



## FIRST CONTACT

Often your first contact with a child will be for an issue unrelated to sexual abuse. However, knowing the warning signs of sexual abuse, increasing disclosure during your initial contact, reducing family stress and strengthening family bonds will help survivors heal.

## CHILDREN WITH AUTISM OR OTHER DEVELOPMENTAL DISABILITIES

Children with disabilities are three times more likely to be victims of sexual assault, and children with developmental disabilities are 4.6 times more likely to be victims.<sup>1</sup> Yet these children are less likely to report abuse or have their allegations investigated. Investigators may be reluctant to pursue cases of children with disabilities because of concerns over their ability to provide reliable information and/or their susceptibility to suggestion. However, numerous studies have shown that children with disabilities are capable of reliable recall and the issue of suggestibility can be managed by appropriate questioning techniques.

In addition to the tips listed previously, which also apply to children with autism or other developmental disabilities, such as rapport-building, consider the following:

**COMMUNICATION** – Some children with autism and other developmental disabilities may be non-verbal, but can learn to communicate through the use of assistive technology, such as iPads, picture boards, etc. They often have a preferred method of communication; Look to the non-offending caregiver for guidance on how best to communicate. Remember, all behavior is communication. Be in tune to the child’s non-verbal cues. Be Patient - Children with autism and other developmental disabilities may need more time to process your requests for information or have to work very hard to articulate responses. Be sure to allow additional processing and response time and try to avoid asking multiple questions at once.

**EASE ANXIETY** – Increased anxiety or stress can negatively impact a child’s ability to process information and can further increase the amount of processing time required to answer questions. It may help to provide access to the child’s comfort item (toys or electronic device) and take breaks from the interview as needed to recharge.

**ASK QUESTIONS** – Not all disabilities are readily apparent; ask the caregiver or adults present at the scene if the child has a developmental delay or disability. Be sure your communication with the child is developmentally appropriate based on the child’s functioning level, strengths and challenges.

**SECOND CONTACTS** – Children with disabilities benefit from repeated interviews. One study<sup>2</sup> showed that 80% of information reported in the repeated interview was new or was an elaboration of previously reported information. Even children with severe disabilities are able to provide specific forensic-related details about the abuse, although they may not be able to provide an extensive narrative. For all children, it is best if the second interview is, at most, within several weeks of the first, as time delays decrease recall accuracy.

**QUESTIONING** – Children with autism and other developmental delays respond best to the use of open questions and free recall prompts. Less accurate information is provided with the use of focused and closed questions.<sup>3</sup> For example, you should say, “Tell me about...”

**SUGGESTIVE QUESTIONS** – Suggestive and leading questioning reduces reporting accuracy for all children, but children with moderate developmental disabilities may be significantly more suggestible than those with mild developmental disabilities or typically abled children.

**AVOID REPEATED QUESTIONS** – Repeating the same question within the same interview, even once, can influence children with developmental disabilities to change their responses. One study<sup>4</sup> found that children with developmental disabilities changed their responses to 40% of repeated questions and were more likely to change their responses the more often the question was repeated.

**EXPECTATIONS** – Regardless of supportive questioning techniques, children with moderate to severe developmental disabilities typically provide fewer details.<sup>5</sup> The goal when talking to a child with a cognitive delay is to maximize the child’s potential for sharing meaningful details that can help you determine if the child was a victim of sexual abuse.

**BE PREPARED** – If your work often brings you in contact with children, familiarize yourself with the special needs of children with autism and other developmental disabilities. Consider scheduling an in-service or formal training for your team to learn best practices for interviewing children with special needs.

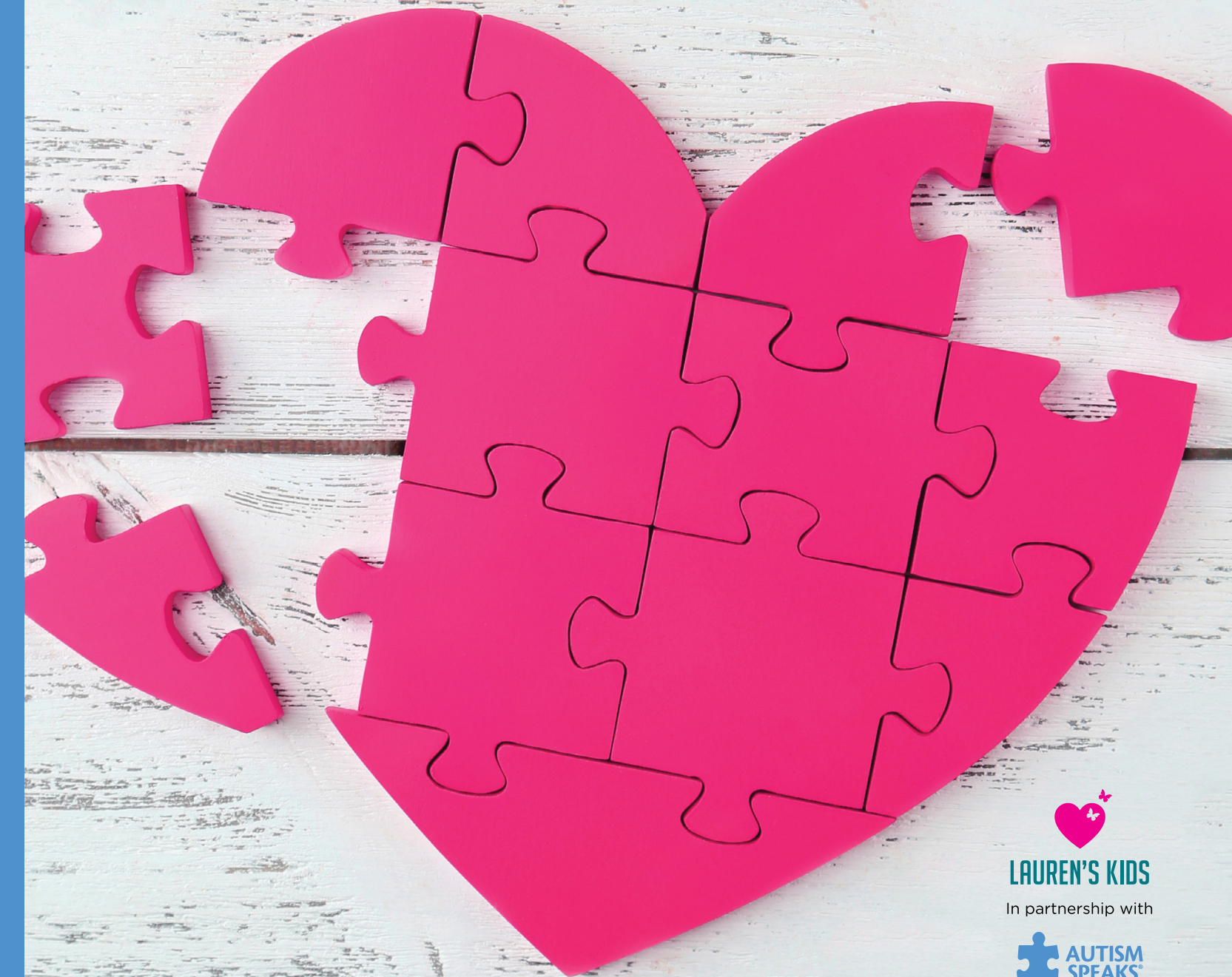
<sup>1</sup> Lund, E.M. & Vaughn-Jensen, J. (2012). Victimization of children with disabilities. The Lancet 380(9845), 867-869.  
<sup>2</sup> Cederborn, A.C., La Rooy, D. & Lamb, M.E. (2008). Repeated interviews with children who have intellectual disabilities. Journal of Applied Research in Intellectual Disabilities, 21, 103-113.  
<sup>3</sup> Ibid.  
<sup>4</sup> Cederborg, A.C., Danielsson, H., La Rooy, D., & Lamb, M.E. (2009). Repetition of contaminating question types when children and youths with intellectual disabilities are interviewed. Journal of Intellectual Disability Research, 53, 440-449.  
<sup>5</sup> Milne, R., Sharman, S. J., Powell, M.B., & Mead, S. (2013). Assessing the effectiveness of the Cognitive Interview for children with severe intellectual disabilities. International Journal of Disability, Development and Education, 60(1), 18-29.

For autism information tools and resources, contact the Autism Response Team: 1-888 AUTISM2 (288-4762) En Español: 1-888-772-9050 familieservices@autismspeaks.org autismspeaks.org



# CHILD SEXUAL ABUSE

## QUICK TIPS FOR FIRST RESPONDERS



## ABOUT THIS GUIDE

This *Quick Tips* guide is designed for first responders such as law enforcement officers, paramedics and firefighters who are responding to a child sexual abuse report or suspecting child sexual abuse when arriving at the scene. The first part of this guide provides warning signs of sexual abuse, as well as tips to increase disclosure during your initial contact, reduce family stress, strengthen family bonds and help survivors heal. The second part of the guide focuses specifically on responding to children with autism and other developmental disabilities.

## WARNING SIGNS

Often your first contact with a child will be for an issue unrelated to sexual abuse. However, once at the scene, you may suspect something else is wrong. Some signs of possible sexual abuse include:

### BEHAVIORAL SIGNS & SYMPTOMS OF SEXUAL ABUSE

- Adult on the scene preventing you from speaking to a particular child
- Child's undue fear of being touched or approached

### REPORTED HISTORY OF RECENT

- Nightmares, night terrors, bed-wetting
- Excessive masturbation
- Inappropriate sexual knowledge or behavior
- Frequent sexual play or acting-out with siblings, friends, pets or toys
- Sudden onset of aggressive behavior
- Large weight changes
- New sense of overprotection of siblings
- Withdrawal and/or disinterest in normally enjoyed activities
- Poor concentration (may affect school performance)
- Regressive behaviors (acting younger than one's age)
- Anxiety, guilt, depression
- Sudden reluctance to be alone with a certain person
- Sudden fear of certain place or person
- Unexplained/frequent health complaints (stomachache, headache, "don't feel well")
- Uncomfortable with or resistance to physical contact

### OLDER CHILDREN/TEENS

- Self-harming (cutting oneself, refusing to eat, suicide attempts)
- Running away
- Drug and alcohol abuse

- Acting out in school; skipping classes or playing hooky
- Increase in sexual promiscuity, especially with older teens or adults

### PHYSICAL SIGNS

- Difficulty walking or sitting
- Sexually transmitted disease (especially for children under 14)
- Pregnancy (especially for children under 14) - refusal to name the father
- Frequent yeast or urinary tract infections
- Bruised or bleeding genital area
- Pain, itching or burning of genital area
- Stained or bloody underwear

## RAPPORT BUILDING

Building rapport with the child at the first meeting is essential to gathering details relevant to sexual abuse. Children are naturally reluctant to disclose sexually related information, but effective rapport-building may overcome the child's fears, even with reticent and uncommunicative children. A few rapport-building techniques include:

- Emotional rapport through the use of emotion, words and reflection, such as "so you are telling me you have been hurt by someone close to you," "can I help you, you seem *worried* about something," "you seem *frightened*," or "has something happened that you are *afraid* to talk about?"
- Supportive communication such as nods, smiles, encouraging words while the child is relaying neutral or forensically relevant information.
- Use of open-ended questions about the child's life and enjoyable recent events (e.g. birthday, vacation, hobbies) are most effective in encouraging the child to eventually disclose abuse relevant information.

## CREATE A SAFE SPACE

Children may often be afraid to talk to you, especially if the abuser is present. You may need to speak with the child in private before he or she will to speak with you. Ask the child if there is a place where he or she feels safe to talk. The following are some tips for creating a safe space for the child's comfort and security:

- Ask if there is a special toy (doll, stuffed animal, action heroes) that he or she would like to have as you talk.
- Ask one question and then listen attentively without interrupting.
- Be patient if the child talks about everything except what you are concerned about.
- Avoid leading questions such as "did someone touch you in your private parts?" because children, especially sexually abused children, are often eager to please adults.
- Use speech that is appropriate for the child's developmental age.
- Use reflection statements in the child's own words, such as "So I hear you telling me that someone hurt your 'pocketbook'" and then ask for clarification if the meaning is unclear.
- If a child discloses sexual abuse, let him or her know it was not his or her fault and he or she is not to blame.

## FIRST CONTACT

When a child is first approached to talk about sexual abuse, allow time to establish rapport and to provide the child with the support and safety needed for disclosing forensically relevant information. During the first contact, children tend to deny or avoid all sexual details, even details that are known to the first responder (e.g. videotapes of the sex acts or photos found on the perpetrator's computer). Because it is recommended that a child undergo no more than three interviews and that each be conducted by the same interviewer, avoid pressing for details beyond the initial gathering of facts unless you will also be the subsequent interviewer.

## PARENT AND CHILD BOND

Parents often feel left out of the intervention process their child is going through. Given the impact disclosure has had on the family, it is common for conflict and stress to strain family relationships, even the parent-child relationship. Whenever possible, include both the mother (or **non-offending** caregiver) and the child in meetings and support the parent-child bond through frequent communication and joint involvement whenever possible. Communication reduces stress and involvement reduces the isolation the mother may feel in regard to the child's case. This is especially important because studies have shown that emotional support from the non-offending parent reduces symptomatic behavior in the child.

## SAFE SPACE

Ask the child if there is a place where he or she feels safe to talk.



## CARE BAG

Suggest parents collect items such as the following for a "care bag" in case the child undergoes a rape care exam: a change of clothes, shoes and undergarments, a comfort item, a small snack, a journal or notebook to write or color in.

## TRAUMA REMINDERS

Be aware that traumatized children can be triggered by certain situations such as being touched, being isolated with an unknown adult or being reminded of the sexually abusive events. If your well-intentioned contact with the child results in his or her extreme distress, then you can do several things that may help.

### COPING SKILLS

When a child experiences trauma triggers or flashbacks, encourage him or her to engage in physical activities that are easy to do. Examples include practicing deep breathing, engaging the thinking brain by writing down the experience in a notebook, starting to color in a coloring book, playing ball or jumping rope or simply focusing on what's around at that very moment and describing the scene to him or herself.

### USE ACTIVE LISTENING

When a child acts out, it is easy to focus on controlling the behavior rather than understanding what underlies

the behavior. With a traumatized child, use the behavior as a window into the emotions that precipitated the acting out. Use your active listening skills to engage the child in talking about his or her feelings and focus on the emotions expressed rather than the behavior used to express it. This activity is often enough to successfully interrupt the negative behavior.

### PROVIDE REASSURANCE

Clearly acknowledge the child's feelings and let the child know that you are going to protect him or her from harm to the very best of your ability.

### ENCOURAGE PLAY

Once the child is calm enough, engaging in play is a good way to reorient the child to the present and to engage his or her thinking brain. For young children, it could mean putting together a puzzle or building with Legos. For older children, it could mean playing a game outside, playing cards or a board game, or going out for a favorite activity. You can engage the child in conversation or interview while he or she is playing a game.