

Session Twelve: Working with Children and Young People with a Disability

Time

1 hour 30 minutes

Learning Outcomes

At the end of this session participants will be able to:

Identify and define disabilities that affect communication

Understand the historical, social and political context of disability and its impact on the processes of interviewing children and investigation

Outline the benefits of planning for an interview with a child or young person with a disability, the challenges that this may involve and resources to assist the interview

Identify appropriate support services to support children and young people with disabilities who have experienced abuse

Purpose

The aim of this session is to examine the concept of disability and the vulnerability of people with disabilities to be subjected to abuse. The ways that disabilities may affect communication and strategies to improve communication are explored in order to enhance the response to children and young people with disabilities where there are allegations involving serious physical abuse, sexual assault and severe neglect.

Links to Sessions

This session has links to the following face-to-face Sessions and Modules covered in the Learning Management System (LMS) that make up the JIRT Foundation Skills Course.

Module 2 - Myths and Facts about Child Sexual Abuse

Planning for the Interview, Rapport Building & Personal Awareness, Support Person

Child Development

Dynamics of Child Sexual Assault, Process of Disclosure, Sibling Abuse

Health Services Panel

Introducing the Equipment

Resources



Participant manual



Whiteboard and markers



Laptop and Projector



JFSC SME Power Point Presentation – Disability Awareness



DVD – Two Way Street



Communication tools

Human Resources & Facilitator Requirements

This session is presented by the Health JIRT facilitator. Input will be provided by trainers from FaCS and Police to provide a wider learning perspective for the participants.

References

Blyth J 2002 *Myalla – Responding to People with Intellectual Disabilities who have been Sexually Assaulted*, a resource of the Northern Sydney Sexual Assault Service.

Sobsey D 1994 *Violence and Abuse in the Lives of People with Disabilities*.

“How it is” Image Vocabulary www.howitis.org.uk

Interpersonal Violence and Persons with Disabilities, Utah State University

www.usu.edu/saavi/info/stats.cfm

Starting the Session
minutes

30

Part One - Introduction – Interviewing Children and Young People with a Disability

Introduce the session to the class, with reference to the purpose statement above, and give a background of experiences in working with people with disabilities.

Ask participants whether they have any experience in relating to people with disabilities, whether personal or professional. Encourage any participants who agree to speak briefly about their experience.



Invite other Facilitators to speak about their experiences in interviewing children or young people with disabilities.



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Explain that this session will assist participants to understand the historical, social and political context of disability as well as to identify and define disabilities that affect communication and the impact on the processes of interviewing children and investigation. The session will outline the benefits of planning for an interview with a child or young person with a disability, the challenges that this may involve and resources to assist the interview. Finally the session will identify appropriate support services to support children and young people with disabilities who have experienced abuse.



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Note that in the Western world, disability is viewed through a medical model of diagnosis and treatment. Thus, people may be defined by deviation from a 'norm'. Further, each person's experience of living with a disability will be different, and is influenced by their environment, including the attitudes of people around them.

Inform participants that the focus today will be on disabilities that effect communication, beginning with developmental disabilities as these often present us with our greatest challenges in our very verbal, cerebral worlds.

Discuss the slide, noting that JIRTs may have frequent contact with children and young people who have developmental disabilities, particularly autism spectrum

disorder, and that this may have a varying impact on communication and on the interview.



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Discuss the information on the slide, noting the following:

Autism involves a spectrum of disorders that includes at one end of the scale, Asperger's' Syndrome through to more severe forms of the disorder involving very limited communication abilities.

about 50% of people with autism also have an intellectual disability
some of the features of autism spectrum disorders can result in interactions that seem unexpected or inconsistent with the subject matter. Note here that the impact of trauma can result in people of all ages and abilities responding in ways that we may think are surprising or inappropriate when speaking about abuse

Invite any participants who identified experience in relating to people with autism spectrum disorders to add any comments



Invite other Facilitators to speak about their experiences in interviewing children or young people with autism spectrum disorders.



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Discuss the information on the slide, noting:

that cerebral palsy often involves communication difficulties, but may or may not involve intellectual disability

that the impacts of cerebral palsy may be slight or quite significant, for example severe communication difficulties



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Note that when trying to understand intellectual disabilities particularly, the important thing to remember is **diversity**. People may have varying degrees of difficulty in different aspects of their lives, for example a person may have excellent speech & communication, but be very concrete or have a very short term memory.

Discuss the often contradictory myths about people with intellectual disability, for example it may be assumed that a person with intellectual disability is highly sexual, or not sexual at all; that he or she is friendly and affectionate, or has inappropriate boundaries.



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Remind participants that it is important to consider people's individual experience of their own abilities or disability, and of labeling.

Give the example young woman who attended counseling, who, when asked by her counsellor if she had Down's syndrome, replied "no I don't". Her counsellor said "oh, I was told that you do have Down's syndrome". The young woman replied "no I have up syndrome!"

In working with children and young people with intellectual disability, it is important to understand a historical legacy that still impacts today. You may have heard of Binet , who created IQ testing. When he developed this tool, he also gave classifications to people with intellectual disabilities, according to what he called 'mental age'.

Ask participants if they are familiar with this term – have they heard it used? Note that it is still commonly used to try to communicate about a person's abilities and functioning.



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Note that Binet used the terms on the right of the slide for people so classified. These terms became enshrined in law, and were still used in NSW courts until the late '80's. We may still hear people described as being, for example "25 years old, but with the mental capacity of a 7 year old." People are then treated according to the assumptions that are made. For example, would this person just described want to play with toys during an interview? Would she be able to give a good description of a sexual assault incident? Could she draw a diagram of a room and sign her name? What support might she need during an interview? You may also hear people talking about developmental age, or percentiles of development in relation to people with intellectual disabilities.

People may have good intentions in using such terms, and may simply be aiming to communicate information that could assist others in interacting with the person described. However labeling has had devastating social legacies for people with an intellectual disability.



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Note that disability activists emphasise that people with disabilities are not disabled, only differently abled. They are rendered disabled by society's discrimination & prejudice. Participants with a disability, or a relative or friend with a disability, will understand only too well what it is like to live in a world set up for the fit, active, articulate, literate, and wealthy.

Explain that against this backdrop, we will now look at the profile of abuse of people with disabilities, focusing on the specific differences from the general profile of sexual assault in the community.



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Discuss the points on the slides, making note of the following:

some studies suggest that violence is a causal factor for up to 25% of disabilities

many research studies point to figures of between 50 -90% of people with an intellectual disability experiencing sexual assault in their lifetime

people with disabilities may experience barriers to reporting crime

other forms of abuse include neglect, emotional abuse & financial abuse

most people are aware of the high rates of abuse that occurred in institutions.

Group homes and boarding houses also have high rates of abuse, often there is even less staff supervision than previous institutions provided.



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Discuss the points on the slides, making note of the following –

service providers- in childhood this is a similar profile to non disabled children, with acquaintances & family members the highest group. In adolescence this picture changes, with service providers becoming the highest group of perpetrators, especially where the person has a severe disability. Other service users are also a significant group.

people with disabilities may be highly dependent on caregivers. Some perpetrators gravitate to working in a service industry where access & opportunity is easy.

a study by Sobsey (1994) found that abuse was more likely to involve penetration, and occur over a long period of time. These are factors for more severe traumatic response

there may be various barriers, including physical access, communication barriers and disbelief or scepticism from professionals

Part Two – Communication Issues and Aids
minutes

20



DVD – Two Way Street

Introduce DVD, saying that in this DVD we will see and hear from some people with disabilities, and professionals who have worked with them. This excellent DVD is unfortunately too long for us to watch entirely today, so we will be showing some snippets which will introduce us to communication issues and aids.

Play from start to 9 minutes 30 seconds. If possible, forward to 21 minutes 50 seconds and play to 24 minutes 15 seconds.

After the DVD –

Ask participants -

thinking of the children we saw in the DVD, how useful is the concept of mental age?

what may be some questions that you could ask to obtain more useful information from a person describing mental or development age or percentiles?

examples could include –

- what is the nature of Y's disability? What are her abilities?
- how does Y communicate?
- does she need a support person or an interpreter?
- does Y have any other particular needs that I should know about?

are there any questions or comments about the communication tools mentioned in the DVD? Note that we will have more opportunity to learn about these soon.

Part Three – Planning for an interview
minutes

40

Facilitator's Instructions:

The aim of this section is to encourage participants to apply the information provided so far to the practical aspects of planning for an interview with a child or young person with a disability. Therefore participants should be invited to participate as much as possible. The following outline includes a large group discussion, but depending on the dynamics of the group and the time available the facilitator may suggest discussion in pairs or groups of three at some points.

Inform participants that for the remainder of the session we will work on how we might apply what we have learned, using a case study.

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Ask participants to read through the information on the slide about an imaginary report to the Helpline, and to call out their ideas about the following –

what additional information would you need about Amir?

how might we obtain more information? Who could we speak to?

are there any cautions or concerns in deciding who to speak to? (note that in this case the person of interest is not a family member.) What if he had named a parent or carer? Who could we speak with then to obtain information about his needs and communication?

Note that like many JIRT matters, there is a great deal that we do not know initially about Amir and his family. Much of the information that is required would be the same for a child with or without a disability. However the aim here is to highlight the additional information that is pertinent to understanding the needs of a child with a disability, and planning for the interview with this in mind.

Points that may be considered –

what family, social and professional supports are in place for the child and his family?

what are the advantages of speaking with more than one person at this stage?

Ask the participants to think back to the children that we saw in the DVD. The group may decide to imagine that Amir has similar needs to one of these children and to proceed using this example, or simply to use the memory of the various children in the DVD to inform their answers in the following section.

Explain that we will use a three step process to plan for the interview with Amir.



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The first step is to think about the background or context. **Ask participants** to call out suggestions about what information we might require to give us a good understanding of the context. Some of this information may already have been suggested in the previous discussion, but additional points may include –

- more information about Amir's
 - abilities and disabilities
 - communication needs
 - physical needs. Note that physical discomfort will inhibit concentration, for example pain, need for medication, thirst, difficulty sitting for long periods
 - daily routine, including any rest periods, care needs and impact of possible disruption. Note that routine is often vitally important, particularly for children and young people with autism spectrum disorder.
 - need for a support person or interpreter. Note that a support person will assist communication and also support to relax, so that he can communicate to the best of his ability. Who might be an appropriate support person? What preparation would be required, for both the support person and the interviewer?

Note – the facilitator may use the whiteboard to record these ideas. As an alternative, the group could fill in the appropriate sections of Form 3 – Interview Plan, during the discussion.



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Note that the next stage is preparing for the interview. **Ask participants** to call out ideas about what might be necessary at this stage. Answers may include –

- making a decision about where and when to hold the interview,
- organising for any necessary communication tools to be available
- briefing the support person or interpreter
- preparing for any physical requirements (drinks, access to toilet, appropriate room, chair etc)

Note that it might be useful to observe the child in his own environment to help us to finalise the interview plan. Ask how might this decision be made, depending on whether the person of interest was in the home or the school?



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The final stage is the interview, where all of the planning and information obtained should help to make sure that Amir is comfortable and able to communicate as best as possible.

However, something unexpected may occur. Ask participants to call out ideas about anything that could go 'wrong', and brainstorm ideas for managing unexpected eventualities during the interview. Answers may include –

- Amir may be tired, hungry, in pain or unwilling to communicate
 - a break may be required, or it may be necessary to reschedule the interview for a time that suits Amir better
- the interviewer may find it difficult to understand and communicate with Amir
 - patience and good humour are always helpful, but swapping between the lead and second interviewer may assist. Don't forget that many people, especially some of those with disabilities, may take time to reply to a question. Don't rush to rephrase the question
- Amir may have difficulty in retrieving his memories
 - use of familiar pictures and communication aids may assist recall. Note that Amir may have a strong memory that something has happened, but may have difficulty in remembering in sequential order or in detail. This may be due to his disability, but remember that we learned that generally traumatic memories may be stored in a way that is fragmented and disjointed
- Amir may be a child who is vulnerable to suggestion
 - care should be taken to apply techniques that are used in interviews with children without disabilities to guard against this. Remember that some people with intellectual disability may agree without completely understanding what they are agreeing too – in fact we all may do this at times when we feel overwhelmed or embarrassed. Discuss ways to manage this.



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Briefly page through the slides, making sure that any points not covered in the discussions are noted. Also make reference to any communication tools available.



Show Power Point Slides 18

Explain that whether or not charges are laid, children and young people have a right to a safe environment. This must be a priority, and the more severe the disability, the more the person will rely on us to support them in seeking safety. We must make every effort to ensure that children and young people with disabilities have access to follow up to ensure safety, offer counseling and to provide information about the outcome of the investigation and what will happen next. The JIRT workforce is particularly well placed to influence the environment in order to improve outcomes for children and young people who have been abused, both short and long term.



Invite facilitators from FaCS and Police to give examples of how this may occur. For example –

police have met with school staff to remind them of their responsibilities in ensuring a safe environment for young people in a high school support unit
FaCS case workers may identify that a parent has an intellectual disability, and refer for family support or early response from the Witness Assistance Service

the Senior Health Clinician may arrange and chair a case planning meeting if there are several agencies involved in supporting the family



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Explain that this slide illustrates the 'How it is Image Vocabulary', and that some examples of communication aids will be available for participants to look at during the morning tea break.

Ask participants to quickly write down three points of either –

something that you learned,
something that you will take away with you or
something that you would like to know more about

then ask each person to share one of these points with the group. For those who share something that they would like to know more about, the facilitator may be able to provide information, or suggest how more information may be obtained.

In closing, state that a person with disability's right to equal treatment means that they will not always need the same treatment as a person without a disability. More time and preparation will be required in interviewing a child or young person with a disability, in order to ensure their right to safety and to tell their story.