	95	4.2	2	Sexual abuse by dorm counselor
ELEN	13	Prelingual profound	Prematurity Anoxia, early seizures, epilepsy depression, explosive disorder, oppositional defiant, dysthymia	Assault of teachers (2)	82	2.5	1	None reported
TODD	27	Prelingual Vision loss at age 5	Ushers Syndrome	Computer child pornography (2)	92	1.8	2	Sexual abuse by teacher at "blind" camp

# Table 1: continued

Ss	Age	Hearing loss	Etiology & secondary disabilities	Criminal Offense	IQ	English Reading Level	ASL Level (Black & Glickman)	History sexual abuse, physical, neglect
JEN	17	Bilateral/unknown extent (no audio records)	Mother, substance abuser (tested for cocaine, PCP, anti-depressants) on delivery of child  DSM-IV-diagnosis, Oppositional/Defiant, mild mental retardation	Truancy, theft, running away from home, sexual acting out	62	2.5		CPS involvement, Abused as child, physical, sexual abuse & neglect, sexual relations with older men, father in prison
JACK	15	Significant hearing loss (no audio records)	Unknown etiology  DSM-IV diagnosis: conduct disorder	Robbery, stealing cell phones, sending pornographic videos of self over cell phone	85	2.7		No records of family abuse, record of bullying at school
KYLE	16	Bilateral hearing loss, type and severity unknown, no audio records	Birth Genetic Wardenburg Syndrome  ADHD medication, medication for behavioral control DSM-IV Diagnosis: conduct disorder, attention-deficit/hyperactivity	Criminal mischief, burglary, Shooting and killing a man	102	1.7		Early mother abandonment, witnessed his father murdering a man as a young boy, father and mother are in prison, grandmother physically abused him, no record of sexual abuse

# Risk: Systemic Abuse, Teens as Perps.

- Professionals often experience cognitive dissonance with regard to teens as perpetrators.
  - ▣ “People do what they know, until they know better.”
  - ▣ Kids are innocent victims, but they often become perpetrators as a response to abuse that is untreated.
  - ▣ Judges, lawyers, and police often perceive a youth with a disability (deaf youth) as incapable of understanding what they are doing. Many young deaf perpetrators face multiple reprimands before they have a consequence.

# Risk: Multiple Disabilities

- Studies show that children with multiple disabilities are seen as desirable targets for perpetrators. This is especially true for deaf children due to communication disorders.
- When cognition is delayed:
  - ▣ The child may not know how to make sense of the abuse or cognitively process it (confusion, unaware that abuse is illegal).
  - ▣ The child may not understand the difference between inappropriate and appropriate pain.
  - ▣ The child may not know reporting protocol.
  - ▣ The child may follow the orders of the perpetrator.

# Recognize Risk: Case Study

- By age 14, Jerry has already identified himself as gay. He's smaller than his peers and has been the target of bullies since he started school. One night in the dorm, the supervisor stepped out to visit with friends while students watched a movie. During this time, Jerry began to be harassed by his peers. After teasing that he "likes anal sex" two bigger boys held him down while another pulled down his pants and sodomized Jerry with a broomstick and a toilet plunger. With an IQ of 70, Jerry tended to do what others told him. The kids told him he would get it worse if he told the adults.

# Reporting Issues

- Who is responsible to report?
- To whom must I report it?
- How do I report?
- What if I'm not sure?
- Do older kids get abused?
- What if I suspect a friend or colleague?
- People will think I'm a "snitch."

# Reporting: Mandated Reporters

- Who must report?
  - ▣ Under FL law, every resident is **responsible** to report abuse.
  - ▣ **Mandated** reporters include (but are not limited to):
    - Day Care employees
    - Teachers
    - School Employees
    - Social Workers
    - Mental Health Professionals
  - ▣ Consulting with or reporting to others, **does not absolve** you of responsibility to report to the authorities.

# Reporting: Abuse unverified

- What if I'm not sure there was abuse or neglect?
  - ▣ It's quite common for us to hear about abuse but not witness it.
  - ▣ It's common for us to receive a report from a child, but not be sure of accuracy.
  - ▣ It's not our obligation to verify the abuse. It's only our obligation to report it. CPS or law enforcement must document it and follow up on it.
  - ▣ We may believe they are doing nothing, but they are often working when we are unaware.
  - ▣ Sometimes, nothing is done. However, multiple reports increase the likelihood something will be done. Disabilities and immaturity increase the likelihood of a CPS investigation.

# Reporting: Confidentiality

- People will think I'm a "snitch."
  - ▣ FL Statutes (laws) 39 & 415 require that all reports of CA/N remain confidential.
- If the person you suspect of abuse is a friend, supervisor, or colleague, you must report it. Knowing you must report it, consider the most discrete way to do so. You might do it alone, or make the call with a trusted colleague who will give you support.
- There may be school protocol on reports of abuse. For example, you may be required to inform administration.

# Some Indicators of S/P/E Abuse

- ❑ Inappropriate displays of affection/explicit sexual acts (remember, this can be complicated by developmental delays)
- ❑ Seductive, enticing, and sign sexual words or make sexual gestures
- ❑ Uncomfortable feeling or rejection of typical family affection
- ❑ Sleep problems (insomnia, refusal to sleep alone, nightmares, insisting to have light on)
- ❑ Regressive behaviors (thumb-sucking, bed-wetting, infantile behaviors)
- ❑ Extreme clinginess or other signs of fearfulness
- ❑ Might be associated with a specific location (bathroom, bedroom, shower, etc.)
- ❑ Depression/withdrawal
- ❑ Sudden change in personality
- ❑ Problems in school
- ❑ May try to re-enact the abuse done to them through behaviors or through play with toys.

# Case Study

- Alex, age 17, was molested by several men during his early development. He has been in foster care since age 6. He's profoundly deaf, uses ASL, and has a Full Scale IQ of 121. He has a gender identity disorder, meaning he wants to be a woman. When allowed he will dress as one. Since the age of about 12, he has actively sought out men for sex and states he loves to please men. He has bounced around in foster care and RTCs, with sporadic therapy. He's constantly expelled from schools and in alternative programs.
- What interventions might be helpful for Alex?

# Recognize and Report

- What are some barriers to recognizing in your community?
- How can we remove these barriers?
- What are barriers to reporting in your community?
- How can we remove these barriers?

# Reporting in Florida

- By Telephone **1-800-96ABUSE (1-800-962-2873)**
- By Fax **1-800-914-0004**
- By TDD **1-800-453-5145**
- Web Reporting **<http://www.dcf.state.fl.us>**
  - ▣ **Always point out that the child has a disability and, if needed, an interpreter should accompany the investigating caseworker.**

# Selected References

- Bonner, B., Crow, S. Hensley, L. (1997). State efforts to identify children with disabilities: A follow up study. *Child Maltreatment*, 2, 52-60.
- Black, P. & Glickman, N. (2006). Demographics, Psychiatric Diagnoses, and Other Characteristics of North American Deaf and Hard-of-Hearing Inpatients. *Journal of Deaf Studies* 11(3), 303-321.
- Embry, R. A. & Grossman, F. D. (2006) The Los Angeles County response to child abuse and deafness: A social movement theory analysis. *American Annals of the Deaf*, 151(5), 488-498.
- LaVigne, M. & Vernon, M. (2003) An interpreter is not enough: Deafness, language, and due process. *Wisconsin Law Journal*, 5, 843-935.
- Several Studies on abuse, deafness, and disability by Sullivan, P. M. and Knutson, J. F.