

**CHILD SEXUAL ABUSE CURRICULUM  
FOR THE  
DEVELOPMENTALLY DISABLED**

## ABOUT THE AUTHORS

Sol R. Rappaport, Ph.D., is a Licensed Clinical Psychologist in private practice with Neuropsychiatric Associates in northern Illinois. Doctor Rappaport earned his Ph.D. from DePaul University in Chicago. His expertise is in the assessment and treatment of children and families. Doctor Rappaport also specializes in forensic issues and regularly testifies in court. He has consulted to numerous schools and agencies serving people with developmental disabilities and has taught at the university level. Doctor Rappaport has published articles on children and families with emotional and behavioral difficulties as well as a book chapter on the assessment and treatment of people with developmental disabilities.

Sandra A. Burkhardt, Ph.D., is a clinical child psychologist. She earned her doctoral degree from DePaul University in Chicago. An Associate Professor and Graduate Practicum Coordinator in the Department of Psychology at Saint Xavier University in Chicago, Doctor Burkhardt is a practicing clinician who specializes in childhood disorders. She is a former elementary school educator and has written articles on child development and the treatment of children with exceptionalities.

Anthony F. Rotatori, Ph.D., has taught undergraduate courses in assessment, behavior therapy, and exceptional children at the university level for over twenty years. He is a Licensed Clinical Psychologist and consultant to a variety of mental health agencies. Currently Full Professor and Program Director of Counseling Psychology at Saint Xavier University in Chicago, Doctor Rotatori has authored and edited 18 books and written over 90 research articles.

# CHILD SEXUAL ABUSE CURRICULUM FOR THE DEVELOPMENTALLY DISABLED

*By*

**SOL R. RAPPAPORT, PH.D.**

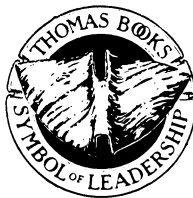
*Neuropsychiatric Associates  
Libertyville, Illinois*

**SANDRA A. BURKHARDT, PH.D.**

*Department of Psychology  
Saint Xavier University  
Chicago, Illinois*

**ANTHONY F. ROTATORI, PH.D.**

*Department of Psychology  
Saint Xavier University  
Chicago, Illinois*



**CHARLES C THOMAS • PUBLISHER, LTD.**  
*Springfield • Illinois • U.S.A.*

*Published and Distributed Throughout the World by*  
CHARLES C THOMAS • PUBLISHER, LTD.  
2600 South First Street  
Springfield, Illinois 62794-9265

This book is protected by copyright. No part of  
it may be reproduced in any manner without  
written permission from the publisher.

© 1997 by CHARLES C THOMAS • PUBLISHER, LTD.

ISBN 0-398-06733-3 (cloth)  
ISBN 0-398-06734-1 (paper)

Library of Congress Catalog Card Number: 96-39271

*With THOMAS BOOKS careful attention is given to all details of manufacturing  
and design. It is the Publisher's desire to present books that are satisfactory as to their  
physical qualities and artistic possibilities and appropriate for their particular use.  
THOMAS BOOKS will be true to those laws of quality that assure a good name  
and good will.*

*Printed in the United States of America*  
SC-R-3

**Library of Congress Cataloging-in-Publication Data**

Rappaport, Sol R.

Child sexual abuse curriculum for the developmentally disabled  
/ by Sol R. Rappaport, Sandra A. Burkhardt, Anthony F. Rotatori.  
p. cm.

Includes bibliographical references and index.

ISBN 0-398-06733-3 (cloth). — ISBN 0-398-06734-1 (pbk.)

1. Developmentally disabled children—Abuse of—United States.  
2. Sexually abused children—United States. 3. Developmentally  
disabled children—United States—Life skills guides. 4. Child  
sexual abuse—United States—Prevention—Study and teaching.  
I. Burkhardt, Sandra A. II. Rotatori, Anthony F. III. Title.

HV6626.52.R36 1997

362.1'968—DC21

96-39271

CIP

*To Jori and Benjamin  
you have given me more than you could ever know*



## PREFACE

The sexual abuse of children has received a significant amount of attention in professional literature as well as in the general media. Unfortunately, little has been written in regards to children with developmental disabilities who experience sexual abuse. Children with developmental disabilities are more vulnerable to sexual abuse than other children. In reading this book it is important to have an understanding of the development of children with developmental disabilities.

The course of development for children with developmental disabilities is, by definition, delayed or, in some cases, impaired. If children following a typical course are vulnerable to perpetrators, it is logical to assume that children with developmental disabilities are as vulnerable if not more vulnerable due to lags or limitations in the acquisition of social reasoning. Children, in general, and children with developmental disabilities, in particular, may have considerable difficulty knowing when and how to recognize, resist, and report inappropriate adult actions.

Children with developmental disabilities may encounter the same social hazards as children without disabilities. Educational and political movements, such as the Regular Education Initiative and inclusion, lead to increasing numbers of children with developmental disabilities attending the local school, the children's choir, scout troops, and park district recreational programs. A child with developmental disability and limited social cognitive capabilities may physically look like his or her peers, but display social and emotional behaviors of a younger child. Thus, children with developmental disabilities may encounter perpetrators in much the same ways that other children do, and be no better prepared or even less prepared to recognize, resist, and report inappropriate actions.

Children with developmental disabilities face policies and prejudices regarding the experience of sexuality in their lives. Individuals with developmental disabilities are often viewed as in need of being protected from rather than prepared for many aspects of adolescent and adult sexuality. The appropriateness and effectiveness of both sex education

and sexual abuse prevention efforts for the children with disabilities are of ongoing concern. The pursuit of typical, normalizing activities associated with sexuality, including dating, marriage, intercourse, pregnancy, and contraception for individuals with developmental disability has been a goal of advocates for rights for the disabled (e.g., Robb, 1990). Yet burgeoning concerns about the detrimental effects of childhood sexual abuse for all children also extends to children with developmental disabilities who may be even more affected by abuse or at greater risk for being targets of perpetrators than other children.

A call to protect children with developmental disabilities from harm and exploitation should not supplant the movement away from overprotection and infantilization. Sexual abuse prevention programs for children with developmental disabilities are charged with the difficult task of focusing upon sexual abuse as a negative example of sexual behavior while preserving a positive image of sexuality. At the same time, the programs must teach at the developmental and social reasoning level of children with developmental disabilities.

This book is designed to teach sexual abuse prevention skills to children with developmental disabilities based on their social reasoning abilities. The vulnerabilities just described show the importance of providing this information to children with developmental disabilities at a level consistent with their reasoning abilities. In order to educate children with developmental disabilities about sexual abuse prevention, one must first teach children about their bodies. The curriculum presented in this book meets both of these goals.

This book is composed of five chapters and an appendix. Chapter 1 provides an understanding of the sexual abuse of children with developmental disabilities. It includes information on prevalence and incidence rates, the etiology of sexual abuse, the vulnerability to sexual abuse, and information about perpetrators of sexual abuse. Chapter 2 reviews current treatment methods for children who have been sexually abused, especially methods designed for children with developmental disabilities. Chapter 3 discusses the short-term and long-term effects of sexual abuse in children. Research regarding the effects of sexual abuse on children with developmental disabilities is also presented. Chapter 4 discusses the effects that age and gender have on how children respond to being sexually abused. Other mediating factors are also presented in this chapter.

The book culminates with Chapter 5, a comprehensive sexual abuse prevention program for children with developmental disabilities. This chapter gives a background to how the program was developed. The



program has two major components. The first five lessons present vital information children with developmental disabilities need about their bodies. Without this information children with developmental disabilities will likely have difficulty preventing sexual abuse. The goal of the sex education lessons is to arm children with knowledge for the purpose of safety. However, this arming is often associated with the fear of overwhelming young minds with frightening and confusing messages about adults, sex, and sexual feelings. Yet, there is no evidence to suggest that sex education and prevention are a danger to children (Wurtele & Miller-Perrin, 1992). The second major component consists of lessons six through ten which are sexual abuse prevention lessons. These lessons were developed using current knowledge about sexual abuse prevention and children's reasoning abilities.

Appendix A includes review lessons for parents/caretakers. These review lessons are to be done by the parent/caretaker on the evening the information was presented to the child by the teacher/instructor. The purpose of the parent/caretaker forms is to reinforce what the child has learned and to increase communication between children with developmental disabilities and their parents/caretakers. Finally, Appendix B is stories to be used with Lessons six through ten.

The book's primary audience are special education teachers, social workers, nurses, and psychologists who provide services to children with developmental disabilities. A secondary audience are administrators and other educators who provide consultation and program development services for agencies and schools who service children with developmental disabilities.

The authors wish to acknowledge the significant contribution of Kathleen Keating and Christine Kernwein to Chapter 1. A special thanks to Sheila Ribordy, Ph.D., Linda Camras, Ph.D., and Derise Tolliver, Ph.D., for useful suggestions regarding Chapters 2, 3, and 4.

The authors wish to personally thank Michelle Rappaport and Dale Burkhardt for providing patience and the time to complete this book. A special thanks to Edward and Evelyn Rappaport, for without their years of support and guidance this book would never have been possible. Finally, we want to thank our children, nieces, and nephews, the reason for wanting to keep children protected and safe.

S.R.R.  
S.A.B.  
A.F.R.



## CONTENTS

<i>Preface</i>	vii
<b>CHAPTER 1: UNDERSTANDING CHILD SEXUAL ABUSE OF THE DEVELOPMENTALLY DISABLED</b> (with Contributions by Kathleen Keating and Christine Kernwein)	3
Definitions of Sexual Abuse	3
Incidence Estimates of Child Sexual Abuse	4
Etiology of Child Sexual Abuse	8
Sociological Theory	8
Intraindividual Model	9
Family Systems Theory	9
Other Models	10
Vulnerability to Child Sexual Abuse	11
Sexual Abuse of People with Developmental Disabilities	12
Caretakers as Perpetrators	14
Reasons for Abuse by Caregivers	15
Incidence of Abuse by Caregivers	15
Familial Sexual Abuse	16
Sexual Abuse in Institutions	18
One Final Note: Legalities and Sexuality	20
Summary	22
<b>CHAPTER 2: THE TREATMENT OF SEXUALLY ABUSED CHILDREN</b>	24
A Child-Generated Model of Sexual Abuse Intervention	24
Treatment Implications of the Child-Generated Model	27
Elements of Treatment	27
Summary	28
Treatment Methods	29
James and Nasjleti's Treatment	30
James and Nasjleti's Critical Sessions	31

Giarretto's Comprehensive Child Sexual Abuse Treatment Program	32
Barrett, Sykes, and Byrnes' Systemic Model for Treating Intrafamilial Child Sexual Abuse	33
Sheinberg, True, and Fraenkel's Recursive, Multimodal Program	34
Trepper and Traicoff's Structural-Strategic Treatment	35
Victim Counseling	35
Long's Guidelines for Treating Young Children	36
Films for the Treatment of Child Sexual Abuse	36
General Therapeutic Adaptations for Children with Developmental Disabilities	36
Goals of Psychotherapy	37
Flexibility	37
Specificity	38
Countertransference	38
Other Adaptations	39
A Framework for Treating Sexually Abused Children with Developmental Disabilities	39
Sullivan and Scanlan's Psychotherapeutic Approach for Sexually Abused Children with Developmental Disabilities	40
Treatment Goals	41
Treatment Methods	42
Treatment of Child Sexual Abuse in Residential Treatment Programs	42
Other Interventions	43
Research on the Effects of Treatment for Sexually Abused Children with Developmental Disabilities	45
Summary	47
<b>CHAPTER 3: SEXUAL ABUSE: THE EMOTIONAL AND BEHAVIORAL SEQUELAE</b>	48
Aggression	48
Anxiety and Fear	53
Depression	56
Learned Helplessness	58
Rejection/Social Withdrawal	59
Dependency	60
Sexual Behavior	61
Phallic Objects	63

Difficulty with Trust	64
Self-Blame	65
Shame and Guilt	66
Somatic Complaints	67
Self-Esteem	67
Summary of the Emotional and Behavioral Sequelae	68
The Emotional and Behavioral Sequelae Specific to Children with Developmental Disabilities	69
<b>CHAPTER 4: FACTORS THAT MEDIATE THE SEQUELAE OF CHILD SEXUAL ABUSE</b>	72
Gender Differences in Sexually Abused Children	72
Age Differences in Sexually Abused Children	76
Rappaport Study on Age and Gender Differences	81
Other Factors which may Mediate the Sequelae of Child Sexual Abuse	84
Developmental Differences and Sexual Abuse	86
Evaluation of the Research on Child Sexual Abuse	87
Problems with the Research	87
Recommendations for Research	88
Summary and Implications	90
<b>CHAPTER 5: THE RAPPAPORT CURRICULUM FOR THE PREVENTION OF CHILD SEXUAL ABUSE IN CHILDREN WITH DEVELOPMENTAL DISABILITIES</b>	91
Developing Sexual Abuse Prevention Lessons: The Burkhardt Study on Child-Generated Aspects of Prevention of Child Sexual Abuse	92
How This Curriculum Should Be Used	95
Outline of the Lessons	97
Lesson 1	99
Introduction for Instructor/Teacher	99
Helpful Supplies for Today's Lesson	99
Lesson 1 Outline	99
Rules about our Bodies	101
Recommendations for Use with Different Ages	101
Lesson 2	102
Introduction for Instructor/Teacher	102
Helpful Supplies for Today's Lesson	102

Lesson 2 Outline	102
Rules about our Bodies	103
Recommendations for Use with Different Ages	103
Lesson 3	104
Introduction for Instructor/Teacher	104
Helpful Supplies for Today's Lesson	104
Lesson 3 Outline	104
Rules about our Bodies	105
Recommendations for Use with Different Ages	106
Lesson 4	107
Introduction for Instructor/Teacher	107
Helpful Supplies for Today's Lesson	107
Lesson 4 Outline	107
Rules about our Bodies	108
Recommendations for Use with Different Ages	108
Lesson 5	109
Introduction for Instructors/Teachers	109
Helpful Supplies for Today's Lesson	109
Lesson 5 Outline	109
Rules about our Bodies	110
Recommendations for Use with Different Ages	110
Lesson 6	111
Introduction for Instructor/Teacher	111
Helpful Supplies for Today's Lesson	111
Lesson 6 Outline	111
Rules about our Bodies	112
Recommendations for Use with Different Ages	112
Lesson 7	113
Introduction for Instructor/Teacher	113
Helpful Supplies for Today's Lesson	113
Lesson 7 Outline	113
Rules about our Bodies	113
Recommendations for Use with Different Ages	114
Lesson 8	115
Introduction for Instructor/Teacher	115
Helpful Supplies for Today's Lesson	115

*Contents*

xv

Lesson 8 Outline	115
Rules about our Bodies	116
Recommendations for Use with Different Ages	116
Lesson 9	117
Introduction for Instructor/Teacher	117
Helpful Supplies for Today's Lesson	117
Lesson 9 Outline	117
Rules about our Bodies	117
Recommendations for Use with Different Ages	118
Lesson 10	119
Introduction for Instructor/Teacher	119
Helpful Supplies for Today's Lesson	119
Lesson 10 Outline	119
Recommendations for Use with Different Ages	120
<i>Appendix A: Parent/Caretaker Review Sheets</i>	123
Lesson 1	124
Lesson 2	125
Lesson 3	126
Lesson 4	127
Lesson 5	128
Introduction to Prevention Lessons	129
Lesson 6	130
Lesson 7	132
Lesson 8	134
Lesson 9	136
Lesson 10	138
<i>Appendix B: The Safety Stories</i>	139
<i>References</i>	145
<i>Index</i>	155





**CHILD SEXUAL ABUSE CURRICULUM  
FOR THE  
DEVELOPMENTALLY DISABLED**



## Chapter 1

### UNDERSTANDING CHILD SEXUAL ABUSE OF THE DEVELOPMENTALLY DISABLED

Rappaport (1992) stressed that “although children have been sexually abused since biblical times, it has only been relatively recently that this topic has received attention in the literature and in the public domain” (p. 1). This attention has lead professionals to realize that sexual abuse is also a serious problem for children with developmental disabilities. This chapter provides the reader with information to understand child sexual abuse of people, especially children, with developmental disabilities. Topics covered in this chapter include definitions of sexual abuse, incidence estimates of child sexual abuse, etiology of child sexual abuse, and vulnerability to child sexual abuse. Sexual abuse of children with developmental disabilities and the role of caretakers as perpetrators in this population are also discussed.

#### DEFINITIONS OF SEXUAL ABUSE

The prevention and treatment of child sexual abuse requires professionals to be aware of the definitions which are used in clinical research and prevalence studies. One of the greatest problems in comparing and evaluating the results of different studies and reports on child sexual abuse is that different definitions of sexual abuse are often used. For better understanding, the authors have chosen the definition of child sexual abuse adopted in 1978 by the National Center of Child Abuse and Neglect (NCCAN) which follows:

Contacts or interaction between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another's child. (p. 2)

While other definitions exist (see Table 1), a number of aspects are central to defining child sexual abuse. One is that the contact is unwanted

(Glaser & Frosh, 1988). Second, the child is being used for another person's sexual purpose (Wurtele & Miller-Perrin, 1992). Last, it involves the exploitation of a child who is vulnerable to a perpetrator's power. Burkhardt and Rotatori (1995) stressed that child sexual abuse can involve any of the following activities:

- Incest—any physical contact between closely related persons. (p. 126)
- Molestation—a disturbing or annoying unwarranted sexual act toward a child. (p. 127)
- Rape—an act of violence and humiliation that involves forcible sexual intercourse without the partner's consent. (p. 127)
- Child Prostitution—the practice of children receiving money for engaging in sex acts. (p. 128)
- Child Pornography—the arrangement and photographing of minors in sexual acts regardless of guardian consent and the distribution of these materials. (p. 128)
- Exhibitionism—the exposure of one's genitals to a stranger or an unsuspecting individual. (p. 128)

Burkhardt (1995) emphasized that “Beyond technical definitions of who is doing what to whom is the implication that children are vulnerable to perpetrators in psychological as well as physical ways” (p. 3).

### **INCIDENCE ESTIMATES OF CHILD SEXUAL ABUSE**

It is difficult to estimate the incidence and prevalence of sexual abuse since much of it escapes detection (Hunter, Kilstrom, & Loda, 1985). This may partially explain why there is disparity among the rates of sexual abuse cited in the literature. Finkelhor and Hotaling (1984) report that an estimate of 44,700 sexually abused children were known to professionals during a one-year period. Other studies have estimated larger rates ranging from around 123,000 (Russel & Mohr-Trainor, cited in Finkelhor, 1987) to 500,000 (Gagnon, cited in Swift, 1987). A recent national 50 state survey on the sexual victimization of children reported that 404,100 children between the ages of birth to 17 years were sexually abused during 1990 (Daro & McCurdy, 1991).

In terms of percentages, Russel (1983) estimates that half of all female children will encounter some type of sexual abuse by the age of eighteen years. Furthermore, Finkelhor and Dziaba-Leatherman (1994) indicated that nationally, girls are sexually abused twice as often as boys and that this rate does not change during adolescence. As for males, Risin and

**Table 1. DEFINITIONS OF CHILD SEXUAL ABUSE**

<i>Researcher(s)</i>	<i>Definitions</i>
Cohen, Galenson, Van Leeuwen, Steele, Sherkow, & Etezady (1987)	The involvement of dependent, developmentally immature children in sexual activity that they do not fully comprehend. It can be a single isolated episode or repeated over many years and may be heterosexual or homosexual, involve intercourse, fondling, oral or anal contact with various degrees of gentleness or threats and violence. (p. 469)
Farber, Showers, Johnson, Joseph, & Oshins (1984)	(1) any unexplained trauma to the genitalia; or (2) sexual interaction between a child and a person who is either significantly older than the victim or is in a position of power over him/her. (p. 296)
Friedrich, Urquiza, & Beilke (1986)	Sexual contact with an adult, whether by force or consent, to include direct contact, that is, genital, oral, anal intercourse, and observed contact (i.e., adult exposing self to child. (p. 50)
Hodson & Skeen (1987)	The exploitation of a child for sexual gratification of an adult. The behaviors may range from exhibitionism and other nontouching offenses to fondling to actual intercourse. (p. 215)
Horowitz (1985)	The involvement of children and adolescents who are dependent and have not reached developmental maturity in sexual activities that they do not fully comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles. (p. 172)
Mrazek & Mrazek (1981)	The sexual use of a child by an adult for his or her sexual gratification without consideration of the child's psychological sexual development (p. 80)
Risin & Koss (1987)	(1) there was a significant age discrepancy between the child and the other person (i.e., 5 or more years older for boys under 12, 8 or more years older for boys 13 or older), (2) some form of coercion was used to obtain the participation of the victim (e.g., gifts, candy or money, threats to hurt or punish, use of power over <b>victim</b> , or actual physical force), and/or (3) the other person was a caregiver or an authority figure (e.g., babysitter, uncle, aunt, grandparent, stepparent or parent (p. 311)

Koss' (1987) nationwide study found that 7.3% reported having an abusive sexual experience before the age of 14 years. In Alter-Reid, Gibbs, Lachenmeyer, Sigal, and Massoth's (1986) review of the research, all of the studies showed a ratio of four or five to one (female to male) for cases