Panel Discussion

Sexual Abuse and Children with Developmental Disabilities
(Report of a FACSE Group Meeting)

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"The very first part in healing is shattering the silence,"
— Erin Merryn, Living for Today: From Incest and Molestation to Fearlessness and Forgiveness

INTRODUCTION

Forum Against Child Sexual Exploitation (FACSE) is a network of individuals, professionals and organizations that are working on the issue of Child Sexual Abuse (CSA) over the past 18 years. FACSE has been engaged in conducting training to create awareness about sexual abuse of children with various stakeholders of the system, like government officials, teachers, police as well as NGO personnel, parents and children themselves; intervening in cases of CSA (as and when required); conducting awareness programs; designing and publishing relevant material like books and posters to create awareness about CSA. In the course of working on the issue, FACSE has worked with different schools, organizations, community based agencies, parents, teachers, doctors groups and other significant adults in child's life; conducted workshops for the marginalized population as well as for the elite.

FACSE believes that every child is vulnerable and his/her rights as a human being must be protected. Over the years, FACSE has realized that there is very little information and knowledge for working with children with disabilities who are victims of sexual abuse. Data available from other countries shows that children with disabilities are 3 times more likely to be abused sexually than other children who maybe in a better position to fight back or wiggle out and escape from the clutches of the predators. The incidence of children with intellectual disabilities being sexually abused is 4½ times more. In this context, FACSE decided to conduct a brain storming session of professionals concerned with CSA to develop better understanding of working with children with disabilities. Dr. Avinash De Sousa, Consultant Psychiatrist and Founder – DeSousa Foundation who has worked with and around cases of CSA among children with disabilities provided his expertise in taking the concern forward.

BACKGROUND

Discrimination against people with disabilities, including children, is persistent in our society and is referred to as ableism. Ableism is a value system that deems people without disabilities as the norm or standard and stereotypes people with disabilities as abnormal, weak, dependent, and unintelligent. This value system pervades our society and has resulted in the devaluation, depersonalization, and isolation of children with disabilities. Rendered less valuable, less human, and invisible, children with disabilities become prime targets for sexual abuse.

In addition to contributing to the higher rates of sexual abuse against children with disabilities, ableism has structured our responses and support for children with disabilities around notions of their dependency as opposed to supporting more independence. This has resulted in a culture of compliance that surrounds children with disabilities. Although all children are trained to be compliant to authority figures in our society, compliance is stressed to an even greater degree for children with disabilities. In this environment, children with disabilities are denied the right to say no to everyday choices such as what they will wear or eat, leaving them completely unequipped to say no when someone is trying to hurt them.

Children with disabilities are systematically denied basic information about sexual health and relationships. This practice can be traced to a desire to shield children with disabilities from the realities of life as well as a belief that people with disabilities are asexual. As a result, sexual education is rarely provided in special education classrooms and, when it is, it is not tailored to the needs of children with disabilities. Moreover, family members may have personal anxieties about their children having sex and therefore will not raise such issues with them or the schools. As such, children with disabilities are not taught about their bodies, do not learn to distinguish good touches and bad touches, and are never given a framework for healthy relationships. Without such fundamental lessons, children with disabilities have no language to describe what has happened to them when they are abused.

While many perpetrators of sexual abuse are known to the children they victimize, perpetrators who prey on children with disabilities are often connected to them through their disability. Both research and stakeholders acknowledge that children with disabilities have a greater dependence on others for personal care activities. As such, children with disabilities may be in isolated settings with adults providing transportation, intimate personal care, occupational therapy, special education, and a host of other services. Perpetrators within these professions have learned that they can target children with disabilities with relative impunity because their crimes are rarely made known to authorities—and when they are, they are handled as administrative matters.

DETAILS OF THE SESSION

The above introduction and the background set the tone for the brain storming session on sexual abuse and children with disabilities. The session was well attended by around 25 like-minded professionals concerned about the risks of sexual abuse faced by children with disabilities from their care takers, and adults around them. Ms. Vidya Apte, one of the founder members of FACSE welcomed the participants, and started the session which was organized by FACSE in collaboration with the DeSousa Foundation and Savitribai Phule Gender Resource Center (SPGRC). She informed the

participants that the convenership of FACSE has shifted from Snehasadan to Prerana organization.- in 2014.

Ms. Apte brought everyone's attention to the 1st case of CSA handled by FACSE of a 13year old deaf-mute girl in a residential home for children being abused by the cook of the home. In this case the culprit was booked; though the case was handled as any other CSA case. She went on to say that the number of children with disabilities becoming victims of sexual abuse has gone up or is being reported, thus creating a greater need to equip the children with adequate knowledge and skills to deal with the trauma of abuse. She emphasized on few concerns that disabled persons are believed to be asexual, hence do not need education in sexuality; and disability poses additional vulnerability for children in becoming easy targets which calls for urgency in working out appropriate ways of dealing with the same. She added that there was hardly any documented material on this subject, and that existing literature review gives information on child sexual abuse cases and statistics only. She emphasized need to document ways of dealing with these cases, especially in context of disability. Hence this initial meeting and taking it further with sharing and recording experiences of handling different cases of sexual abuse faced by disabled children.
She then ran through a presentation to acquaint the group to the discussion for the afternoon covering –

- Rights of the child
- Types of abuse
- Definition of CSA - What is CSA
- Types of sexual abuse
- Effects of sexual abuse on children – immediate and long term
- Warning signs to be aware of
- Preventive measures
- Need to use a multi-disciplinary approach to deal with CSA
- Steps to be taken after CSA has occurred

Talking about how sexual abuse occurs, she mentioned how the perpetrators make the child feel special and take advantage of this. Ms. Apte further said that children with disabilities tend to like the 'special' feeling, which they are deprived of by others; and emphasized that preventive measures have to be worked out. She further said that a multidisciplinary approach could be worked out for developing effective preventive and curative measures

Ms. Apte then mentioned about the POCSO Act of June 2012 which came into action from November 2012 when the rules were framed. Highlighting some of the points of the Act, she mentioned that the punishment would be decided based on the type of offence and its severity. She informed the participants about the positive features of the Act such as provision of Special Courts, child friendly procedures to be followed, and support of experts for the child. She mentioned concerns raised by some about certain clauses/provisions of the Act – age of the child being raised from 16 to 18years, mandatory reporting of CSA and accused having to prove his/her innocence.

After this, Ms. Sangeeta Punekar, Core group member, FACSE welcomed Dr. Avinash De Sousa, founder of De Sousa Foundation, which works in the area of mental health. She briefed participants about Dr. De Sousa's work in the field of

disability and child sexual abuse, which he would share with the group for further and enhanced intervention in such cases.

Dr De Sousa briefed everyone as follows –

He began by talking about the disabilities, where he mentioned two groups –

- Normal IQ and disability
- Low IQ and disability

He gave an overview of certain disabilities and the severity of the disability linked to IQ of the child. He mentioned that Mental retardation is a genetic condition, as against autism where a child is born normal, and would show delayed development after 2 years. A child having Autism could have normal, high, low IQ. He also spoke about Cerebral Palsy (CP) emphasizing the fact that children with CP are more vulnerable to sexual abuse than children with other disabilities including autism. He clarified that in autism since children do not like social contact, they are likely to keep the distance from the abuser. However he cautioned that some children with autistic tendencies do like social contact and they would be vulnerable. In such cases, children with normal IQ might report abuse, where as those with low IQ might not do so. Children with CP may have deformities and could be wheel chair bound, and dependent on care takers. These are cases where abuse could happen, e.g. male care taker cleaning the child. Here there is a thin line between cleaning and sexual abuse; another situation where abuse could happen is when the male care taker has to carry the child due to the child's motor disability and may take advantage by touching the child inappropriately. The child's dependency on the care taker may make the child hold back from realizing the abuse and reporting it.

Another most vulnerable group of children with disabilities is the blind; and the deaf; and those with multiple disabilities, where lack of or inadequate communication skills might add to the inability to report the abuse. Spelling out some of the difficulties faced by these groups, Dr. De Sousa mentioned that the blind develop greater understanding through touch and feeling. He elaborated that children born with visual impairment have never seen any body parts. They learn only by touch, and abusers are likely to take advantage of this by making them touch or touching them inappropriately. Also the visually impaired children are not in a position to describe the abuser's physical features. He added that visually impaired children with normal IQ and normal speech would be able to express. However children who are visually impaired and have a low IQ are more vulnerable as their disability poses more challenge in reporting the abuse. This challenge is also faced by children with hearing impairment since sign language is not followed by everyone. Those with speech impairment are the most vulnerable. In such cases an interpreter would be a must, and under the POCSO Act there is provision to seek help of such experts in the Court, and accept what the child has stated.

He further spoke about difficulties he has faced in conducting education in sexuality sessions with school children. Often the school authorities deny permission thinking children would start acting out or practicing what they have been taught. When conducting sessions on sexuality with children with disabilities, Dr. De Sousa mentioned that we need to plan the sessions keeping in mind the short attention span (approx. 10mins.) of the child with certain disabilities. He also mentioned that some children with

specific disabilities tend to forget, and hence the same matter would have to be repeated 20-30 times.

When teaching about sexuality, use of mannequins, dolls, charts (in case of children with autism) has been effective; though educating children who are blind and deaf is a challenge. Information needs to be repeated every 6-8 months. Talking further about sexuality, Dr. DeSousa mentioned that sexuality comprises of the brain, genitals, hormones and emotions. With these present every child goes through puberty, and it is essential to work with children with disabilities to help them respond appropriately during this stage. In case of children with certain disabilities, where they may experience under-developed emotions proper training is necessary. He added that referring to education in sexuality as Personal Safety Education or Body Intelligence Education evokes a better and positive response from parents and school authorities.

He expressed concern that there are no people/professionals working on the specific issue of disability and CSA. He felt the need to form a team of professionals such as special educator, psychologist, social worker, doctor to ensure personal safety for all children with disabilities from sexual abuse. This team would have to work according to the child's background on individual basis considering the cultural milieu, and the terminologies used to indicate words about sexual organs and sexuality. He spoke of developing an Individual Education Plan for each child.

One of the participants shared her experience while working in the community. She mentioned that the staff was not equipped to deal with case of child with low IQ, being oldest in the class used to touching ones genitals. They were fearful of the other children copying him. She spoke of the techniques suggested by Dr. De Sousa in dealing with this behavior such as clay therapy, play with sand, flour kneading to keep his hands occupied, and thus divert his attention from fondling his genitals. She further mentioned of roping in Childline to conduct a session on sexuality among children with disabilities with the parents of these children.

Dr. De Sousa mentioned using video CDs to teach about sexuality for children with hearing impairment. Another participant suggested teaching the children gross and fine motor movement, receptive and expressive language which assists in activities of daily living; and helping them learn what is appropriate from an early age. This helps them become as independent as is possible Dr. De Sousa reiterated the idea of developing an Individual Sexual Education Plan for every child with disability.

One of the participants emphasized the need to reach out to children with disabilities in residential homes. She mentioned her knowledge of staff/caretakers abusing the children after drugging them; and the problems/difficulties faced during the course of investigation. A participant also brought out an important point that of having rapport with the child to be able to work on these matters. There was an experience shared where children were encouraged to sexually abuse children to take revenge of some rivalry between families/communities. In this case it was the parents who had tutored the children in this behavior. Ms Punekar stated that false implication is punishable under POCSO.

Another FACSE member shared a case of a mentally challenged girl (13 years) who was sexually abused. She got pregnant but her parents refused to accept it saying the girl was putting on weight as she was fond of eating rice. The girl delivered a baby who was placed for adoption. The parents tried to get the girl married to one of the family members whom they suspected to be the abuser. Dr. De Sousa spoke about the

concern that most cases of CSA get noticed months after the abuse. He gave example of a mentally challenged child having pain while passing urine. After some days when parents took the child to the doctor, and the doctor's examination indicated abuse, the child when asked told about the servant sexually abusing her

There was a discussion on 15/16 year old adolescents who are sexually active and the implications of their sexual behavior under POCSO Act. Questions raised were - who is to be booked when there is a case of both (victim and abuser) being minors; or one of them is a minor and there is consent. Ms. Punekar clarified that in case of minors the question of consent does not arise. Dr. De Sousa mentioned about a case of a 14 year old who used to play with his genitals. At one of his visit to the pediatrician, the child talked about the servant doing so. The parents were not aware of since when this was happening. The pediatrician was advised by Dr. De Sousa to report this as a case of abuse under POCSO Act. He emphasized that under POCSO Act it is mandatory to report any CSA case one is aware of

Dr De Sousa mentioned that children with disabilities are sensation seeking. If they like the touch they want more of it. They become easy targets for the abuser who gives gifts, showers love and affection by cuddling/hugging which they might not have got from their parents. Dr. De Sousa mentioned that children develop genuine affection towards the abuser. He shared a case where the mother suspected her child of being in a sexual relationship as she looked happier, was smiling, her hips had become larger. The girl revealed later that a neighbourhood boy was touching her. When he was called, he said that she was asking him to kiss her. The background – the parents had asked him to look after the girl while they were at work. He had developed affection for her. Dr. De Sousa said that in such cases it becomes difficult to say who the abuser is.

Dr. De Sousa mentioned that mentally challenged children do not think sexually. An example – boy touching girls on their chest to feel the fat on the chest. When discussed further it was found that he was just feeling the chests, and did not have any sexual inclination. He was able to understand when spoken to. Another example given was of a mentally challenged girl and a neighbouring uncle working on an anniversary card for the girls' parents. When the girl mentioned that she and the uncle were playing a special game, parents associated it with sexual abuse.

A strong need to sensitise the police, nursing staff and other allied professionals was felt. A suggestion was made that FACSE plans and conducts such sensitization programmes. Some of the participants shared their experiences of lack of adequate training among the police and government officials when it comes to dealing with cases of CSA. Regarding guidance on providing education in sexuality to children with disabilities, Dr. De Sousa emphasized the need to bring out an FAQ booklet in different languages and circulate among schools for children with disabilities; workshops for parents, short workshops with teachers, children. He said such sessions need to allow ample time for questions & answers. The need to make it compulsory for mothers and fathers to attend such sessions was emphasized. Dr. De Sousa said that even if it is a session of short duration, one needs to go ahead with it allowing for questions to come from the parents.

He when requested gave example of how he trains mentally challenged children to understand their bodies using dolls where private parts which are not supposed to be

touched are coloured red and rest of the body is green. The children are taught to say no when they are touched on the red parts of their body. He urged participants not to wait till children are 18, but to start educating them from an earlier age. He spoke about the need for repeating training every 3-4 months. In the training the children are told about informing an adult whom they trust even if they liked what the abuser did to them. They are encouraged to shout to deter the abuser from what he/she is doing. He gave an example of a child alerting people around her when a vegetable vendor touched her buttocks. On this Dr. De Sousa expressed a concern with following instructions. He said children with mental challenge are likely to take instructions literally & seriously. He spoke of a child who refused to allow his mother to clean him when his father was away as he had been told that only father can clean him.

Ms. Punekar then steered the discussion to the last segment. She invited the participants to express thoughts/ ideas on going ahead from here. The responses evoked were -

- Need to sensitize more people about CSA, its effects and how to deal with it
- Increased dissemination of appropriate information through posters, booklets
- Multisensory documentation to reach out to children with different types of disabilities
- Appropriate application of international information to situations of sexual abuse with children with disabilities in India
- FACSE to call for a session like todays to guide participants on how to respond to sexual abuse situations on a case by case basis
- Tie up with Child Line regarding using their module to educate children about sexual abuse
- Develop a booklet on emphasizing that sexuality is an issue in disability; the preventive measures and action; who can intervene and relevant phone numbers
- Members were requested to share any information they have on this topic with FACSE which in turn would share it with all participants. Members would be given the Aarambh address to mail the material they would like to share.