

EVALUATION OF THE SAFETY OF CHILDREN IN COEDUCATIONAL RESIDENTIAL SPECIAL SCHOOLS

A LITERATURE REVIEW

7 APRIL 2013

DR ALOMA PARKER

STANDARDS AND MONITORING SERVICES

CONTENTS

| | |
|---|----|
| Coeducational special residential schools | 3 |
| Definitions of abuse and disability | 3 |
| Research into sexual abuse among young people with a learning disability | 4 |
| Barriers to disclosure of abuse | 6 |
| Barriers to reporting abuse | 6 |
| Sexual abuse among young people with a learning disability | 7 |
| Vulnerability of young people with learning disabilities to abuse | 7 |
| Vulnerability of children in residential special schools to abuse | 10 |
| Vulnerability of children in special schools to abuse by staff or volunteers | 11 |
| Incidence of abuse among young people with learning disabilities | 15 |
| Incidence of sexual abuse in residential special schools | 17 |
| New Zealand research into sexual abuse of children with intellectual impairment | 18 |
| Incidence of sex offending by young people with a learning disability | 20 |
| Strategies for minimising sexual abuse in coeducational residential schools | 24 |
| Best practice guidelines for coeducational residential special schools | 27 |
| Bibliography | 31 |

COEDUCATIONAL SPECIAL RESIDENTIAL SCHOOLS

Most New Zealand children start school in a coeducational environment. The Ministry of Education website lists twenty-eight special day schools currently located in New Zealand to support students in Years 1-13 with high needs. All are coeducational. Eight residential special schools are listed for students who are hearing or vision impaired, have severe behaviour needs, or have educational, social and emotional needs together with a slow rate of learning¹. Of these, only Halswell Residential College and Salisbury School are single sex schools. Westbridge and McKenzie Residential Schools for children in Years 3-8 with severe behavioural difficulties are both coeducational.

Most residential special schools for children in the UK with severe and multiple disabilities are managed by voluntary and independent agencies². Single-sex special residential schools appear to be the exception rather than the norm. Of the 49 UK private and state residential schools for children aged 11+ with learning disabilities listed on a site for parents, 46 are coeducational. One is a single-sex school for boys, one for girls and one further school caters for both sexes separately³. Fifteen of the eighteen independent special schools in Scotland are coeducational⁴.

DEFINITIONS OF ABUSE AND DISABILITY

In the USA McEachern (2012) notes that child sexual abuse has been defined as:

‘a type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities⁵’.

In addition, each state has a definition for child abuse and neglect based on federal definitions cited in the Child Abuse Prevention and Treatment Act⁶ and the Keeping Children and Families Safe Act⁷. This however will form the definition of child abuse for the purpose of this review.

¹ Accessed and last updated 22 Mar 2013, at <http://www.minedu.govt.nz/NZEducation/EducationPolicies/SpecialEducation/ServicesAndSupport/SpecialSchools/ResidentialSpecialSchools.aspx>

² Paul, A., Cawson, P. & Paton, J. (2004) Safeguarding Disabled Children in Residential Special Schools, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, p 13

³ Which school for special needs? Guide retrieved from: <http://www.specialneedsguide.co.uk/>

⁴ Scottish Council of Independent Schools, A guide to independent special schools in Scotland. Retrieved from: <http://www.scis.org.uk/assets/Uploads/Publications/AGuideToIndependentSpecialSchools1.pdf>

⁵ US Department of Health & Human Services [USDHHS], Administration for Children, Families Administration on Children, Youth and Families, Children's Bureau, 2010, p. 133

⁶ US Child Abuse and Protection Act, accessed at: [CAPTA; 1996](#)

Intellectual disability and intellectual impairment are terms in common use in New Zealand. British studies refer to learning disability and learning impairment. Mental retardation is a term occasionally in use in the USA. All terms are considered synonymous for purposes of this review.

RESEARCH INTO SEXUAL ABUSE AMONG YOUNG PEOPLE WITH A LEARNING DISABILITY

The prevalence and incidence of sexual abuse among young people with learning disabilities is difficult to establish, for a number of reasons:

- Official statistics on child sexual abuse do not distinguish the rate for people with disabilities from that of the general population.
- Many people with disability will not disclose abuse because they think they will not be believed.
- Some cannot disclose abuse because of the physical or emotional limitations imposed by their disability⁸.
- Many studies report on incidence (the rate at which events occur in a population⁹) rather than prevalence (which gives a figure for a factor at a single point in time^{10,11,12, 13, 14}).
- Research studies on incidence and prevalence do not use comparable variables. For example they use different definitions of abuse, data collection methodology, populations studied, settings in which the abuse occurs, ages, and sample sizes.

⁷ US Keeping Children and Families Safe Act, accessed at: [Keeping Children and Families Safe Act of 2003](#)

⁸ Bedard, C, Burke, L & Ludwig S (1998) Dealing with sexual abuse of adults with a developmental disability who also have impaired communication: Supportive procedures for detection, disclosure and follow-up. *The Canadian Journal of Human Sexuality*, 7(1): 79–92.

⁹ Last, JM et al (2001) *A Dictionary of Epidemiology (4th ed)*. Oxford, Oxford University Press.

¹⁰ Jekel, JF et al (2001) *Epidemiology, Biostatistics, and Preventive Medicine* (2nd edition), Philadelphia, WB Saunders

¹¹ Beail, N & Warden S (1995). Sexual abuse of adults with learning disabilities. *Journal of Intellectual Disability Research*, 39: 382–387

¹² Kvam, MH (2000) Is sexual abuse of children with disabilities disclosed? A retrospective analysis of child disability and the likelihood of sexual abuse among those attending Norwegian hospitals. *Child Abuse & Neglect*, 24: 1073–1084

¹³ McCormack, B, Kavanagh, D, Caffrey, S & Power A (2005) Investigating sexual abuse: Findings of a 15-year longitudinal study. *Journal of Applied Research in Intellectual Disabilities*, 18: 217–227

¹⁴ Sequeira, H, Howlin, P & Hollins S (2003) Psychological disturbance associated with sexual abuse in people with learning disabilities: Case-control study. *The British Journal of Psychiatry*, 183: 451–456.

- Some studies have small numbers of participants (less than 100)¹⁵ and are of short duration, making it difficult to know how long the abuse has been occurring^{16,17}. Few longitudinal studies have been undertaken¹⁸.

Research into the safety of children in coeducational residential special schools has been particularly sparse. When Paul et al began their 2004 study they found that despite the fact that it had been widely acknowledged that disabled children are likely to be particularly vulnerable, there had been virtually no research studies in the UK into the issue of the abuse of disabled children living in residential settings¹⁹.

Cooke (2000) points out that studies of abuse tend to be based on reported cases. One of the features of sexual abuse is that it is covert and that coercing a child or young person into keeping the abuse secret is a common feature of the abusive relationship. Attempts to quantify the additional vulnerability of disabled children can only be 'guesstimates' due to the lack of available and comprehensive information. Abuse of disabled children is not often visible in the information gathered by mainstream child-care agencies or by the criminal justice system²⁰.

Brown (2010) notes that much abuse occurs in closed systems where boundaries are enforced and rigid (such as in families, residential homes, church groups and sporting clubs). This works against prompt or consistent reporting of all child sexual abuse, but it particularly affects children with disabilities. Studies of incidence are therefore best thought of as studies of reporting behaviour rather than as a litmus test of actual abuse. More accurate information about childhood sexual abuse tends to be garnered from retrospective disclosures in adulthood but by then it cannot be corroborated or substantiated. Hence much of this information remains informal and is vulnerable to being discredited²¹.

¹⁵ Balogh, R., K. Bretherton, S. Whibley, T. Berney, S. Graham, P. Richold, C. Worsley, H. Firth, (2001) Sexual abuse in children and adolescents with intellectual disability, *Journal of Intellectual Disability Research*, Vol 45, (3), pp 194-201

¹⁶ McCormack, B, Kavanagh, D, Caffrey, S & Power A (2005) Investigating sexual abuse: Findings of a 15-year longitudinal study. *Journal of Applied Research in Intellectual Disabilities*, 18: 217–227

¹⁷ McCreary, B D & Thompson, J (1998) Psychiatric aspects of sexual abuse involving persons with developmental disabilities, *Canadian Journal of Psychiatry*, 44: 350–355

¹⁸ McCormack, B., Kavanagh, D., Caffrey, S., et al (2005) Investigating sexual abuse: Findings of a 15-year longitudinal study, *Journal of Applied Research in Intellectual Disabilities*, 18(3), 217-227

¹⁹ Paul, A., Cawson, P. & Paton, J. (2004) Safeguarding Disabled Children in Residential Special Schools, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, p 9

²⁰ Cooke, L B (2000) Abuse of People with Learning Disabilities and Other Vulnerable Adults, *Advances in Psychiatric Treatment*, Vol 4 (2) pp 119-125

²¹ Brown, H (2010) Sexual abuse of children with disabilities, In Council of Europe, Protecting children from sexual violence. Strasburg: Council of Europe Publishing, Ch 7, pp 104-105

BARRIERS TO DISCLOSURE OF ABUSE

Brown (2010) notes that disclosure of abuse may be particularly difficult. People with disabilities in a position of care dependency may find it difficult to disclose abuse, particularly if they do not see they have any realistic care alternatives. The NDA expert seminars noted that people with disabilities may feel disempowered from making complaints, may have little contact with the outside world, may find it more difficult to communicate, or to be taken seriously if they do complain. So people with disabilities may be easier for abusers to victimise.

Definitions of sexual abuse are also problematic. Some are limited to abuse of children perpetrated by adults, while others include abuse by peers, and some register only penetrative sex while others include any unwanted and/or coerced sexual activity.

The capacity of the criminal justice system to hear and respond to complaints from people with disabilities is another factor affecting disclosure. The symptoms of abuse may be attributed to a person's disability, and thus discounted²².

BARRIERS TO REPORTING ABUSE

The Irish National Disability Authority identifies the following barriers to reporting of abuse by children with learning disability:

- The child being unable to name and recognise abuse due to a lack of experience, awareness or knowledge
- Past experience of care or medical practices that undermined or transgressed personal boundaries and bodily integrity
- Disempowerment and low-esteem
- Isolation (including physical, communication, social)
- Having one's credibility questioned, particularly persons with intellectual and mental health disabilities
- The capacity of staff with whom they are in contact to detect and respond to abuse
- The capacity of the justice system and other redress mechanisms to provide an accessible system to deal with complaints from people with disabilities
- The absence of a system of independent advocacy particularly in closed environments
- Negative attitudes
- Failure to of staff to identify where abuse is occurring within intimate relationships

²² McGee, H, et al (2002) Sexual abuse and violence in Ireland (SAVI Report) Dublin: Liffey Press, p 244

- Fear of consequences of disclosure including retaliation, rejection or being moved from home or service environment. These fears are likely to be particularly significant if the person is reliant on the abuser for the activities of daily living²³.

Lack of appropriate support services has also been identified as a factor by Paul et al (2004). They found UK coeducational residential special schools reported they did not always get the degree of support and awareness of child protection issues and disability that they should have been able to expect from external services, including child protection services. Paul et al were also told that child protection concerns were much harder to address because of child protection services and legal system attitudes to disabled children and particularly to children whose communication was non verbal²⁴.

Andrews and Veronen (1993) has listed four requirements they see as enabling effective abuse victim services for women with disabilities which are equally valid for children in residential services:

- Service providers need to provide adequate assessment of survivors, including questions about disability-related issues
- Abuse service providers should be trained to recognize and effectively respond to needs related to the disability, and disability service providers should be trained in recognizing and responding to physical and sexual trauma
- Barriers to services should be eliminated by providing barrier-free information and referral services, by ensuring physical accessibility to facilities, by providing 24-hour access to transportation, to interpreters, and to communication assistance, and by providing trained personnel to monitor risks and respond to victims receiving services through disability programs
- People with disabilities who are dependent on caregivers, either at home or in institutions, may need special legal protection against abuse²⁵.

SEXUAL ABUSE AMONG YOUNG PEOPLE WITH A LEARNING DISABILITY

VULNERABILITY OF YOUNG PEOPLE WITH LEARNING DISABILITIES TO ABUSE

²³ Irish National Disability Authority website, accessed 27 Jan 2013 at [http://www.nda.ie/cntmgmtnew.nsf/0/CE957ED7DA23464B802576CB005B809A/\\$File/SexualAbuse2008_02.htm](http://www.nda.ie/cntmgmtnew.nsf/0/CE957ED7DA23464B802576CB005B809A/$File/SexualAbuse2008_02.htm)

²⁴ Paul, A., Cawson, P. & Paton, J. (2004) Safeguarding Disabled Children in Residential Special Schools, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, p 8

²⁵ Andrews, A. B., & Veronen, L. J. (1993). Sexual assault and people with disabilities. Special issue: Sexuality and disabilities: A guide for human service practitioners. *Journal of Social Work and Human Sexuality*, 8(2), 137-159

Many studies have been conducted that document the extent of sexual abuse with this population. Stalker and McArthur (2012) reviewed research studies about child abuse, child protection and disabled children published in academic journals between 1996 and 2009. They note that several studies revealed a strong association between disability and child maltreatment, indicating that disabled children are significantly more likely to experience abuse than their non-disabled peers. Those with particular impairments are at increased risk. They also found that very few studies have sought disabled children's own accounts of abuse or safeguarding²⁶.

Brown and Craft (1992) note that children have an increased vulnerability to sexual abuse because of their dependence on other people for personal care, the consequent imbalance of power between a carer and a person being cared for, difficulties in communicating, a lack of sexual knowledge and assertiveness, and guilt and shame about the abuse. People with learning disability have an increased vulnerability to abuse for many of the same reasons²⁷. Children with learning disability are therefore even more vulnerable and at greater risk to abuse because of their dependence on others and the trust they place in their caregivers^{28,29}.

Brown (2010) notes that disabled children and young people who have a negative self-image may also be particularly susceptible to grooming and deception, and to 'tricks or treats'³⁰. Reiter et al (2007) found that that Israeli students with intellectual and other disabilities suffered from abuse more frequently than their peers and the abuse was repeated over time³¹.

Garbarino (1987) suggested that children with disabilities may be particularly vulnerable to sexual abuse because of institutional living, communication problems, physical limitations, and a lack of general information and understanding of sexuality³². Andrews and Veronen (1993) identified eight reasons for the increased vulnerability to abuse of people with disabilities:

- increased dependency on others for long-term care
- powerlessness as a result of denial of human rights
- less risk of discovery as perceived by the perpetrator

²⁶ Stalker, K. & McArthur, K. (2012) Child abuse, child protection and disabled children: a review of recent research, *Child Abuse Review*, Vol 21 (1): 24–40

²⁷ Brown, H. & Craft, A. (1992) Working with the 'Unthinkable' - Manual on the Sexual Abuse of Adults with Learning Difficulties. London: Family Planning Association

²⁸ Kim, Y (2010) Personal safety programs for children with intellectual disabilities. *Education and Training in Autism and Developmental Disabilities*, 45: 312–319

²⁹ Lumley, V A & Miltenberger, R G (1997) Sexual abuse prevention for persons with mental retardation, *American Journal on Mental Retardation*, 101: 459–472.

³⁰ Brown, H (2010) Sexual abuse of children with disabilities, In Council of Europe, Protecting children from sexual Violence. Strasburg: Council of Europe Publishing, Ch 7, pp 104-105

³¹ Reiter, S., Bryen, D. N., & Shachar, I. (2007). Adolescents with intellectual disabilities as victims of abuse. *Journal of Intellectual Disabilities*, 11(4), 371-387.

³² Garbarino J (1987) Special Children - Special Risks: The Maltreatment of Children with Disabilities. New York : Aldine de Gruyter.

- difficulty in being believed
- less education about appropriate and inappropriate sexuality
- social isolation and increased risk of manipulation
- helplessness and vulnerability in public places
- practices of mainstreaming without consideration for each person's capacity for self-protection³³.

Young women and girls with disability may be even more vulnerable to abuse. Rosen (2006) has suggested this may be because they are not educated about their rights and responsibilities, and professionals involved in their care are uneducated and insensitive to their needs³⁴.

Brownlie et al (2007) point out that women and girls are disproportionately the victims of sexual assault in both disabled and nondisabled populations. They note that communication difficulties have been identified as a factor that may increase the vulnerability of individuals with disabilities to sexual assault. They report on a community sample of children with speech or language impairment, followed to age 25. Sexual assault history was assessed based on two questions from the Composite International Diagnostic Interview Posttraumatic Stress Disorder module. Women with language impairment (n = 33) were more likely than women with unimpaired language (n = 59) to report sexual abuse/assault, controlled for socioeconomic status. Sexual assault was associated with higher rates of psychiatric disorders and poorer functioning. Women with neither language impairment nor a history of sexual assault had fewer psychiatric disorders and higher functioning than women with language impairment and/or a history of sexual assault³⁵.

Ryan et al (2010) noted the abusive nature of the sexual behaviours of young people with disabilities was sometimes minimized, misconstrued, or overreacted to³⁶. Chenoweth (1996) in a study of Australian women with disabilities noted that they are particularly vulnerable as they typically occupy positions of extreme marginalization and exclusion that make them more vulnerable to violence and abuse than other women. She also says that many of our social practices appear to be based on contradictory assumptions, such as the view that young women with disabilities are simultaneously asexual and promiscuous. She asserts that practices

³³ Andrews, A. B., & Veronen, L. J. (1993) Sexual assault and people with disabilities, Special issue: Sexuality and disabilities: A guide for human service practitioners. *Journal of Social Work and Human Sexuality*, 8 (2): 148

³⁴ Rosen, D.B. (2006) Violence and exploitation against women and girls, *Annals of the New York Academy of Sciences*, 1087: 170-177

³⁵ Brownlie, E. B., Jabbar, A., Beitchman, J., et al. (2007). Language impairment and sexual assault of girls and women: Findings from a community sample. *Journal of Abnormal Child Psychology*, 35(4), 618-626.

³⁶ Ryan, G., Leversee, T., & Lane, S. (2010). Special populations: Children, female, developmentally disabled, and violent youth. In G. Ryan, T. Leversee & S. Lane (Eds.), *Juvenile sexual offending: Causes, consequences, and correction* (3rd ed., pp. 380-414). Hoboken, NJ: John Wiley.

such as overprotection, segregation and the training of young women with disabilities to comply with requests from staff all increase the incidence of abuse and violence rather than prevent it³⁷.

VULNERABILITY OF CHILDREN IN RESIDENTIAL SPECIAL SCHOOLS TO ABUSE

There are also vulnerabilities specific to children in residential special schools. Paul et al (2004) note these children:

... can encounter a wide range of care staff, outside professionals, volunteers and other adults. This brings advantages but also presents risks. The Utting review cites one study of a school for children with multiple disabilities in which some children had over 40 carers and few had less than eight (Marchant, cited in Utting 1997). In addition, disabled children living in residential special schools will often be placed a long distance from families, who may visit infrequently: physical and social isolation brings with it certain dangers³⁸.

The UK Support Force for Children's Residential Care, set up to address some of the staff recruitment and training issues identified in several enquiries into children's homes also addressed the issue of isolation:

The context in which abuse occurred usually involved an exclusion or absence of outside contact and a lack of effective scrutiny by external managers. In addition, the accepted pattern of relationships and behaviour within the home often contributed to an environment in which abuse could pass undetected or unreported or be accepted as 'normal' behaviour³⁹

Utting (1997) studied two residential special schools for disabled children and reported that the children mostly felt safe, were in contact with their parents and saw living away from home as a positive option⁴⁰. But Paul et al (2004) warn that this review and a Scottish Children's Safeguards Review (Scottish Office 1997) endorse the view that the particular circumstances and the extra vulnerability of disabled children mean that we need to be especially vigilant. They note that:

The Utting review stresses the importance of residential services having 'an explicit commitment to child protection together with very clear definitions of good practice'. The children interviewed for the review made their own suggestions for child protection, including a choice of adults to approach

³⁷ Chenoweth, L. (1996) Violence and women with disabilities: Silence and paradox. *Violence against women*, 2 (4): 391-411

³⁸ Paul, A., Cawson, P. & Paton, J. (2004) Safeguarding Disabled Children in Residential Special Schools, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, p 13

³⁹ Support Force for Children's Residential Care (1995) *Final report*, para 3.56, p 4

⁴⁰ Utting, W. (1997) *People Like Us: The Report of the Review of the Safeguards for Children Living Away from Home*. London: HMSO

for support, a culture of openness, adequate security measures and vetting of staff, and ensuring that children know what their rights are⁴¹.

Paul et al conclude that:

The review of the relevant literature has shown that firstly, although no systematic figures are available estimations have indicated that thousands of disabled children experience many different forms of out of home placement, the main one being residential special schools. However, we know very little about these children's experiences of the care they receive. The limited research and practice literature available does suggest that disabled children are especially vulnerable to institutional abuse. Disabled children experience a diverse range of out of home provision. How they are protected from abuse by both procedural and practice safeguards contained within these different settings, and how adequate these are, is unknown. The nature of a child's disability may mean they are especially vulnerable to particular forms of abuse and certain targeting strategies, however little research exists to inform our knowledge of this⁴².

The only comparative material Paul et al (2004) found for their study of coeducational residential special schools was from a small study by Westcott (1993) looking at the National Society for Prevention of Cruelty to Children (NSPCC) experience of working with children who had been abused in an institutional setting⁴³. Westcott and Cross (1996) later took data from this study relating specifically to disabled children. The majority of the 31 disabled children (68%) had been abused whilst in their school placements or in residential homes (29%). Twenty four were male and seven were female. Although the small sample size here makes it difficult to generalise from this study, Westcott and Cross do point out that different forms of abuse have different contexts. Sexual abuse commonly results from deliberate targeting of vulnerable children, while other forms may have more to do with inadequate resourcing or staff training, leading to the recruitment of unsuitable staff, to staff being under pressure, or to insensitive, institutionalised care practice which becomes abusive⁴⁴.

VULNERABILITY OF CHILDREN IN SPECIAL SCHOOLS TO ABUSE BY STAFF OR VOLUNTEERS

Children in residential special schools are most vulnerable to abuse by staff and volunteers working with them. An early but comprehensive study in the USA found that of the 163 reported allegations of institutional abuse

⁴¹ Paul, A., Cawson, P. & Paton, J. (2004) Safeguarding Disabled Children in Residential Special Schools, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, pp 17-18

⁴² Paul, A., Cawson, P. & Paton, J. (2004) Safeguarding Disabled Children in Residential Special Schools, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, p 18

⁴³ Westcott, H. (1993) *The Abuse of Children and Adults with Disabilities*. London: NSPCC.

⁴⁴ Westcott, H., and Jones, D. (1999) The abuse of disabled children. *Journal of Child Psychology and Psychiatry*, 40: 497-506

in their mental retardation facilities (their terminology), between 1986 and 1989, 62% related to physical abuse, 13% related to adult to child sexual abuse and 3% to child to child sexual 'contact'⁴⁵. Sobsey (1994) hypothesises that exposure to multiple carers as in a residential setting may increase vulnerability by increasing the statistical risk of the child encountering a paedophile. She found that two-thirds of offenders against children with disabilities gained access to them through special services for disabled people, with more than half the offenders being paid staff or volunteers⁴⁶.

Colton (2002) notes that confidence in the public care system in the United Kingdom (UK) was shaken by numerous and widespread scandals in the 1980s and 1990s surrounding the abuse of children and young people, particularly those in residential child care institutions (see for example Brannan et al, 1993⁴⁷). Colton examines factors associated with such abuse, identifying them as:

- Failings in relation to staff recruitment, training, and supervision
- Ineffective management and systems of accountability
- The development of inappropriate institutional cultures
- Public ambivalence towards children in care
- The slow footed response to the threat posed to children and young people by dangerous men and other youngsters in care
- Long-term policy failure to develop coherent and integrated systems of child welfare in the UK⁴⁸.

Gallagher (2000) notes that abuse in institutional care is relatively uncommon, constituting a small proportion of all child protection referrals in the UK. But some cases involve large numbers of victims and abusers. Institutional abuse cases he studied shared some characteristics with the majority of abuse cases, but he also noted important differences, such as the proportion of male victims and the extent to which abusers used techniques of targeting and entrapment. He also found institutional abuse occurred in a wide variety of settings and sectors and was perpetrated by a range of occupational groups.

In the UK a number of inquiries were undertaken into incidents of abuse of children in institutional care⁴⁹. These culminated in the launch of the Every Child Matters framework⁵⁰, constituting an important UK policy

⁴⁵ New York State Commission report on Quality of Care for the Mentally Disabled (1992) in Paul 2004

⁴⁶ Sobsey, R (1994) Violence and abuse in the lives of people with disabilities, Baltimore: Paul H Brookes

⁴⁷ Brannan, C., Jones, J.R. & Murch, J.D. (1993) Lessons from a residential special school enquiry: Reflections on the Castle Hill report, *Child Abuse Review*, 2 (4): 271–275

⁴⁸ Colton, M. (2002) Factors associated with abuse in residential child care institutions. *Children & Society*, 16 (1): 33–44

⁴⁹ Corby, B., Doig, A. and Roberts, V. (2001) *Public Inquiries into Abuse of Children in Residential Care*, London: Jessica Kingsley Publishers

⁵⁰ HM Government (2004) Every child matters

initiative in relation to children and services provided for them. The framework outlined the value of programmes providing services for children and young people in order to minimise risk.

Sobsey (1994) found that two thirds of offenders who had abuse children with disabilities contacted their victims through special services for the disabled, with more than half of them being paid staff or volunteers. Sobsey concludes that much of the risk of sexual abuse for those with disabilities may result from their exposure to the support systems they use⁵¹.

Much work has been done in recent years in the UK in response to the inquiries into the abuse of children in residential care. The National Society for Prevention of Cruelty to Children (NSPCC) has addressed the issue of staff abusing children in some detail. They propose:

- Recruitment and selection procedures for staff and volunteers to help screen out and discourage those who are unsuitable to work with children
- That Boards of trustees have training in and comply with safe recruitment practices for staff, volunteers and others who come into contact with children in their schools
- Use of Value Based Interviewing as part of the selection process which would help to identify those candidates who have positive safeguarding attitudes and values and who are therefore more likely to identify and address safeguarding issues at work, creating a safer environment for children

The NSPCC also points out that such rigorous selection processes make it clear to all applicants at the outset that the school is proactive in creating a culture of safeguarding within the school. In the UK, the NSPCC offer Value Based Interviewing training to schools on request.

NSPCC further notes that safeguarding policies and procedures create a positive and safe environment for children. They say it is vital for service providers to have:

- An understanding that the safety and welfare of the child is the priority and that any concern about the behaviour of others must be reported immediately
- Clear guidelines or a code of conduct for all those involved: staff, volunteers, pupils and parents/carers
- Everyone involved in their school community knowing what behaviour is acceptable and what is not
- Individuals who are not adhering to these clear expectations being challenged
- Clear procedures in place for dealing with child protection concerns, disclosures or allegations in order to support staff/volunteers, young people and parents through the process of reporting any concerns
- Accurate records kept of all incidents and concerns arising in relation to members of staff or volunteers.

⁵¹ Sobsey, R (1994) Violence and abuse in the lives of people with disabilities, Baltimore: Paul H Brookes

- All staff, volunteers and parents aware of the appropriate avenues for pursuing complaints when they are unsatisfied with the internal response to their concern

The UK Department for Children, Schools and Families issued *Guidance for Safer Working Practices for Adults who Work with Children and Young People in Educational Settings* in March 2009 to promote safer working practices for adults who work with children and young people in education settings. They propose safeguarding training to ensure that staff in schools have:

- A good understanding of safeguarding issues including the causes of abuse, neglect or harm
- Knowledge of the signs/indicators that should alert them to the possibility of abuse including grooming behaviour
- A clear understanding of how to effectively respond when they have concerns or receive a disclosure including appropriate communication with children and record keeping requirements
- A good understanding of the schools reporting procedures including the role of the Designated Senior Person (in Northern Ireland these roles are the Designated and Deputy Designated Teachers), the role of the Local Authority Designated Officer (LADO) (or the Child Protection Support Service for Schools (CPSSS) in Northern Ireland) and the roles of external agencies that may need to become involved during the process
- Opportunities to explore issues such as professional practice and individual staff responsibilities, the use of whistle-blowing procedures and dealing with confidentiality.

The UK NSPCC proposes that preventative education in schools should work to:

- Help children and young people understand what constitutes abuse and to raise awareness of behaviours that are of concern or unacceptable
- Teach children and parents how to seek help appropriately
- Not avoid the potentially sensitive area of sexual abuse as research indicates that there are gaps in children's knowledge with regard to keeping themselves safe from sexual abuse
- Include a comprehensive e-safety education programme
- Promote a culture of openness and transparency which in turn encourages vigilance and a sense of shared responsibility for the safeguarding of pupils
- Promote listening and open communication where all are facilitated to communicate about worries, are listened to and their concerns are taken seriously
- Provide. Contact names and numbers for internal and external support services should be made available to ensure that pupils and their families know who they can talk to if they are worried. Those

who work in schools should be assured that they can share any concerns about the conduct of colleagues and that these will be received in a sensitive manner⁵².

INCIDENCE OF ABUSE AMONG YOUNG PEOPLE WITH LEARNING DISABILITIES

McEachern (2012) reports that many states in the US do not capture statistics on sexual abuse of children with disabilities. Therefore statistics on victims with disabilities of sexual abuse are either not reported or are under-reported⁵³.

Reports of the incidence of abuse of young people with disabilities vary. Brown (2006) cites international evidence that puts the risk of all types of abuse for children with disabilities at 1.7 times higher than that for children without disabilities⁵⁴. A UK NSPCC report in 2003 estimated that children with disability are 3.1 times more likely to suffer sexual abuse than non-disabled children⁵⁵. Rosen (2006) estimates that violence and exploitation against women and girls with disability occurs in the US at a rate 50% higher than in the rest of society⁵⁶. Sobsey and Mansell's (1990) Canadian research suggests that risk of sexual violence was 2-4 times higher for those housed in institutional settings⁵⁷.

Shakeshaft (2004) used data tables from Sobsey's report and calculated that 8.8 percent of students with disabilities vs. 2.8 percent of students without disabilities were sexually abused. Students with behaviour disorders were more than five times as likely as non-disabled students to be sexually abused, with mentally retarded students more than three times as likely⁵⁸.

Balogh et al (2001) found that 13 of 43 cases (patients aged 9 to 21 years) they reviewed depicted sexual abuse with the abuse being identified after admission to the hospital. 50% of the victims had been abused by someone in their immediate or extended family. Sixty-two percent of these cases were adolescents. Fifty per

⁵² NSPCC. Safeguarding in Education Service (2012) *The role of schools, colleges and academies in protecting children from grooming and entrapment*. [London]: NSPCC

⁵³ McEachern, A. G. (2012). Sexual abuse of individuals with disabilities: Prevention strategies for clinical practice. *Journal of Child Sexual Abuse*, 21(4), 386-398.

⁵⁴ National Center on Child Abuse and Neglect, cited in Brown (2006) A review of the literature on abuse of people with disabilities. NDA, unpublished report, p 54

⁵⁵ NSPCC (2003) It doesn't happen to disabled children, report accessed 21 Jan at www.nspcc.org.uk

⁵⁶ Rosen, D.B. (2006) Violence and exploitation against women and girls, *Annals of the New York Academy of Sciences*, 1087: 170-177

⁵⁷ Sobsey and Mansell (1990) Prevalence of sexual abuse of people with developmental disabilities, *Developmental Disabilities Bulletin*, Vol 18 pp 51-66

⁵⁸ Shakeshaft, C. (2004) Educator sexual misconduct: a synthesis of existing literature, prepared for the US Department of Education, Policy and Program Studies Service, p 29

cent of the victims had been abused by a member of their close or extended family. Most cases (62%) were adolescents⁵⁹.

Sequeira and Howlin (2003) studied 54 adults with learning disability living in residential care for whom sexual abuse was probable or had been proven. They found the median age at which abuse was first known to have taken place was 15, with a range from 4 to 39 years of age. Following the abuse, 61% of these people received no formal psychological therapy. The abuse led to a successful court conviction in only 15% of cases⁶⁰.

Brown, Stein and Turk (1995) reported a large-scale study carried out across the south east of England of sexual abuse of people with learning disabilities. About a sixth of these cases were perpetrated by family members, a sixth by service workers or volunteers and the other sixth by known and trusted people within the community, often occupying "pillar of the community" roles. Very few cases of abuse by strangers were reported. The remaining cases were perpetrated by other service users⁶¹.

Sullivan and Knutson (2000) were able to document the proportion of all children by disability status with substantiated reports of sexual abuse. This is one of the few studies conducted with a large sample. Merging the electronic data base of 50,278 students in the Omaha, Nebraska, schools system with the records from the Central Registry of the Nebraska Department of Social Services, the Nebraska Foster Care Review Board records, and the victimization records from the county sheriff and Omaha police, Sullivan and Knutson (2000) were able to identify 4,503 children who had experienced abuse⁶².

Their sample included 1,012 children who had disabilities. Comparing the children with disabilities to their nondisabled peers, the findings indicated that the overall rate of maltreatment for nondisabled children was 11%, whereas the rate of maltreatment for those with disabilities was 31%. Children with disabilities were 3.4 times more likely to have experienced neglect, physical, emotional, and sexual abuse. The study further compared victimization within disability groups. The findings indicated that children diagnosed with behavioural disorders had the highest risk for abuse, 7 times higher for physical and emotional abuse and 5.5 times higher for sexual abuse than their nondisabled peers. They postulate that sexual abuse may have exacerbated the behavioural symptoms, thus increasing the risk for these children⁶³. Developmentally delayed

⁵⁹ Balogh, R., K. Bretherton, S. Whibley, T. Berney, S. Graham, P. Richold, C. Worsley, H. Firth, Sexual abuse in children and adolescents with intellectual disability, *Journal of Intellectual Disability Research*, 2001, Vol 45, (3), pp 194-201

⁶⁰ Sequeira, H, Howlin, P & Hollins S (2003) Psychological disturbance associated with sexual abuse in people with learning disabilities, *The British Journal of Psychiatry*, 183, pp 451-456

⁶¹ Brown H, Stein J and Turk V (1995) "The sexual abuse of adults with learning disabilities: report of a two-year incidence survey. *Mental Handicap Research*, Vol 8(1), pp 3-24

⁶² Sullivan, P.M., and Knutson, J. F. (2000) The prevalence of disabilities and maltreatment among runaway children, *Child Abuse and Neglect*. Vol 24 (10), pp 1275-1288

⁶³ Sequeira, H & Howlin, P (2003) Psychological disturbance associated with sexual abuse in people with learning disabilities, *The British Journal of Psychiatry*, Vol 183, pp 451-456

children, in this study, had 4 times the risk for all four types of maltreatment; children with speech and language disabilities had 3 times the risk for sexual abuse⁶⁴.

INCIDENCE OF SEXUAL ABUSE IN RESIDENTIAL SPECIAL SCHOOLS

Few studies have looked specifically at the risks in coeducational schools. Fyson (2009) surveyed 40 state and independent schools for children with learning disability in four local authorities in England to explore the extent to which special schools were aware of pupils engaging in sexually inappropriate or abusive behaviours. Her sample did include both day and residential schools but, unfortunately, to preserve anonymity for the relatively small sample of 26 who responded, survey respondents were not asked identifying questions about their school. Results for residential and day schools are therefore not presented separately⁶⁵. Fyson examined:

1. The nature and frequency of such behaviour and the locations in which it may arise;
2. Staff responses to these behaviours, including adherence to any available policy guidelines;
3. How decisions are made about whether and when to request help from outside agencies and the barriers to seeking such support. Her questionnaire asked about school policy with regard to sexually inappropriate behaviour; the type, frequency and location of inappropriate or abusive behaviour known to have occurred between pupils; and whether, and from what source, schools had sought help in responding to these behaviours.

Fyson found that most special schools (88%) were aware of incidents of sexually inappropriate or abusive behaviour occurring between their pupils during the school day. In most schools, such incidents were known to happen on a regular basis. Two-thirds of schools reported sexually inappropriate or abusive behaviours occurring between pupils at least once per term, and almost one-fifth reported incidents occurring at least once a week. Only a small minority of schools (12%; n = 3) asserted that sexually inappropriate or abusive behaviour never occurred and, of these, one was careful to explain that this was simply because the profound nature of their pupils' disabilities precluded them from independent physical interactions.

Table 1: Frequency of sexually inappropriate or abusive incidents

| | % of schools | Cumulative % of schools |
|------------|--------------|-------------------------|
| Weekly | 19 (n = 5) | 19 (n = 5) |
| Monthly | 27 (n = 7) | 46 (n = 12) |
| Termly | 19 (n = 5) | 65 (n = 17) |
| Yearly | 8 (n = 2) | 73 (n = 19) |
| Less often | 15 (n = 4) | 88 (n = 23) |

⁶⁴ McEachern, A. G. (2012). Sexual abuse of individuals with disabilities: Prevention strategies for clinical practice. *Journal of Child Sexual Abuse*, Vol 21(4), pp 386-398.

⁶⁵ Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, *British Journal of Special Education*, Vol 36 (2) pp 85-94

Never 12 (n = 3) Total 100 (n = 26)⁶⁶

Incidents happened at all times of the school day and in a variety of locations. Although incidents were most often identified as occurring within school buildings (77%), they also occurred in over half of school playgrounds (54%) and around a third (35%) of school transport. Most other incidents arose during school trips. Schools reported a variety of different types of sexually inappropriate or abusive behaviour. The most frequently recorded category, 'inappropriate touch', was reported in 85% (n = 22) of schools. However, this term could be used as a catch-all for a wide variety of actual incidents, ranging from very minor or even accidental physical contact through to aggressive sexual groping. In general, behaviours that might be classified as sexually inappropriate such as verbal sexual harassment and 'flashing' were more likely to be reported than incidents which were unequivocally abusive. However, some very serious acts of abuse – including rape – had occurred in a small proportion (15%; 4 of the schools surveyed).

| Table 2: Nature of incidents reported | % of schools |
|---|--------------------------|
| Verbal sexual harassment | 50 (n = 13) |
| Exposure (flashing) | 54 (n = 14) |
| Masturbation | 58 (n = 15) |
| Inappropriate touch | 85 (n = 22) |
| Actual or attempted anal or vaginal penetration | 15 (n = 4) ⁶⁷ |

Fyson found that despite the high frequency of incidence of abuse, only 19% of schools had a specific policy on sexual behaviour.

NEW ZEALAND RESEARCH INTO SEXUAL ABUSE OF CHILDREN WITH INTELLECTUAL IMPAIRMENT

The major New Zealand research in this area has been that conducted by Professor Freda Briggs. In 1991 together with Associate Professor Russell Hawkins she initially reviewed the Keeping Ourselves Safe (KOS) programme in New Zealand. They interviewed 255 Intermediate School students aged 10-12 years and their parents in eight schools in both the North and South Islands. They found that 80% of girls identified as having learning problems had already been sexually abused more than once:

All of these cases had been substantiated. The abusers of children with developmental delay and learning difficulties were local youths (pack rapists), close male relatives and brothers' 'best mates'.

⁶⁶ Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, *British Journal of Special Education*, Vol 36 (2) p 87

⁶⁷ Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, *British Journal of Special Education*, Vol 36 (2) p 88

International research findings, especially from Canada and the UK, confirm that from 70-80% of children with disabilities suffer from sexual abuse⁶⁸.

Briggs and Hawkins (1991) found that New Zealand parents had unrealistic expectations relating to children's abilities to protect themselves:

For example, despite giving children no information about sexual misbehaviour, they expected children to know intuitively that it was wrong and reportable. Secondly, despite relating goodness to obedience, they expected children to disobey sex offenders regardless of their age, relationship or position of authority. In addition, despite teaching children to keep secrets, they expected them to break the rule when secrecy involved not-previously-mentioned sexual abuse. And although parents became angry when children talked about genitals, they expected their children to break the taboos and immediately report sexual misbehaviour to them. And of course, children will not do that unless they know, from past experience, that the adults can cope with the information and will not become angry and blame them. Some children never tell⁶⁹.

This is consistent with Australian evidence they found in the general population that few people talk about their experiences of sexual coercion and fewer still talk to a professional such as a teacher, social worker or doctor⁷⁰. Briggs and Hawkins found that of 198 Australian male victims of sexual abuse only 26 reports were made, 25 by mothers and one reported to a teacher. Of those, 'only one boy was believed and the rest were punished'⁷¹.

In a US study Balogh et al (2001) had found that in 30% of the cases of sexual abuse they found in young people with an intellectual disability referred to a child and adolescent psychiatric hospital, the abuse had only been identified after admission⁷².

Briggs and Hawkins go on to say:

Eight percent [of parents of intermediate school children] informed us that their children had stopped attempted sexual abuse and reported this to them. Only half of the parents reported this to the

⁶⁸ Briggs, F. (2002) *To what extent can "Keeping ourselves safe" protect children?* PUB L 169. New Zealand Police, Wellington.

⁶⁹ Briggs F. and Hawkins R (1991) Evaluation of 'Keeping Ourselves Safe' Curriculum Used with Children of 5–8 Years in New Zealand Schools: Report for the Commissioner of Police and Ministry of Education, New Zealand. University of South Australia, Magill Campus, p 4

⁷⁰ De Visser R.O, Smith A.M.A, Rissel C.E, Richters J. & Grulich A.E. (2003) Sex in Australia: Experiences of sexual coercion among a representative sample of adults. *Australian and New Zealand Journal of Public Health*, Vol 27 (2), pp 198-203

⁷¹ Briggs F. and Hawkins R (1991) Evaluation of 'Keeping Ourselves Safe' Curriculum Used with Children of 5–8 Years in New Zealand Schools: Report for the Commissioner of Police and Ministry of Education, New Zealand. University of South Australia, Magill Campus, p 4

⁷² Balogh, R., K. Bretherton, S. Whibley, T. Berney, S. Graham, P. Richold, C. Worsley, H. Firth, Sexual abuse in children and adolescents with intellectual disability, *Journal of Intellectual Disability Research*, 2001, Vol 45, (3), pp 194-201

authorities. Too many parents reported that principals tried to "cover up" sexual abuse that happened on school premises, irrespective of whether offenders were employees or students. A parent complained that sexual abuse by a school caretaker had been ignored⁷³.

Briggs and Hawkins reported that the children of Police Education Officers, who provide the KOS programme in schools, and child protection workers were no better informed than others:

Their parents admitted that they had never discussed child protection issues at home. They assumed (wrongly) that their work would 'rub off' on their children. It hadn't⁷⁴!

Briggs and Hawkins say international research shows that victims with disabilities are less likely to be believed than non-disabled children when they report abuse (for a variety of reasons). They said a weakness of the KOS programme was that it instructed children to report abuse to people they trusted. Initially, they found, children only told their mothers, none of whom believed or supported them⁷⁵.

Briggs and Hawkins noted that more severe forms of abuse (e.g. involving penetration) were associated with greater severity of disturbance, a finding that is also reported in studies of child abuse in the general population. In addition, they say the finding from their study that repeated occurrence of abuse is associated with increased severity of disturbance has also been reported in studies in the general population, such as for example Rodriguez et al (1996)⁷⁶.

INCIDENCE OF SEX OFFENDING BY YOUNG PEOPLE WITH A LEARNING DISABILITY

Briggs and Hawkins conclude that the incidence of sexual abuse of young people with an intellectual disability is alarming, not the least because there is clear evidence that people who are abused go on to abuse.

Balogh et al (2001) demonstrated this relationship in their review of young people with intellectual disabilities admitted to a child and adolescent psychiatric hospital over a five-year period. They found 14% had been a

⁷³ Briggs, F. and R. Hawkins (1996) Evaluation of 'Keeping Ourselves Safe' Curriculum Used with Children of 5–8 Years in New Zealand Schools: Report for the Commissioner of Police and Ministry of Education, New Zealand. University of South Australia, Magill Campus, p 10

Briggs, F and Hawkins, R.M.F (1996) Keeping Ourselves Safe: A survey of New Zealand children aged 10-12 years and their parents. Report for New Zealand Police and Ministry of Education. University of South Australia.

⁷⁴ Briggs, F. and R. Hawkins (1991) Evaluation of 'Keeping Ourselves Safe' Curriculum Used with Children of 5–8 Years in New Zealand Schools: Report for the Commissioner of Police and Ministry of Education, New Zealand. University of South Australia, Magill Campus, p 4

⁷⁵ Briggs, F. and R. Hawkins (1991) Evaluation of 'Keeping Ourselves Safe' Curriculum Used with Children of 5–8 Years in New Zealand Schools: Report for the Commissioner of Police and Ministry of Education, New Zealand. University of South Australia, Magill Campus, p 10

⁷⁶ Rodriguez, N., Ryan, S., Rowan, A., et al (1996) Posttraumatic stress disorder in a clinical sample of adult survivors of childhood sexual abuse, *Child Abuse and Neglect*, **20**, 943– 952

victim or a perpetrator of sexual abuse. Victimization alone occurred in 49% of these 43 cases, perpetration alone in 14%, and both victimization and perpetration in 37%. 65% of the 17 male perpetrators had been victims. There was only one instance of a victim being abused by a female but there were five girls who had been perpetrators. All had previously been victims⁷⁷.

McCormack et al (2005) analysed all of the 250 allegations of sexual abuse involving intellectual disability service users as victims or perpetrators of sexual abuse over a 15-year period in a large Irish community-based service. Following multidisciplinary investigation, almost half (47%) of all allegations of sexual abuse were confirmed (n = 118). In confirmed episodes, more than half the perpetrators were adolescents and adults with intellectual disabilities, while almost a quarter were relatives. The most common type of abuse was sexual touch, although 31% of episodes involved penetration or attempted penetration. The most common location was the family home, followed by the day service and public places⁷⁸.

Read and Read (2009) also found that people with learning disabilities are over-represented in sex offences. But they point out that sexual offences carried out by people with a learning disability are likely to be offences such as exhibitionism or indecent assault, rather than more serious crimes such as rape. And in their research concerned with murder and arson they have found that the predominant diagnoses of people with an intellectual disability who sexually offend are Disruptive Behaviour Disorders. They warn however that this overrepresentation should be treated with some caution as there may be methodological problems within studies that support this finding⁷⁹.

Fyson (2009) also says reports, overviews and commentaries about young people who sexually harm others have repeatedly noted that young people with learning disabilities are significantly over-represented within this group. She notes that most of the studies upon which these assertions are founded have focused on young people who have been referred to specialist services because of their sexually harmful behaviour. They have found that somewhere between one-fifth and one-half of young people referred to such services are identified as having some degree of learning disability. Although the precise reasons for this over-representation remain uncertain, Fyson identified a number of factors which she believes contribute towards this imbalance⁸⁰:

Firstly, children with any type of disability are more likely than non-disabled children to have been abused (Sullivan & Knutson, 1998⁸¹ & 2000⁸²; Westcott & Jones, 1999⁸³). This holds true for all

⁷⁷ Balogh, R., K. Bretherton, S. Whibley, T. Berney, S. Graham, P. Richold, C. Worsley, H. Firth, Sexual abuse in children and adolescents with intellectual disability, *Journal of Intellectual Disability Research*, 2001, Vol 45, (3), pp 194-201

⁷⁸ McCormack, B., Kavanagh, D., Caffrey, S., et al. (2005). Investigating sexual abuse: Findings of a 15-year longitudinal study. *Journal of Applied Research in Intellectual Disabilities*, 18(3), 217-227.

⁷⁹ Read, F. & Read, E. (2009) Learning Disabilities and Serious Crime – Sex Offences, *Mental Health and Learning Disabilities Research and Practice*, 6 (1), 37-51, p 38

⁸⁰ Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, *British Journal of Special Education*, Vol 36 (2) p 85

⁸¹ Sullivan P, and Knutson J. (1998) The association between child maltreatment and disabilities in a hospital-based epidemiological study. *Child Abuse and Neglect* 22: 271-288.

categories of abuse: physical abuse, sexual abuse, emotional abuse and neglect. It is also known that children with disabilities who experience abuse are likely to be abused for longer than their non-disabled peers (Westcott & Jones, 1999⁸⁴), and that, once abuse is discovered, interventions from statutory services are less decisive (Cooke, 2000⁸⁵). There is no direct causal relationship between experiencing abuse and becoming a sexual abuser, but high rates of previous victimisation are noted among populations of young people who sexually harm others, and this trend is even stronger for young people with learning disabilities.

Secondly, the lives of young people with learning disabilities tend to be more heavily monitored than those of other youngsters. This may mean that, when they display sexually inappropriate or abusive behaviours, they are more likely than their non-disabled peers to be caught (McCurry et al, 1998⁸⁶)⁸⁷.

Thirdly, young people with learning disabilities may find it harder to understand the complex and fluid boundaries that divide acceptable and unacceptable sexual behaviours, with the result that they may act in ways which are sexually inappropriate, or even abusive, without understanding the impact or consequences of what they are doing. In some cases, this difficulty may be unwittingly exacerbated by parents and carers, some of whom may fail to expect the same standards of behaviour as they would from young people without disabilities.

Finally, there is emerging evidence to suggest that the overrepresentation of young people with learning disabilities among referrals to services of young people who sexually harm others may be a consequence of biased referrals. Two recent studies have suggested that a lack of skills, knowledge and – above all – confidence among professionals leads to a greater tendency to refer young people with learning disabilities to specialist services. Those who work with young people with learning disabilities in educational or social settings may not feel able to work effectively around issues of sexuality. Likewise, professionals working in child protection or youth offending teams may not believe that they have the skills or knowledge to work with a young person with a learning disability.

Fyson says the over-representation of those with learning disabilities within populations of young people who sexually harm is therefore created by a complex interplay between differential rates of child abuse and differences in professional awareness of, and responses to, inappropriate or abusive sexual behaviours

⁸² Sullivan P, and Knutson J. (2000) Maltreatment and disabilities: a population-based epidemiological study. *Child Abuse and Neglect* 24: 1257-1273

⁸³ Westcott, H., and Jones, D. (1999) The abuse of disabled children. *Journal of Child Psychology and Psychiatry*, 40: 497-506

⁸⁴ Westcott, H., and Jones, D. (1999) The abuse of disabled children. *Journal of Child Psychology and Psychiatry*, 40: 497-506

⁸⁵ Cooke P (2000) *Final Report on Disabled Children and Abuse*. Nottingham: The Ann Craft Trust

⁸⁶ McCurry, C., McClellan, J., Adams, J., Norrei, M., Storck, M., Eisner, A., & Breiger, D, (1998). Sexual Behaviour Associated with Low Verbal IQ in Youth who have Severe Mental Illness. *Mental Retardation* 36(1), 23-30

⁸⁷ Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, *British Journal of Special Education*, Vol 36 (2) pp 85

exhibited by different groups of young people. The disparities noted within treatment populations may or may not reflect actual differences in behaviour between young people with and without learning disabilities, but nevertheless cause concern: 'One of the key changes in the response to adolescent sexual aggression over the past decade is a rapid increase in the number of young people with learning disabilities being identified and referred for intervention'⁸⁸.

Fyson points out that, during adolescence, many young people will display behaviours that could be regarded as sexually inappropriate; a smaller proportion (mostly male) will behave in ways that are sexually harmful to others; and a small minority of these will go on to engage in lifelong sexual offending. A significant proportion, around one-third, of child sexual abuse is perpetrated by adolescents against younger children⁸⁹. Crime statistics show that young people are responsible for between one-fifth and one-quarter of all sexual offences; but when cautions and reprimands as well as court convictions are taken into account, young people are responsible for almost two-thirds of reported sexual crimes⁹⁰.

Fyson notes that as they grow older and pass through puberty, most young people – including those with learning disabilities – will want to begin exploring their own burgeoning sexuality; many will experience their first sexual relationships. These initial forays into the world of adult sexual relations are seldom easy, and young people with learning disabilities may experience particular social pressures arising from their position in a society which often views people with learning disabilities as, by turns, either asexual or the possessors of monstrous sexual appetites⁹¹.

However, Fyson says, regardless of its causes, the fact that young people with learning disabilities may exhibit sexually inappropriate or abusive behaviours should be of concern to all parents and professionals. Preventing behaviours which are merely inappropriate from escalating into acts of abuse is important not only because of the harm that such acts cause to others, but also because being labelled a 'sexual abuser' will undoubtedly further damage the already limited life opportunities of a young person with a learning disability⁹². It is therefore important that special schools are aware of the possibility that pupils may engage in sexually inappropriate or abusive behaviours. Previous studies have highlighted that children can be at risk of abuse in schools or other institutional settings but have typically limited their scope of inquiry to abuse perpetrated by professionals, rather than considering the risks which pupils may at times pose to one another⁹³.

⁸⁸ Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, *British Journal of Special Education*, Vol 36 (2) p 86

⁸⁹ Cawson P, Wattam C, Brooker S, Kelly G (2000) *Child Maltreatment in the United Kingdom: a Study of the Prevalence of Child Abuse and Neglect*. London: NSPCC

⁹⁰ Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, *British Journal of Special Education*, Vol 36 (2) p 86

⁹¹ Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, *British Journal of Special Education*, Vol 36 (2) p 86

⁹² Fyson, R., Eadie, T., & Cooke, P. (2003). Adolescents with learning disabilities who show sexually inappropriate or abusive behaviours: Development of a research study. *Child Abuse Review*, 12 (5): 305-314

⁹³ Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, *British Journal of Special Education*, Vol 36 (2) p 86

Doyle (2004) however cautions that in reviewing the incidence sexual offending behaviour in people with an intellectual disability we need to differentiate between that and challenging behaviour. He suggests that when clinicians attempt to view sexual offending from within the framework and underpinning philosophy of the challenging behaviour model the magnitude of the mismatch emerges. In his paper he compares the notions of intent, criminal intent and communicative intent. The implications of wrongly interpreting challenging behaviour as sex offending behaviour are highlighted. He also proposes functional behaviour analysis as a technique that may aid in the assessment of sex offending⁹⁴.

STRATEGIES FOR MINIMISING SEXUAL ABUSE IN COEDUCATIONAL RESIDENTIAL SCHOOLS

Cooke and Sinason (1998) noted that following recognition in the late 1980s that children with disabilities were being abused, guidelines were produced in the UK and voluntary organisations such as the National Association for the Protection from Sexual Abuse of Adults and Children with Learning Disabilities (NAPSAC), the Association for Residential Care (ARC) and Voice UK made efforts to provide more protection for this vulnerable group⁹⁵.

However the UK Residential Special Schools National Minimum Standards which came into force on 1 January 2013 address problems of bullying but contain no specific measures for monitoring or preventing inappropriate sexual behaviour⁹⁶.

The American Academy of Pediatrics Committee on Children with Disabilities (1996) advises that to combat the increased risk to children with developmental disabilities they need to be given information about sexuality, sexual abuse and what to do when it happens. Without such education, they say, they remain vulnerable victims⁹⁷. Bambara and Brandtlinger (2002) and Sparks (date unknown) present evidence to suggest that without sexuality education, children and adults with developmental disabilities are at a significantly greater risk of sexual abuse, unwanted pregnancies, sexually transmitted diseases, and poor relationships^{98,99}.

⁹⁴ Doyle, D. M. (2004). The differences between sex offending and challenging behaviour in people with an intellectual disability. *Journal of Intellectual & Developmental Disability*, 29(2), 107-118.

⁹⁵ Cooke, L B & Sinason V (1998) Abuse of People with Learning Disabilities and Other Vulnerable Adults, *Advances in Psychiatric Treatment*, Vol 4 (2) pp 119-125

⁹⁶ UK Department of Education (2013) Residential Special Schools National Minimum Standards, accessed at: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-00125-2012.pdf>

⁹⁷ Committee on Children with Disabilities (1996) Sexuality education of children and adolescents with developmental disabilities, *Pediatrics*, Vol 97 (2)

⁹⁸ Bambara, L.M., & Brantlinger, E. (2002) Toward a healthy sexual life: An introduction to the special series on issues of sexuality for people with developmental disabilities. *Research & Practice for Persons with Severe Disabilities*, Vol 27 (1)

⁹⁹ Sparks, S., Sexuality and Individuals with development Disabilities: Disabilities Research Position Papers, Board of Directors of the Council for Exceptional Children – Division on Developmental Disability, USA.

Newman et al (2000) recommend social policy that does not reinforce stigma but provides accurate, respectful, and necessary protections¹⁰⁰.

Brown (2002) analysed social issues in terms of the ways in which disabled children are placed at more risk than other children in settings that have not attended to safety, for example in the design of buildings or the recruitment of staff¹⁰¹.

In their ABCD (Abuse and Children who are Disabled) guide to protecting disabled children from abuse, Cross et al (1993) state that an explicit commitment to child protection should be incorporated within the central aims of the institution¹⁰². Marchant and Cross (1993) highlighted six steps necessary to make institutions safer for children:

- Commitment to child protection
- Clear definitions of good practice
- Open environment
- Close contact with families, communities and disabled adults
- Respect for ethnicity, religion and the individual
- High internal awareness to abuse¹⁰³

Paul et al (2004) undertook an examination of child protection policies and practice in UK coeducational residential special schools for children with severe and multiple physical and learning disabilities. The aim of the project was to identify and describe good practice models for child welfare and protection. These were to be incorporated into practice guidelines to be made available for management, staff training and practice development. Findings were also intended to be used in a guide to inform parents on standards of child protection safeguards they should be able to expect while their children are at a residential school¹⁰⁴. They found that schools with high awareness and good practice had explicit whistle-blowing procedures, combined

¹⁰⁰ Newman, E., Christopher, S.R. & Berry, J.O. (2000) Developmental disabilities, trauma exposure, and Post-Traumatic Stress Disorder, *Trauma Violence and Abuse*, 1 (2): 154-170

¹⁰¹ Brown, H. (2002) Vulnerability and protection Unit 23 K202 Community Care School of Health and Social Welfare, Open University, Milton Keynes

¹⁰² Cross M, Gordon R, Kennedy M, and Marchant R, NSPCC, Way Ahead Disability Consultancy, National Deaf Children's Society, and Chailey Heritage Child Protection Working Group (1993) *The ABCD Pack: Abuse and children who are disabled*. ABCD Consortium: Leicester

¹⁰³ Marchant R and Cross M (1993) *Places of safety? institutions, disabled children and abuse*. In: *The ABCD Pack: Abuse and Children who are Disabled*. The ABCD Consortium. Leicester UK: NSPCC

¹⁰⁴ Paul, A., Cawson, P. & Paton, J. (2004) *Safeguarding Disabled Children in Residential Special Schools*, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children

with an open 'no blame' culture and good staff support. Where there was a more rigid, hierarchical approach, they said, poor practice could be found¹⁰⁵.

Paul et al (2004) also noted that:

Many pupils in the [special] schools exhibited very challenging behaviour. Schools which specialised in providing for these children showed expertise and good practice, having understanding of the causes and triggers for difficult behaviour, with individual behaviour management plans, agreed with appropriate specialist advice, ratified by senior staff, and well communicated between all staff working with the child. Schools where few children displayed such behaviour were much less well prepared¹⁰⁶.

They concluded that results from their study strongly endorse conclusions from many public enquiries into residential services that 'close involvement of senior managers in day to day care, with strong leadership and support, are the best safeguards for good practice'¹⁰⁷.

Bowman et al (2010) noted that the largest group of identified perpetrators of sexual abuse of people with developmental disabilities is developmental disability service providers. They developed, implemented, and evaluated the effectiveness of a sexual abuse prevention training programme for disability service staff. Participants were administered a survey assessing knowledge and attitudes before and after the training workshop. Small improvements in knowledge and attitudes about sexual abuse and the sexuality of persons with developmental disabilities were found; however, they report, general attitudes about individuals with developmental disabilities did not change¹⁰⁸.

Barron and Topping (2010) studied the effectiveness of school-based child sexual abuse prevention programmes and the implications for the effective delivery of such programmes. Findings included:

- Evidence of a high level of prior knowledge of abuse prevention concepts among students
- Reporting of emotional gains for students who participated in abuse prevention programmes
- Higher levels of disclosure among students who had participated in programmes.

¹⁰⁵ Paul, A., Cawson, P. & Paton, J. (2004) Safeguarding Disabled Children in Residential Special Schools, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, p 8

¹⁰⁶ Paul, A., Cawson, P. & Paton, J. (2004) Safeguarding Disabled Children in Residential Special Schools, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, p 9

¹⁰⁷ Paul, A., Cawson, P. & Paton, J. (2004) Safeguarding Disabled Children in Residential Special Schools, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, p 9

¹⁰⁸ Bowman, R. A., Scotti, J. R., & Morris, T. L. (2010). Sexual abuse prevention: A training program for developmental disabilities service providers. *Journal of Child Sexual Abuse*, 19(2), 119-127.

Barron and Topping's recommendations for effective programmes include:

- Involving parents
- Assessing children's prior knowledge
- Training for teachers that takes their attitudes into account and enables them to notice and respond appropriately to disclosures¹⁰⁹.

The Irish National Disability Authority has described the key stages of intervention as:

- Prevention
- Identification and disclosure
- Referral on to appropriate agencies
- Preventing recurrence of abuse
- Treating individuals who have been abused
- Helping victims to recover
- Detection, prosecution, punishment and compensation¹¹⁰

BEST PRACTICE GUIDELINES FOR COEDUCATIONAL RESIDENTIAL SPECIAL SCHOOLS

Paul et al (2004) interviewed managers, staff and parents to evaluate child protection policies and practices at 11 coeducational residential special schools for children with severe learning difficulties in the UK. The project covered emotional, physical and sexual abuse and neglect, as well as system abuse such as for example inappropriate treatment approaches. From this information they explored ways in which schools can deal with risks and developed best practice guidelines.

They found a notable degree of commitment to and concern about the progress, happiness and safety of the students in all schools: 'Staff were continuously grappling with the need to find a balance between ensuring children's safety and giving them a flexible and stimulating environment'¹¹¹.

¹⁰⁹ Barron, I. and Topping, K. (2010) *School-based child sexual abuse prevention programs: implications for practitioners*. APSAC Advisor, Vol 22 (2 & 3), pp 11-19

¹¹⁰ Irish National Disability Authority website, accessed 27 Jan 2013 at [http://www.nda.ie/cntmgmtnew.nsf/0/CE957ED7DA23464B802576CB005B809A/\\$File/SexualAbuse2008_02.htm](http://www.nda.ie/cntmgmtnew.nsf/0/CE957ED7DA23464B802576CB005B809A/$File/SexualAbuse2008_02.htm)

¹¹¹ Paul, A., Cawson, P. & Paton, J. (2004) *Safeguarding Disabled Children in Residential Special Schools*, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, p 109

They identified the important issues that emerged as those connected with child protection awareness and procedures, staff training, communication with children, the management of children and adolescents' sexuality and need for affection, and behaviour management. Practices they observed are described below:

CHILD PROTECTION AWARENESS

Schools with high awareness and good practice had explicit whistle-blowing procedures, combined with an open 'no blame' culture and good staff support. Staff knew to which members of the senior team they should go with any concerns, and they knew the names of external contacts if they felt unable to raise the matter within the school. There was a clear reporting procedure and specific record keeping.

In schools where practice had more problems, there were often poorer communications generally, and the same procedure was used for reporting child protection incidents and other less serious matters. Where there was a more rigid, hierarchical approach, poor practice could be found.

Recording and reporting practice varied considerably within and across schools. Schools differed in the amount of help they received from their local authorities in developing child protection procedures, and there were some grey areas concerning informal enquiries to be made before a formal investigation, with which it could be difficult to deal.

TRAINING

All schools offered in-service training and most staff felt that they had generally good training opportunities, but availability of external training varied, and appropriate specialist training for child protection and related topics, suitable for children with severe and multiple disabilities, was rarely available. Schools provided by larger organisations appeared to have better training opportunities than those operating in isolation. It was particularly difficult for schools to provide training in an area where they had relatively few pupils with a particular need. This impacted markedly on schools which had small numbers of children with very challenging behaviour. They found it difficult to provide appropriate training for all staff in managing such behaviour.

COMMUNICATION

Staff used a range of imaginative approaches to communication and most worked hard to ensure that they could understand the individual ways that children communicated, and to help them make choices and enjoy school. Many examples of good practice were found in all schools, and staff had developed a wide variety of means of communication with children who had limited or no speech.

Where poorer practice was found, this was usually connected with poor training and monitoring by managers. Some examples of very poor practice (for example staff ignoring children, talking across children, or discussing their behaviour and personal details in front of other children) were also found.

AFFECTION AND SEXUALITY

This was the area that schools found most difficult, with both guidance and practice varying considerably within and between schools. Staff often felt ill prepared. They sometimes ignored their own schools' guidance on showing physical affection, because it seemed to them at variance with

common sense, or to deny children's need for affectionate touch, when they are away from home and may spend most of the year at school.

On the other hand, in several schools little guidance was available to deal with children's developing sexuality, especially with the older adolescents, leading to age-inappropriate behaviour which made both students and staff vulnerable. The schools' difficulties reflected wider issues about dealing with the sexuality of people with learning disabilities, and few schools had clear plans for sex education for students.

BEHAVIOUR MANAGEMENT

Many pupils in the schools exhibited very challenging behaviour. Staff needed considerable patience and self control to work in some of these situations, and it was common for staff to be physically hurt by pupils, and to have to deal with aggression. Schools which specialised in providing for these children showed expertise and good practice, having understanding of the causes and triggers for difficult behaviour, with individual behaviour management plans, agreed with appropriate specialist advice, ratified by senior staff, and well communicated between all staff working with the child. They provided good support and training for staff.

Schools where few children displayed such behaviour were much less well prepared, and there were some worrying examples of poor practice, especially in the use of physical restraint. There were some specific issues over the use of medical restraints to prevent self injury which caused distress to children and staff.

HANDS ON MANAGEMENT AND EXTERNAL SUPPORT

Results from this research strongly endorse the conclusions from the many recent public enquiries and research into residential services, that close involvement of senior managers in day to day care, with strong leadership and support, are the best safeguards for good practice. In schools with good practice, senior staff were visibly present in the classrooms and residential units, and made their presence felt without undermining the autonomy and professional skills of their staff. Seniors were deeply involved in approving and monitoring plans for individual children, and in monitoring practice in dealing with challenging behaviour, child protection concerns and other problems.

External support from community child protection and training services is also important but provision of both were much more variable, and this is one of the major issues for the development of adequate safeguard for children away from home. The need for support was not simply to deal with possible poor or abusive practice by staff, but in working with problems arising between pupils or with concerns about children's safety when off the school premises, including periods at home with their parents. Many of the most worrying incidents described concerned external services' reluctance to consider the possibility that children had been abused at home, or to take seriously evidence of abuse from children's accounts, behaviour or injuries. There was too often an assumption on the part of external professionals that behaviour reflected the child's disability, or that no case could be pursued because the children would not be able to give evidence. Schools felt that their knowledge of the children, and of the meaning of the children's behaviours, was often discounted and that abuse of a disabled child was responded to quite differently from that of any other child.

LIAISON WITH PARENTS.

Many schools had large catchment areas which meant that children were a long way from home. The schools developed an impressive array of methods to keep children in contact with parents, but there were still some areas of great uncertainty about issues such as when to inform parents about possible difficulties with children, or when school staff and parents had different views on what was best for children. The importance of local placement facilitating regular face to face contact was highlighted by these difficulties, and has implications for the way that the provision of special schools operates. The great importance of adequate information for parents about a school's regime and programme, and about how to take up any concerns and complaints, was also evident.

In the best situations, contact was two-way, with school staff able to visit children at home and spend time supporting parents as well as the parents visiting the schools. Schools in their turn recorded the problems which occurred when families received little or no support from local services with their very needy and sometimes challenging children during the long school holidays¹¹².

Paul et al (2004) conclude by saying good practice in the protection of disabled children in residential settings requires:

- Suitably trained staff with supervision and accountability
- A positive child oriented ethos promoting consistent communication development
- Consultation with children and provision of choice
- Child/disability specific guidelines for behaviour management
- Medical and therapeutic intervention and personal care; and
- Comprehensive integrated education and social care plans involving parents, staff and pupils¹¹³.

¹¹² Paul, A., Cawson, P. & Paton, J. (2004) Safeguarding Disabled Children in Residential Special Schools, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, pp 109-111

¹¹³ Paul, A., Cawson, P. & Paton, J. (2004) Safeguarding Disabled Children in Residential Special Schools, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, p 19

BIBLIOGRAPHY

- Adams, J., McClellan, J., Douglass, D., McCurry, C., & Storck, M., 1995. Sexually Inappropriate Behaviours in Seriously Mentally Ill Children and Adolescents, *Child Abuse and Neglect* 19(5): 555-568.
- Alriksson-Schmidt, A. I., Armour, B. S., & Thibadeau, J. K. (2010). Are adolescent girls with a physical disability at increased risk for sexual violence? *Journal of School Health*, 80(7), 361-367.
- Andrews, A. B., & Veronen, L. J. (1993). Sexual assault and people with disabilities. Special issue: Sexuality and disabilities: A guide for human service practitioners. *Journal of Social Work and Human Sexuality*, 8(2), 137-159
- Association for Residential Care & National Association for the Protection from Sexual Abuse of Adults and Children with Learning Disabilities (1993) It could never happen here! The Prevention and Treatment of Sexual Abuse of Adults with Learning Disabilities in Residential Settings, London: ARC & NAPSAC.
- Balogh, R., K. Bretherton, S. Whibley, T. Berney, S. Graham, P. Richold, C. Worsley, H. Firth, (2001) Sexual abuse in children and adolescents with intellectual disability, *Journal of Intellectual Disability Research*, Vol 45, (3), pp 194-201.
- Bambara, L.M., & Brantlinger, E. (2002) Toward a healthy sexual life: An introduction to the special series on issues of sexuality for people with developmental disabilities. *Research & Practice for Persons with Severe Disabilities*, Vol 27 (1)
- Barger, E., Wacker, J., Macy, R., et al. (2009). Sexual assault prevention for women with intellectual disabilities: A critical review of the evidence. *Intellectual and Developmental Disabilities*, 47(4), 249-262.
- Barker, R. (2010). Safeguarding children. In R. Raghavan, S. H. Bernard & J. McCarthy (Eds.), *Mental health needs of children and young people with learning disabilities* (pp. 201-219). Brighton: Pavilion.
- Barron, I. and Topping, K. (2010) *School-based child sexual abuse prevention programs: implications for practitioners*. APSAC Advisor, Vol 22 (2 & 3), pp 11-19
- Beail, N & Warden S (1995). Sexual abuse of adults with learning disabilities. *Journal of Intellectual Disability Research*, 39: 382–387
- Bedard, C, Burke, L & Ludwig S (1998) Dealing with sexual abuse of adults with a developmental disability who also have impaired communication: Supportive procedures for detection, disclosure and follow-up. *The Canadian Journal of Human Sexuality*, 7(1): 79–92
- Bowman, R. A., Scotti, J. R., & Morris, T. L. (2010). Sexual abuse prevention: A training program for developmental disabilities service providers. *Journal of Child Sexual Abuse*, 19(2), 119-127.
- Boyd, C., & Bromfield, L. (2006). Young people who sexually abuse: Key issues. Melbourne: Australian Institute of Family Studies; National Child Protection Clearinghouse.
- Brannan, C., Jones, J.R. & Murch, J.D. (1993) Lessons from a residential special school enquiry: Reflections on the Castle Hill report, *Child Abuse Review*, 2 (4): 271–275
- Briggs F (1995) *Developing Personal Safety Skills in Children with Disabilities*. London: Jessica Kingsley
- Briggs F (1998) South Australian parents want child protection programmes to be offered in schools and pre-schools. *Early Child Development and Care*, (34), 167–178

- Briggs F (2006) Safety issues in the lives of children with learning disabilities. *Social Policy Journal of New Zealand*, (29), 43-59
- Briggs, F. and R. Hawkins (1991) *Evaluation of 'Keeping Ourselves Safe' Curriculum Used with Children of 5–8 Years in New Zealand Schools: Report for the Commissioner of Police and Ministry of Education*, New Zealand. University of South Australia, Magill Campus
- Briggs, F. and R. Hawkins (1994) Follow-up study of children of 5–8 years using child protection programs, *Early Child Development and Care*, (100), 111–117
- Briggs, F. and R. Hawkins (1996a) A comparison of the childhood experiences of convicted male child molesters and men who were sexually abused in childhood and claimed to be 'non-offenders'. *Child Abuse and Neglect*, 20(3), 221–233
- Briggs, F. and R. Hawkins (1996b) *Keeping Ourselves Safe: A Survey of New Zealand School Children Aged 10–12 Years and Their Parents: Report for the Commissioner of Police, New Zealand, and the Minister of Education*, University of South Australia, Magill Campus
- Briggs, F. and R. Hawkins (1997) *Child Protection: A Guide for Teachers and Child Care Professionals*, Sydney: Allen and Unwin
- Briggs, F. and R. Hawkins (2001) *Safety Issues for New Zealand Secondary Students: Report for the Commissioner of Police, New Zealand*, University of South Australia, Magill Campus.
- Briggs, F. (2006): *Safety issues for children with learning disabilities*. *Social Policy Journal of New Zealand*, Issue 29, pp 43-59. Survey of Salisbury and Halswell schools.
- Brown, H. & Craft, A. (1992) Working with the 'Unthinkable' - Manual on the Sexual Abuse of Adults with Learning Difficulties. London: Family Planning Association
- Brown, H. & Stein, J. 1997. Sexual Abuse Perpetrated by Men with Intellectual Disabilities: A Comparative Study, *Journal of Intellectual Disability Research*, 41(3) 215-224.
- Brown, H. (2002) Vulnerability and protection Unit 23 K202, Community Care School of Health and Social Welfare, Open University, Milton Keynes
- Brown, H. (2010) Sexual abuse of children with disabilities: In Council of Europe, Protecting children from sexual violence. Strasbourg: Council of Europe Publishing, Ch 7, pp 103-117
- Brownlie, E. B., Jabbar, A., Beitchman, J., et al. (2007). Language impairment and sexual assault of girls and women: Findings from a community sample. *Journal of Abnormal Child Psychology*, 35(4), 618-626.
- Brunnberg, E., Bostrom, M. L., & Berglund, M. (2012). Sexual force at sexual debut. Swedish adolescents with disabilities at higher risk than adolescents without disabilities. *Child Abuse & Neglect: The International Journal*, 36(4), 285-295.
- Cambridge P, Julie Beadle-Brown, Alison Milne, Jim Mansell, Beckie Whelton, Patterns of Risk in Adult Protection Referrals for Sexual Abuse and People with Intellectual Disability, *Journal of Applied Research in Intellectual Disabilities*, 2011, 24, 2.
- Cantor, J.M., Blanchard, R., Christensen, B.K., & Robichaud, L.K. 2005. Quantitative Reanalysis of Aggregate Data on IQ in Sexual Offenders, *Psychological Bulletin* 131(4): 555-568.

- Cawson P, Wattam C, Brooker S, Kelly G (2000) Child Maltreatment in the United Kingdom: a Study of the Prevalence of Child Abuse and Neglect. London: NSPCC
- Chenoweth, L. (1996) Violence and women with disabilities: Silence and paradox. *Violence against women*, 2 (4): 391-411
- Colton, M. (2002) Factors associated with abuse in residential child care institutions. *Children & Society*, 16 (1): 33-44
- Committee on Children with Disabilities (1996) Sexuality education of children and adolescents with developmental disabilities, *Pediatrics*, Vol 97 (2)
- Cooke, L B & Sinason V (1998) Abuse of People with Learning Disabilities and Other Vulnerable Adults, *Advances in Psychiatric Treatment*, Vol 4 (2) pp 119-125
- Cooke, P. (2000) Final Report on Disabled Children and Abuse. Nottingham: The Ann Craft Trust
- Cooper, A.J. 1995. Review of the Role of Two Antilipidinal Drugs in the Treatment of Sex Offenders with Mental Retardation, *Mental Retardation* 33(1): 42-48.
- Corby, B., Doig, A. and Roberts, V. (2001) *Public Inquiries into Abuse of Children in Residential Care*, London: Jessica Kingsley Publishers
- Courtney, J., Rose, J., & Mason, O. 2006. The Offence Process of Sex Offenders with Intellectual Disabilities: A Qualitative Study, *Sexual Abuse: A Journal of Research and Treatment* 18(2): 169-191.
- Cross M, Gordon R, Kennedy M, and Marchant R, NSPCC, Way Ahead Disability Consultancy, National Deaf Children's Society, and Chailey Heritage Child Protection Working Group (1993) The ABCD Pack: Abuse and children who are disabled. ABCD Consortium: Leicester
- Day, K. 1994. Male Mentally Handicapped Sex Offenders, *British Journal of Psychiatry* 165(5): 630-639.
- De Visser R.O, Smith A.M.A, Rissel C.E, Richters J. & Grulich A.E. (2003) Sex in Australia: Experiences of sexual coercion among a representative sample of adults. *Australian and New Zealand Journal of Public Health*, Vol 27 (2), pp 198-203
- Dobson J (2012) *Reserved judgment in the matter of an Application for Judicial Review between the board of trustees of Salisbury Residential School and Her Majesty's Attorney-General and the Minister Of Education in the High Court of New Zealand*, CIV-2012-485-2327, NZHC 3348
- Doughty, A. H., & Kane, L. M. (2010). Teaching abuse-protection skills to people with intellectual, disabilities: A review of the literature. *Research in Developmental Disabilities*, 31(2), 331-337.
- Dowrick, P.W., & Ward, K.M. 1997. Video Feedforward in the Support of a Man with Intellectual Disability and Inappropriate Sexual Behaviour, *Journal of Intellectual and Developmental Disability* 22(3): 147-160.
- Doyle, D. M. (2004). The differences between sex offending and challenging behaviour in people with an intellectual disability. *Journal of Intellectual & Developmental Disability*, 29(2), 107-118.
- Dunsieth, N.W., Nelson, E.B., Brusman-Lovins, L.A., Holcomb, J.L., Beckman, D., Welge, J.A., Roby, D., Taylor, P., Soutullo, C.A., & McElroy, S.L. 2004. Psychiatric and Legal Features of 113 Men Convicted of Sexual Offences, *Journal Clinical Psychiatry* 65(3): 293-300.

Edelson, M. G. (2010). Sexual abuse of children with autism: Factors that increase risk and interfere with recognition of abuse. *Disability Studies Quarterly*, 30(1), 16-16.

Education Review Office (2004) *Keeping Ourselves Safe: Report to the New Zealand Police*. Wellington: Education Review Office

Education Review Office (2008) *Evaluation of the Residential Behaviour Schools: A report provided by the Education Review Office for the Ministry of Education*. Wellington: Education Review Office

Egemo-Helm, K. R., Miltenberger, R. G., Knudson, P., et al. (2007). An evaluation of in situ training to teach sexual abuse prevention skills to women with mental retardation. *Behavioral Interventions*, 22(2), 99-119.

Embregts, P., van den Bogaard, K., Hendriks, L., et al. (2010). Sexual risk assessment for people with intellectual disabilities. *Research in Developmental Disabilities: A Multidisciplinary Journal*, 31(3), 760-767.

Finkelhor, D., N. Asdigian and J. Dziuba-Leatherman (1993) *Victimisation Prevention Training in Action: A National Survey of Children's Experiences Coping with Actual Threats and Assaults*. Durham, New Hampshire: University of New Hampshire Family Research Laboratory

Fyson, R. (2007). Young people with learning disabilities who sexually harm others: The role of criminal justice within a multi-agency response. *British Journal of Learning Disabilities*, 35 (3): 181-186.

Fyson, R. (2009). Sexually inappropriate or abusive behaviour among pupils in special schools. *British Journal of Special Education*, 36 (2): 85-94.

Fyson, R., Eadie, T., & Cooke, P. (2003). Adolescents with learning disabilities who show sexually inappropriate or abusive behaviours: Development of a research study. *Child Abuse Review*, 12 (5): 305-314.

Garbarino J (1987) *Special Children - Special Risks: The Maltreatment of Children with Disabilities*. New York : Aldine de Gruyter.

Govindshenoy, M., & Spencer, N. (2007). Abuse of the disabled child: A systematic review of population-based studies. *Child: Care, Health and Development*, 33(5), 552-558.

Grant, T (2012) Mai Chen misleading the public, says IHC. IHC Media release, 12 Dec 2012, accessed at: <http://www.ihc.org.nz/items/mai-chen-misleading-the-public-says-ihc/>

Griffin, H. L., & Vettor, S. (2012). Predicting sexual re-offending in a UK sample of adolescents with intellectual disabilities. *Journal of Sexual Aggression*, 18(1), 64-80.

Halswell Residential College (2012) *Charter*. Retrieved 15 Jan 2013 from xxx

Halswell Residential College Board submission to MoE (May 2012). The future of Residential Special Schools: A Submission from the Board of Halswell Residential College in response to the Ministry of Education Consultation Document: 'Development of a New Intensive Wrap-Around Special Education Service & Consultation on the Future Role of Residential Special Schools'. Retrieved 17 Jan 2013 from <http://www.halswellcollege.com/news/FINAL%20HRC%20Board%20Submission%20to%20MOE%20Consultation%20Public.pdf/view>

Harris, L. Barlow, J & Moli, P (2008). Specialist residential education for children with severe emotional and behavioural difficulties: pupil, parent and staff perspectives

- Hassall, I., & Hanna, K. (2007). School-based violence prevention programmes: A literature review. Wellington: Accident Compensation Corporation.
- Haydon, A. A., McRee, A.-L., & Halpern, C. T. (2011). Unwanted sex among young adults in the United States: The role of physical disability and cognitive performance. *Journal of Interpersonal Violence*, 26(17), 3476-3493.
- Hershkowitz, I., Lamb, M. E., & Horowitz, D. (2007). Victimization of children with disabilities. *American Journal of Orthopsychiatry*, 77(4), 629-635.
- HM Government (2004) Every child matters
- Hollomotz A (2012) 'A lad tried to get hold of my boobs, so I kicked him': an examination of attempts by adults with learning difficulties to initiate their own safeguarding. *Disability & Society*, Vol 27 (1).
- Hubert J, Margaret Flynn, Leanne Nicholls, Sheila Hollins (2007). 'I don't want to be the mother of a paedophile': the perspectives of mothers whose adolescent sons with learning disabilities sexually offend, *Journal of Child Psychotherapy*, Vol 33 (3) p 363.
- Irish National Disability Authority website, accessed 27 Jan 2013 at [http://www.nda.ie/cntmgmtnew.nsf/0/CE957ED7DA23464B802576CB005B809A/\\$File/SexualAbuse2008_02.htm](http://www.nda.ie/cntmgmtnew.nsf/0/CE957ED7DA23464B802576CB005B809A/$File/SexualAbuse2008_02.htm)
- Jekel, JF et al (2001) *Epidemiology, Biostatistics, and Preventive Medicine* (2nd edition), Philadelphia, WB Saunders
- Joyce, T. A. (2003) An audit of investigations into allegations of abuse involving adults with intellectual disability, *Journal of Intellectual Disability Research*, Vol 47 (8) pp 606-616.
- Keeling, J. A., Rose, J. L., & Beech, A. R. (2009). Sexual offending theories and offenders with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 22(5), 468-476.
- Kennedy P (2002). *Educating conduct disorders youth – a case study of students at Te Poutama Arahi Rangatahi*. Master's Thesis
- Khemka, I., Hickson, L., & Reynolds, G. (2005). Evaluation of a decision-making curriculum designed to empower women with mental retardation to resist abuse. *American Journal on Mental Retardation*, 110(3), 193-204.
- Kim, Y (2010) Personal safety programs for children with intellectual disabilities. *Education and Training in Autism and Developmental Disabilities*, 45: 312–319
- Kvam, MH (2000) Is sexual abuse of children with disabilities disclosed? A retrospective analysis of child disability and the likelihood of sexual abuse among those attending Norwegian hospitals. *Child Abuse & Neglect*, 24: 1073–1084
- Kvam, M. H. (2004). Sexual abuse of deaf children. A retrospective analysis of the prevalence and characteristics of childhood sexual abuse among deaf adults in Norway. *Child Abuse & Neglect*, 28(3), 241.
- Langdon, P.E. & Talbot, T.J. 2006. Locus of Control and Sex Offenders with an Intellectual Disability, *International Journal of Offender Therapy and Comparative Criminology* 50(4): 391-401.
- Last, JM et al (2001) *A Dictionary of Epidemiology (4th ed)*. Oxford, Oxford University Press

- Lefcourt, H.M. 1976. *Locus of Control: Current Trends in Theory and Research*. Hillsdale, NJ: Lawrence Erlbaum.
- Lewis, C.F., & Stanley, C.R. 2000. Women Accused of Sexual Offences, *Behavioural Sciences and the Law* 18(1): 73-81.
- Lewis, D.O., Shankok, S.S., & Pincus, J.H. 1979. Juvenile male sexual assaulters, *American Journal of Psychiatry* 136(9): 1194-1196.
- Lindsay, W. R., Elliot, S. F., & Astell, A. (2004). Predictors of sexual offence recidivism in offenders with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 17(4), 299-305.
- Lindsay, W.R., Marshall, I., Neilson, C., Quinn, K., & Smith, A.H. 1998. The Treatment of Men with a Learning Disability Convicted of Exhibitionism, *Research in Developmental Disabilities*, Jul-Aug; 19 (4): 295-316.
- Lindsay, W.R. & Smith, A.H. 1998. Responses to Treatment for Sex Offenders with Intellectual Disability: A Comparison of Men with 1- and 2-Year Probation Sentences. *Journal of Intellectual Disability Research*, Oct; 42(Pt 5): 346-353.
- Lindsay, W.R., Law, J., Quinn, K., Smart, N., & Smith, A.H.W., 2001. A Comparison of Physical and Sexual Abuse: Histories of Sexual and Non-Sexual Offenders with Intellectual Disability. *Child Abuse and Neglect* 25(7): 989-995.
- Lindsay, W.R. & Lees, M.S., 2003. A Comparison of Anxiety and Depression in Sex Offenders with Intellectual Disability and a Control Group with Intellectual Disability, *Sexual Abuse: A Journal of Research and Treatment* 15(4): 339-345.
- Lindsay, W.R., Smith, A.H.W., Law, J., Quinn, K., Anderson, A., Smith, A. & Allan, R, (2004). Sexual and Nonsexual Offenders with Intellectual and Learning Disabilities, *Journal of Interpersonal Violence* 19(8): 875-890.
- Lindsay, W.R., Steele, L., Smith, A.H.W., Quinn, K., & Allan R, (2006). A Community Forensic Intellectual Disability Service: Twelve Year Follow Up of Referrals, Analysis of Referral Patterns and Assessment of Harm Reduction. *Legal and Criminological Psychology* 11(1): 113-130.
- Lindsay, W.R., Smith, A.H.W., Quinn, K., Anderson, A., Smith, A., Allan, R., & Law, J. (2004). Women with Intellectual Disability who have Offended: Characteristics and Outcome, *Journal of Intellectual Disability Research* 48(6): 580-590.
- Lindsay, W.R. (2002). Research and Literature on Sex Offenders with Intellectual and Developmental Disabilities, *Journal of Intellectual Disability Research* 46(1): 74-85.
- London, P., (2011). *Us & Them: Being at a residential school, perspectives from students, staff and whānau.*, Victoria University of Wellington, unpublished Master of Education Thesis.
- Lumley, V A & Miltenberger, R G (1997) Sexual abuse prevention for persons with mental retardation, *American Journal on Mental Retardation*, 101: 459-472.
- Lund, J. (1990). Mentally Retarded Criminal Offenders in Denmark. *British Journal of Psychiatry* 156: 726-731.
- Lunsky, Y., Frijters, J., Griffiths, D., Watson, S., & Williston, S. (2007). Sexual Knowledge and Attitudes of Men with Intellectual Disability who Sexually Offend. *Journal of Intellectual and Developmental Disability* 32 (2), 74-81.

- MacBeath, J. Galton, M. Steward, S. MacBeath, A. and Page, C. (2008) *The Costs of Inclusion: A study of inclusion policy and practice in English primary, secondary and special schools*. Commissioned and funded by the National Union of Teachers
- Marchant R and Cross M (1993) Places of safety? institutions, disabled children and abuse. In: *The ABCD Pack: Abuse and Children who are Disabled*. The ABCD Consortium. Leicester UK: NSPCC
- McCarthy, M., & Thompson, D. (Eds.). (2010). *Sexuality and learning disabilities: A handbook*. Brighton, UK: Pavilion.
- McCormack, B., Kavanagh, D., Caffrey, S., & Power, A. (2005). Investigating sexual abuse: Findings of a 15-year longitudinal study. *Journal of Applied Research in Intellectual Disabilities*, 18(3), 217-227.
- McCreary, B D & Thompson, J (1998) Psychiatric aspects of sexual abuse involving persons with developmental disabilities, *Canadian Journal of Psychiatry*, 44: 350–355.
- McCurry, C., McClellan, J., Adams, J., Norrei, M., Storck, M., Eisner, A., & Breiger, D, (1998). Sexual Behaviour Associated with Low Verbal IQ in Youth who have Severe Mental Illness. *Mental Retardation* 36(1), 23-30.
- McEachern, A. G. (2012). Sexual abuse of individuals with disabilities: Prevention strategies for clinical practice. *Journal of Child Sexual Abuse*, 21(4), 386-398.
- McGee, H, et al (2002) *Sexual abuse and violence in Ireland (SAVI Report)* Dublin: Liffey Press
- Meyer, L.H. & Evans, I.M. (2006). *Literature Review on Intervention with Challenging Behaviour in Children and Youth with Developmental Disabilities: Report to the New Zealand Ministry of Education*. College of Education, Victoria University of Wellington & School of Psychology, Massey University
- Ministry of Education. (2010). *Positive behaviour for learning*. Retrieved from <http://www.minedu.govt.nz/theMinistry/EducationInitiatives/PositiveBehaviourForLearning/ThePlan.aspx>
- Ministry of Education. (2010). *Review of special education*. Retrieved from www.minedu.govt.nz/ReviewOfSpecialEducation
- Ministry of Education. (2012). *Consultation Document: Development of a New Intensive Wrap-Around Special Education Service & Consultation on the Future Role of Residential Special Schools*, Response to consultation, May 2012.
- Mitchell, D. (2012). *Education that fits: Review of International trends in the education of students with special educational needs: Report to the New Zealand Ministry of Education*. Christchurch, NZ: College of Education, University of Canterbury.
- National Center on Child Abuse and Neglect, cited in Brown (2006) A review of the literature on abuse of people with disabilities. NDA, unpublished report
- NSPCC (2003) It doesn't happen to disabled children, report accessed 21 Jan at www.nspcc.org.uk
- NSPCC. Safeguarding in Education Service (2012) *The role of schools, colleges and academies in protecting children from grooming and entrapment*. [London]: NSPCC
- Nelson, S., & Baldwin, N. (2004). The Craigmillar project: Neighbourhood mapping to improve children's safety from sexual crime. *Child Abuse Review*, 13 (6), 415-425.

- Newman, E., Christopher, S.R. & Berry, J.O. (2000) Developmental disabilities, trauma exposure, and Post-Traumatic Stress Disorder, *Trauma Violence and Abuse*, 1 (2): 154-170
- Nosek, M.A., Howland, C.A., & Young, M.E. (1998). Abuse of Women with Disabilities: Policy Implications. *Journal of Disability Policy Studies* 8 (1, 2): 158-175
- Paul, A., Cawson, P. & Paton, J. (2004) Safeguarding Disabled Children in Residential Special Schools, National Society for the Prevention of Cruelty to Children in association with the Council for Disabled Children, accessed at http://badgeboard.childline.org.uk/Inform/publications/downloads/safeguardingdisabledchildren_wdf48136.pdf
- Parry, C. J., & Lindsay, W. R. (2003). Impulsiveness as a factor in sexual offending by people with mild intellectual disability. *Journal of Intellectual Disability Research*, 47(6), 483-487.
- Peckham, N. G. (2007). The vulnerability and sexual abuse of people with learning disabilities. *British Journal of Learning Disabilities*, 35(2), 131-137.
- Poet, H. Wilkinson, K. & Sharp, C. (2011). *Views of young people with special educational needs and their parents on residential education.* ?? Freda
- Pruitt, D. K., & Dulmus, C. N. (2010). School-based interventions for sexually aggressive youths with developmental disabilities. *School Social Work Journal*, 34(2), 56-70.
- Read, F. & Read, E. (2009) Learning Disabilities and Serious Crime – Sex Offences, *Mental Health and Learning Disabilities Research and Practice*, 6 (1), 37-51, available at <http://eprints.hud.ac.uk/12419/>
- Reiter, S., Bryen, D. N., & Shachar, I. (2007). Adolescents with intellectual disabilities as victims of abuse. *Journal of Intellectual Disabilities*, 11(4), 371-387.
- Rodriguez, N., Ryan, S., Rowan, A., et al (1996) Posttraumatic stress disorder in a clinical sample of adult survivors of childhood sexual abuse, *Child Abuse and Neglect*, 20, 943– 952
- Rosen, D.B. (2006) Violence and exploitation against women and girls, *Annals of the New York Academy of Sciences*, 1087: 170-177
- Rotter, J.B. 1966. Generalised Expectancies for Internal Versus External Control of Reinforcement. *Psychological Monographs*, 80: 1-28.
- Ryan, G., Leversee, T., & Lane, S. (2010). Special populations: Children, female, developmentally disabled, and violent youth. In G. Ryan, T. Leversee & S. Lane (Eds.), *Juvenile sexual offending: Causes, consequences, and correction* (3rd ed., pp. 380-414). Hoboken, NJ: John Wiley.
- Scottish Council of Independent Schools, A guide to independent special schools in Scotland. Retrieved from: <http://www.scis.org.uk/assets/Uploads/Publications/AGuideToIndependentSpecialSchools1.pdf>
- Sequeira, H, Howlin, P & Hollins, S. (2003) Psychological disturbance associated with sexual abuse in people with learning disabilities, *The British Journal of Psychiatry*, 183, pp 451-456
- Shakeshaft, C. (2004) Educator sexual misconduct: a synthesis of existing literature, prepared for the US Department of Education, Policy and Program Studies Service
- Sobsey, R (1994) *Violence and abuse in the lives of people with disabilities*, Baltimore: Paul H Brookes

- Sobsey and Mansell (1990) Prevalence of sexual abuse of people with developmental disabilities, *Developmental Disabilities Bulletin*, Vol 18 pp 51-66
- Sparks, S., Sexuality and Individuals with development Disabilities: Disabilities Research Position Papers, Board of Directors of the Council for Exceptional Children – Division on Developmental Disability, USA.
- Stalker, K. & McArthur, K. (2012) Child abuse, child protection and disabled children: a review of recent research, *Child Abuse Review*, Vol 21 (1): 24–40
- Steptoe, L., Lindsay, W.R., Forrest, D., & Power, M. 2006. Quality of Life and Relationships in Sex Offenders with Intellectual Disability, *Journal of Intellectual and Developmental Disability* 31(1): 13-19.
- Su, K.P., Yu, J.M., Yang, T.W., Tsai, S.Y., & Chen, C.C. 2000. Characteristics of Mentally Retarded Criminal Offenders in Northern Taiwan. *Journal of Forensic Science* 45(6): 1207-1209.
- Sullivan P, and Knutson J. (1998) The association between child maltreatment and disabilities in a hospital-based epidemiological study. *Child Abuse and Neglect* 22: 271-288.
- Sullivan P, and Knutson J. 2000. Maltreatment and disabilities: a population-based epidemiological study. *Child Abuse and Neglect* 24: 1257-1273.
- Support Force for Children's Residential Care (1995) *Final report*
- Talbot, T. J., & Langdon, P. E. (2006). A revised sexual knowledge assessment tool for people with intellectual disabilities: Is sexual knowledge related to sexual offending behaviour? *Journal of Intellectual Disability Research*, 50(7), 523-531.
- Thurston Place College 'School for troubled children' excerpt: <http://www.3news.co.nz/Howick-residents-fight-building-of-new-school/tabid/423/articleID/215972/Default.aspx#ixzz1wyPcmaan>
- Timms, S., & Goreczny, A.J., 2002. Adolescent Sex Offenders with Mental Retardation: Literature Review and Assessment Considerations, *Aggression and Violent Behaviour* 7(1), 1-19.
- Topping, K. J., & Barron, I. G. (2009). School-based child sexual abuse prevention programs: A review of effectiveness. *Review of Educational Research*, 79 (1): 431-463. [31369]
- Turner, H. A., Vanderminden, J., Finkelhor, D., et al. (2011). Disability and victimization in a national sample of children and youth. *Child Maltreatment*, 16(4), 275-286.
- UK Department of Education (2013) Residential Special Schools National Minimum Standards, accessed at: <https://www.education.gov.uk/publications/eOrderingDownload/DFE-00125-2012.pdf>
- US Child Abuse and Protection Act, accessed at: [CAPTA; 1996](#)
- US Keeping Children and Families Safe Act, accessed at: [Keeping Children and Families Safe Act of 2003](#)
- US Department of Health & Human Services [USDHHS], Administration for Children, Families Administration on Children, Youth and Families, Children's Bureau, 2010
- Utting, W. (1997) *People Like Us: The Report of the Review of the Safeguards for Children Living Away from Home*. London: HMSO

Vera, H., Barnard, G.W., & Holzer, C. 1979. The Intelligence of Rapists: New Data, *Archives of Sexual Behaviour* 8(4), 375-377.

Westcott, H. (1991) *Institutional Abuse of Children, from Research to Policy – A Review*. London: NSPCC.

Westcott, H. (1993) *The Abuse of Children and Adults with Disabilities*. London: NSPCC.

Westcott, H., and Cross, M. (1996) *This Far and no Further: Towards Ending the Abuse of Disabled Children*. Birmingham: Venture Press.

Westcott, H., and Jones, D. (1999) The abuse of disabled children. *Journal of Child Psychology and Psychiatry*, 40: 497-506.

Which school for special needs? Guide retrieved from: <http://www.specialneedsguide.co.uk/>

Winch, G. Ross-Johnston, R. Holliday, M. Ljungdahl, L. and March, P. (Eds). *Literacy: Reading, Writing and Children's Literature*. Oxford: Oxford University Press

Young, E. L., et. al. (2008). Sexual harassment among students with educational disabilities: Perspectives of special educators. *Remedial and Special Education*, 29 (4): 208-221.