

Personal safety issues in the lives of children with learning disabilities

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An earlier evaluation of the New Zealand child protection program 'Keeping Ourselves Safe' found, inter alia, that girls with learning problems were highly vulnerable to drugs, sexual abuse and violence (Briggs & Hawkins 1996a). This led to the present study, the aim of which was to focus specifically on children with learning disabilities, and to include data from boys as well as girls.

Quantitative and qualitative data were collected from one hundred and sixteen students aged 11-17 years (61 females and 55 males) who were interviewed in special education units. Their common characteristics were that they had all been assessed as being 3 years or more behind their chronological age group in their development and achievement, they needed individually planned curricula across the range of school subjects, and they had all previously attended mainstream schools throughout the North and South Islands of New Zealand.

The study confirmed the vulnerability of children with learning disabilities to the risks of drugs, violence, psychological bullying, pornography and sexual abuse. Significant levels of violence in both schools and the home were found. The study also showed the need for special attention for the protection of boys.

It is possible that children with learning disabilities were targeted because they were seen as safer targets in terms of an expectation that they would be less aware of the difference between right and wrong and less likely than other children to make a report about any abusive behaviour. If this speculative hypothesis is correct, it means that children with learning disabilities require even more vigilant forms of protection than other children.

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The particular vulnerability of children with disabilities to all forms of abuse was brought to public notice in the 1980s. American and Canadian studies suggested that these children were up to seven times more likely to be sexually abused than their non-disabled peers (Senn 1988; Kennedy 1989; Mounty & Fetterman 1989; Sullivan, Vernon & Scanlan 1987).

Recent literature suggests that children with disabilities are at high risk of all forms of abuse because they are devalued by society in general (Sobsey 1994). They were found to be the least well informed about their rights, their sexuality and limits of acceptable social behaviour (Sobsey 1994; Senn 1988). They are inadequately protected by the justice system and child welfare agencies, and they lack self esteem and the confidence to complain (Sobsey 1994; Briggs 1995). Furthermore, there is a high risk that abuse will continue into adulthood (Sobsey 1994). Research by Kennedy (1990) showed that the victimisation of children with disabilities compounds the low self esteem, emotional problems, sense of helplessness, frustration, anger, depression, fearfulness and withdrawal associated with their disabilities.

In the 1980s, schools in many nations began to implement child protection curricula following the initiatives of some Canadian and American education departments. The Victoria Police and the South Australian education authorities adopted the Wisconsin *Protective Behaviours* program in May 1985. Michelle Elliott's *Kidscape* was made available in the UK in 1986 offering 'good sense defence' for 5-11 year olds to counter bullying and dangerous strangers.

The New Zealand Police and Ministry of Education rejected 'packaged' overseas programs and worked together to produce *Keeping Ourselves Safe* which now caters for all ages from reception to Year 13. It also incorporates parent information and opportunities for their participation, videos and other teaching resources covering all aspects of safety. The national school-based curriculum is delivered by teachers supported by health coordinators and 138 specialist police education officers who provide several safety programs for schools.

Briggs and Hawkins (1996a) evaluated the curriculum with 252 intermediate school children aged 11 and 12 years and their parents in both North and South Islands. Children identified as having severe learning problems were at greatest risk of all forms of abuse and of exposure to illegal

drugs. Children with identified learning problems were the ones most likely to have been exposed to pornography (63% versus 24% of others), drug abuse (50% versus 12%) and sexual abuse (48% versus 4%). Pornography was frequently used by adult child sex offenders to stimulate children's curiosity, desensitise them and normalise deviant sex. Eighty-one per cent of girls in special education groups for learning disabilities had previously reported substantiated sexual offences committed by between 2 and 10 offenders before the age of eleven. In all cases, disclosures were made following their participation in *Keeping Ourselves Safe*.

Although the school program has parent participation built into it, children with learning disabilities were the ones least likely to have had any conversations with parents about personal safety issues (44% versus 82% of others).

The researchers were concerned about the safety of boys, many of whom stated that child protection programs were irrelevant to them because only girls and homosexuals are sexually abused. A previous study of safety issues for NZ secondary students (Briggs & Hawkins 2001) supported these views and also showed that boys would be afraid to disclose abuse by males because of confusion about their sexuality, embarrassment and fears of peer-group homophobia.

Because of the serendipitous finding that girls with learning disabilities were so highly vulnerable to drug and sexual abuse and violence, the present study was extended in 2003/4 to more closely examine safety issues affecting children with learning disabilities (both boys and girls).

METHOD

One hundred and sixteen children were individually interviewed in special education centres using the questionnaire designed for intermediate school children used by Briggs and Hawkins in their previous study (1996a). Issues for boys (N=55) were then compared with issues for girls (N=61). The program SPSS for Windows was used for quantitative analysis.

The period of time the children had spent in special education ranged from five weeks to two years. Previously they had all attended mainstream schools in either the North or South Islands of New Zealand. A few older respondents continued to attend the local mainstream school in a part-time capacity. The identifying characteristic of participants was that they all had individually designed programs due to being at least three years behind their chronological age group in all aspects of the curriculum. Some were diagnosed as having ADD or ADHD, one with Down Syndrome, and one was brain damaged as a result of abuse in infancy. Some had minor intellectual disabilities. The ages of the children ranged from 11 to 17 years (mean age 13.8, *SD* 1.3). There were slightly more girls (53%) than boys (47%). Slightly

more than half of respondents were of European descent (51%) with 24% Maori and 23% Maori/mixed race.

RESULTS

STUDENTS' VIEWS ON WHO SHOULD TEACH PERSONAL SAFETY SKILLS

Nearly all of the students (96%) said that personal safety skills should be taught in schools to help children to stay safe from the risk of sexual abuse. Table 1 shows that Police Education Officers (PEOs) were most often regarded as the best people to conduct this teaching.

The popularity of PEOs was attributed to their knowledge of the world of adolescents, their experience of abuse and abusers, and the belief that they can be trusted with confidential information. Some students who preferred PEOs claimed that teachers were remote from the world of adolescents and could not be trusted to maintain confidentiality.

VIOLENCE AT SCHOOL

Students were asked to assess and compare the levels of violence experienced in special education units versus mainstream schools. Table 2 shows that children with learning disabilities were more vulnerable to violence in mainstream schools than in separate single-sex special education centres. There were no differences between sexes on this variable.

Table 1: Professionals regarded as the most suitable for teaching personal safety skills

Type of person	Frequency (%*)
Police Education Officer	72 (66%)
Class teacher	25 (23%)
Parents	14 (13%)
School counsellor	11 (10%)
School nurse	5 (5%)
Health coordinator	2 (2%)
* Percentages add to more than 100% as some respondents nominated more than one choice.	

Table 2: Ratings of violence levels at the respondents' current special education centre and at their previous mainstream school

Violence level	Current special education centre	Previous mainstream school
	Frequency (%)	Frequency (%)
A lot of violence	39 (34%)	54 (47%)
Not much violence	61 (53%)	43 (37%)
No violence	14 (12%)	18 (16%)

Table 3: Ratings of violence level at home

Violence level at home	Frequency (%)
A lot of violence	29 (25%)
Not much violence	41 (35%)
No violence	46 (40%)

Table 4: Frequency of particular people hitting children in the home

People identified as hitting	Frequency (%)
Fathers and father-figures	47 (41%)
Mothers	34 (29%)
Brothers	17 (15%)

Table 5: Ratings of bullying as a problem at the current special education centre and previous mainstream schools

Problem severity	Current special education centre	Previous mainstream school
	Frequency (%)	Frequency (%)
A big problem	44 (38%)	65 (56%)
A little problem	57 (49%)	37 (32%)
No problem	15 (13%)	13 (12%)

Table 6: Most troublesome types of bullying

Type of bullying	Female victim Frequency (%)	Male victim Frequency (%)	Total Frequency (%)
Name calling/teasing	36 (60%)	28 (53%)	64 (57%)
Pushing and shoving	12 (20%)	16 (30%)	28 (25%)
Spreading bad rumours/gossip	8 (13%)	3 (6%)	11 (10%)
Sexual harassment	2 (3%)	0 (0%)	2 (2%)
None	2 (3%)	6 (11%)	8 (7%)

VIOLENCE AT HOME

One quarter of respondents thought there was a lot of violence in their own homes (Table 3). Males (fathers, father figures or siblings) were reported as being the most frequent users of violence against children with learning problems in the family home (Table 4).

Why children were hit at home

Various reasons were given by children for why they were hit at home. There were no consistent sex differences in the pattern revealed. These children with special needs were shown to be very vulnerable to the aggression of irritable adults and siblings. When students were asked what they might have done to deserve being hit, their responses included the following:

I do nothing to get bashed. It's because they are in a shitty mood and take it out of me. I've run away for a few days. My parents don't really care.

I don't have to do anything except be there when they're in a bad mood.

He just feels like it and loses it but only with me. I don't have to do anything.

Dad does it for the hell of it. He's an angry man and takes it out on us.

Some children admitted being punished for serious misdemeanours:

I get belted because I smoke and sell weed.

I get belted for pulling pranks such as tooth-pasting pillows; breaking into next door and flooding their bathroom; setting off car alarms to piss off shopkeepers.

I did stupid stuff – set fire deliberately to houses.

Others referred to being punished for 'answering back', 'being smart', swearing at parents and teasing siblings.

BULLYING AT SCHOOL

Table 5 shows that although bullying was considered to be a big problem for many children with learning disabilities in special education, it was more frequently perceived to be a big problem when previously attending a mainstream school.

Name-calling and teasing was most frequently identified by girls and boys as the most distressing form of bullying. Spreading false, unpleasant, sex-related rumours (such as 'She's got AIDS', 'She's a lesbian, ... a prostitute, ... promiscuous') and insults relating to body appearance were more prevalent among females although some males were referred to as 'poofter' or homosexual to create distress (Table 6).

Table 7: Drugs types offered to students by sex

Drug	Female Frequency (%)	Male Frequency (%)	Total Frequency (%)	Chi square result
Alcohol	16 (26%)	31 (57%)	47 (41%)	$\chi^2 = 11.52, df=1, p=.001$
Cigarettes	16 (26%)	2 (50%)	43 (37%)	$\chi^2 = 6.91, df=1, p=.009$
Marijuana	15 (25%)	26 (48%)	41 (36%)	$\chi^2 = 6.92, df=1, p=.008$
Heroin	3 (5%)	12 (22%)	15 (13%)	$\chi^2 = 7.56, df=1, p=.006$
Speed	5 (8%)	9 (17%)	14 (12%)	NS
Cocaine	0 (0%)	7 (13%)	7 (6%)	$\chi^2 = 8.42, df=1, p=.004$

Table 8: Drugs used

Drug	Frequency (%)
Alcohol	67 (58%)
Marijuana	40 (35%)
Vivid markers	32 (28%)
Petrol	32 (28%)
Other people's asthma medication	19 (16%)
Amphetamines	17 (15%)
Ecstasy or Fantasy	11 (10%)
None	16 (14%)

Table 9: Reports of having seen pornography

Pornography seen	Frequency (%)
Magazines	51 (44%)
Movies/videos	49 (42%)
Porn on the internet	35 (30%)
Photos	29 (25%)
None seen	43 (37%)

sexual intercourse with older females, masturbation by a babysitter (older female), and being required to provide oral and anal sex for males.

It is important to note that sexual abuse was equally common for boys and girls. Older youths were responsible for sex offences in a little over half of the cases (54%) and the other people identified included step-fathers (4 cases), mothers' boyfriends (3 cases), and family friends (6 cases).

Two boys and one girl referred to sex with boy/girlfriends aged from 21 to 33 years. It appeared that parents and case-workers were aware of this.

The risks to girls with learning disabilities are illustrated in the following statements. Most reports involved father figures:

My stepfather used to rape me when I was 11. He told me to keep it secret so I did. Mum caught him red-handed. She reported him to police and kicked him out.

The rape was reported. He lied and denied it, went to court and got off.

Mum's boyfriend. I reported it to school staff. He went to court.

My mum told me I was only five when it happened. She told me about it because he was being released from jail.

I can hardly remember it. He threatened to hurt mum if I told.

I reported mum's boyfriend for raping me and he went to court. Mum supported and absconded with him leaving me in foster care. I haven't seen them for 5 years.

Some girls reported being raped by older male siblings. Other relatives and family friends were also mentioned. Older youths allegedly raped or had consensual sex with under-age girls:

It was my friend who persuaded me. Seven boys watched. She asked me to let her adult brother have sex with me. I did it to please my friend. My mum would have a fit. You won't tell her, will you?

I was 15. An older boy asked me out. He wanted sex and when I said 'No' he took no notice and did it. He raped me several times before I ditched him.

Only two boys reported rape. Boys were comfortable discussing offences involving 'wanking', a term that is used

DRUG ABUSE

Table 7 shows that boys were significantly more likely to have been offered various major types of drugs than girls.

Table 8 shows reported drug use patterns. Drug use may be under-stated given students' awareness that drug trafficking is illegal.

EXPOSURE TO PORNOGRAPHY

Almost two-thirds of the students (63%) reported having seen hard-core pornography. Magazines and videos were the most frequent source of such material (Table 9).

THE RISK OF ABDUCTION BY STRANGERS

Twenty cases (or 17%) reported that a stranger had tried (unsuccessfully) to persuade them to accompany them. There was no significant difference in the frequency with which this had happened to boys and to girls. The common theme for both girls and boys was an attempt by a male stranger to get the children into their car.

THE RISK OF CHILD SEXUAL ABUSE

While school counsellors indicated that 44% of girls were victims of (substantiated) sexual abuse, only 32% of female respondents disclosed these offences to researchers.

Offences against girls included oral and vaginal rape by step-fathers, older brothers, mothers' boyfriends, an uncle and a girlfriend's adult brother. For boys, cases included

in their everyday language. Boys typically did not report this type of offence.

Wanking is a private thing. I didn't tell because they'd get into trouble and get at me for telling.

Older boys in this school told me to go into the toilet yesterday at PE time and help them with wanking.

Twenty-two per cent of respondents reported that 'kids at school' had used force or tricks to involve them in under-age sex. This was equally likely to happen to boys and girls.

The reporting of sexual abuse

In twenty-three cases (62% of abuse cases), the child reported what had happened to a caring adult. Girls were more likely than boys to report sexual abuse. Most girls made reports to their mothers and/or police. Some mothers ignored reports or defended the offenders. Six girls, but no boys, were involved in prosecutions. There were also several comments that nothing happened following a report being made to police.

Two students (a boy and a girl) could not participate in the study because they had just reported intra-familial abuse and were being counselled. Two boys and one girl reported abuse during the research (the two reports from boys to a principal were the result of reports to the interviewer).

Students found it difficult to report sexual misbehaviour involving peers. The two most common reasons given for not reporting were fear of retribution (violence) and embarrassment. One boy who did not report said that he had been threatened that he would be killed if he 'told'. One girl said she would be in trouble if she told her parents. Male students also found it difficult to report abuse because of the stigma relating to (implied) homosexuality. No cases of boys being abused were said to have gone to court.

Understanding their rights in relation to sexual abuse

Students exhibited some confusion about rights and responsibilities in relation to sexual behaviour; 7% thought it was 'OK' for adults to use children for sex and 10% were unsure. Although 79% said that it was not acceptable, some qualified this by suggesting that it could be acceptable if victims were of certain ages (none of the ages falling within legal limits). Those who had completed a personal safety/child protection program were more likely (55.2%) than others (12.1%) to know that adults are not allowed to 'do sex things to kids'.

Fifty-eight per cent of girls, but none of the boys, provided mature responses referring to the damage that sexual abuse can cause: 'It might spoil children's lives when they are older'; 'it affects them forever', 'it scars them', 'it damages you forever' – suggesting that these issues had been discussed in school. Some girls referred to unfairness in

adults' abuse of power and one noted that adults should protect children, not abuse them. Thirteen per cent of girls explained that sexual abuse can be psychologically damaging, while none of the boys responded in this manner.

Several girls, but no boys, said that offenders should be reported to (a) get treatment, and (b) stop them from hurting other children. An additional factor mentioned was that 'victims might think it's OK to do that and then they would do it to other kids'. Many boys (20%) could offer no explanation for why sexual abuse by adults is reportable or inappropriate; 20% said, 'it's disgusting'. Only two exhibited any understanding of the abuse of power.

The study confirmed the vulnerability of children with learning disabilities to the risks of drugs, violence, psychological bullying, pornography, sexual abuse, and to generally unsafe situations.

Views on the rights of boys to force girls to have sex

There was also some confusion as to whether boys should force girls to have sex. A majority (72%) of respondents did not approve of force; 15% were unsure and the remainder (13%) thought it was 'OK'. Boys were more likely than girls to see forced sex as acceptable.

There was some confusion about whether a relationship gave boys the right to force girls to engage in sexual activity against their wishes. Some girls who thought that such behaviour was appropriate qualified their statements by restricting it to girls aged over 14 years. Although taught about contraception in sex education, only two girls (and no boys) associated unprotected sex with pregnancy and one boy mentioned AIDS. Some girls had been taught that they have choices and can say 'no'. However, girls did not underestimate the difficulties of saying 'no' to boys, some referring to threats used to break down resistance. Even when boys said that it was not appropriate for boys to force girls to have sex, they often added 'unless it's your girlfriend'.

Knowing what to do in the event of inappropriate sexual behaviour

Twenty-two per cent of boys and 8% of girls did not know what to do if an older person tried or forced them to engage in sexual behaviour. Twenty-nine per cent of boys would try to escape, but they would tell no-one for fear of revenge.

The girls who lacked safety knowledge had not completed a school program. Overall, one third of girls said they would

try to escape from sex offenders but they did not mention reporting them. Eleven per cent of girls said they would use physical violence as demonstrated in a *Kidpower* self defence program recently undertaken (eg, kick males in the genital area and scratch the eyes).

Thirteen per cent of boys also provided inappropriate violent responses. None would report to police. One said, 'It would be a waste of time. Cops wouldn't believe a Maori kid in our town'. The message that came through loudly and clearly from both boys and girls was that it would depend on who the offender was as to whether it would be reported. Most said they would only report strangers because there would be less risk of retaliation.

In the event of inappropriate sexual behaviour by peers or older 'kids', girls commonly said they would escape and 5% suggested using karate and stabbing. Interestingly only 25% of girls who had completed the *Kidpower* program said they would use it on youths and only 16% suggested sensible strategies as taught in school programs; 21% suggested making reports and 8% might involve police.

Twenty-seven per cent of boys said they didn't know what to do if sexually abused by youths. It became clear that the majority accepted sexual misbehaviour as the norm and did not think it worth reporting.

The researchers found that education did not prevent attempts at victimisation, but children reported incidents quickly, prevented them from becoming serious and felt empowered and positive about their actions.

WHAT PARENTS TAUGHT CHILDREN TO KEEP THEM SAFE

About half of the respondents (51%) reported that their mother or father or adult looking after them had given them information about keeping safe from sexual abuse. When girls were asked what the messages were, the most common safety advice concerned the danger of being kidnapped by dangerous strangers. Advice typically came from mothers, but a few girls said that both parents had given advice about safety.

Typically parents gave girls vague hints such as not to tolerate touch which 'makes you feel funny', including 'no hugs or stuff I don't want'. Girls were warned about pregnancy risks (a very small number mentioned being advised about condoms), but none of the girls had been warned about potential harm closer to home, eg, from family

friends, neighbours or family members. Mothers were most likely to try to protect daughters by saying 'Don't do it' without necessarily explaining what 'it' meant. Mothers aimed to maintain their daughters' virginity by alarming them with the risks of pregnancy.

Fifty-one per cent of boys could not recall being given any information from caregivers about staying safe from sexual predators; 34.5% were told to stay away from strangers.

More boys than girls received advice from their fathers. The emphasis on advice pertained to risks of kidnapping by strangers. There was no evidence of more specific advice about other risks.

BASIC SAFETY KNOWLEDGE

To test their basic safety knowledge, respondents were asked what would be the safest thing to do in a variety of potentially unsafe situations. Responses indicated a need for a greater emphasis on safety in general.

If molested by someone on a bus, 75% of girls and 63% of boys would change seats but only a third of girls and 17% of boys would report the problem to the bus driver or anyone else. Only boys (17%) suggested the use of an aggressive response (hitting) if a man behaved in this way. Only 39% of girls and 29% of boys would say 'Stop it' to the offender.

When referring to harassment by groups of beer-drinking youths cruising the neighbourhood in cars and asked what would be the safest thing to do, boys often responded with violent, but unrealistic, suggestions such as punching the men through car windows. Only 2% of boys, and none of the girls, said they would take a description of the vehicle.

When asked what they would do in the event of smoke coming from a TV set while at home alone, 51% of boys and 22% of girls did not mention switching off the power. Only 40% of boys and 55% of girls would phone the fire brigade while 28% of boys and 15% of girls said they would throw water over it (ignorant of the risk of electrocution).

DISCUSSION

The study confirmed the vulnerability of children with learning disabilities to the risks of drugs, violence, psychological bullying, pornography, sexual abuse, and to generally unsafe situations.

The study showed significant levels of violence in both schools and the home. In both places this presents challenges in terms of finding ways of assisting children to protect themselves against older and more powerful perpetrators.

The reporting of abuse was infrequent. Embarrassment, fear and a lack of faith that reports would be well received or acted on adequately by adults are partial explanations for low reporting rates for both boys and girls.

TEACHING SAFETY PROGRAMS

One should not underestimate the difficulties involved in teaching safety concepts to children with learning disabilities. The concepts are often complex and difficult to grasp. Quite clearly, safety messages require thorough exploration using a variety of means, including activity methods, role-play and problem-solving scenarios. Children need clear reporting skills plus frequent reassurance that they will be protected from offender retaliation if reports are made. Repetition should involve minor modifications until there is evidence that the strategies are thoroughly understood. Information has to be broken down into small segments using opportunities for practice on a daily basis (Anderson 1982; Briggs & Hawkins 1997; Briggs 1998).

Finkelhor, Asdigian and Dziuba-Leatherman (1993) interviewed 2000 children aged 10-16 years and parents to gain a comprehensive perspective of the scope, variety and consequences of child victimisation and the ability of school programs to influence children's responses to real life encounters. The researchers found that education did not prevent attempts at victimisation, but children reported incidents quickly, prevented them from becoming serious and felt empowered and positive about their actions. The study showed that the best results came from the most comprehensive, explicit programs that involved parents.

The involvement of Police Education Officers in the delivery of safety education was well accepted by the respondents in the present study. This model should be considered by other countries including Australia, especially since the involvement of PEOs relieves teachers of having to develop yet another set of professional competencies. Involvement of these experts may lead to greater willingness on the part of schools to accept the child protection curriculum. While researching the teaching of *Protective Behaviours* in South Australia, Johnson (1995) found that it was taught selectively and spasmodically, and vital sections that related to sexual abuse were omitted, probably due to embarrassment on the part of teachers who were uncomfortable with the more sensitive aspects of the program. Teachers were also fearful of receiving disclosures of abuse. The use of specialists may thus improve the integrity of program delivery.

PARENT/CAREGIVER EDUCATION SHOULD BE A PRIORITY

The current study showed that most parent figures had not provided any realistic child protection education. Some father figures had sexually abused their own children and some mothers supported the abusers, resulting in their children being removed from home. This is likely to have increased the psychological damage associated with the abuse and contributed to children's angry, violent behaviours. It also suggests parental ignorance relating to

both the habitual nature and harmful effects of abuse and the need to support victims.

Caregiver education programs should be a joint priority, together with classroom programs for the children. Earlier research (Briggs & Hawkins 1991; 1994; 1996a) in mainstream schools showed that the children with the best safety knowledge and skills were those taught *Keeping Ourselves Safe* by enthusiastic teachers with parental reinforcement. Briggs and Hawkins (1996a) showed that some parents are reluctant to attend child protection information sessions unless given personal invitations by teachers. Even good quality caregiver programs will not be a total solution, since not all parents or caregivers are in a position to respond well. Many children said they spent prolonged periods of time in the care of their grandmothers because their parents protected sex offenders and abandoned them or suffered mental illness or drug addiction. Grandmothers found that, lacking support, they couldn't cope with the angry behaviour of sex abuse victims and, after a few months, the children were placed in foster care.

... most parent figures had not provided any realistic child protection education.

Parent education is vital to help counter such myths as the sexual abuse of children with disabilities matters less than the abuse of non-disabled children 'because they don't understand'. Research by Kennedy (1990) showed that the victimisation of children with disabilities compounds the low self esteem, emotional problems, sense of helplessness, frustration, anger, depression, fearfulness and withdrawal associated with their disabilities.

We found that on some rare, but not insignificant occasions, both case workers and parents seem to have turned a blind eye to children being used for under-age sex by adults who called themselves boyfriends or girlfriends.

SEX DIFFERENCES AND THE SPECIAL NEEDS OF BOYS

The results showed that there are important sex differences in the problems identified. Boys, for example, were significantly more likely than girls to be offered a variety of drugs. Perhaps contrary to conventional wisdom, boys were at as great a risk of sexual abuse as were girls.

The current study confirmed earlier concerns (Briggs & Hawkins, 1996b; 2001) that boys do not define sexual abuse accurately according to contemporary accepted definitions. They dismissed child protection information as irrelevant to them, claiming that rape only happens to girls and 'poofters ... who deserve it'. Homophobia makes it more difficult for boys to report offences. The responses of male victims

indicated the need to appear 'macho' and in control. This resulted in a tendency to normalise sexual abuse and dismiss it as insignificant and not reportable. Nevertheless, sexual misbehaviour would appear to be widespread, especially in school toilets and sports and swimming pool changing rooms when supervision is lax.

Boys were much less knowledgeable than girls about all sex-related issues and abuse. They were uncertain about adults' rights to use children for sex or their own rights to force girls into sexual activity, especially those referred to as girlfriends.

It is a particular concern that girls participated in unprotected sex to please male partners and, despite explicit sex education, neither boys nor girls readily associated sex with pregnancy or sexually transmitted diseases. It was also worrying that a significant minority of respondents believed that under certain circumstances it was acceptable for a boy to force sexual compliance from a girl.

(Boys) were uncertain about adults' rights to use children for sex or their own rights to force girls into sexual activity, especially those referred to as girlfriends.

THE BROADER PICTURE

While it is arguable that the need for child protection programs has never been greater, there are risks that improved protection programs may not eventuate. Enthusiasm for personal safety education has declined in some quarters. Increasing reports of sexual abuse have sometimes been interpreted as program failure rather than program success and overworked social services may not automatically welcome any development that improves reporting rates and thus adds to the already heavy caseloads.

Our own series of evaluations supports the value of the *Keeping Ourselves Safe* program. In addition, Perniskie (1995) evaluated the New Zealand program with 137 children and parents in three schools. All those involved in *Keeping Ourselves Safe* showed significant increases in safety knowledge at post-test. Children with the least prior knowledge gained the most. Woodward (1990) also evaluated the implementation of *Keeping Ourselves Safe*, at a time when few Dunedin schools were using it. One of her recommendations was that developmentally appropriate sexuality education should be taught alongside child protection information.

New Zealand Police managers accepted that school programs provided safety knowledge, but questioned

whether children actually used the strategies taught, given the complexity of intra-familial abuse and the power that adults have over children.

Recent surveys by the NZ Education Review Office (2004) suggest that between 70% and 80% of primary schools have used *Keeping Ourselves Safe* in the last two years. Current issues relate to motivating schools to teach it regularly and conscientiously in the manner intended (Sanders 2005).

The political will to persist with prevention programs is often affected by landmark events. The New South Wales Department of Education and Training was motivated to re-write *Child Protection Education* following the findings of the Wood Royal Commission into paedophilia (Royal Commission into the New South Wales Police Service 1997). Similarly, interest was revived in South Australia in response to the Layton Report (2003). A new curriculum, similar to the New Zealand model, is being introduced using developmentally appropriate modules covering a wide range of safety issues. South Australian authorities have recognised the importance of teacher support for the conscientious delivery of this program¹.

Given the marked difference in risks to children with learning disabilities compared with other students, it is worth asking whether such children were targeted because they were learning disabled. Perhaps they were seen as safer targets in terms of an expectation that they would be less aware of the difference between right and wrong and less likely than other children to make a report about any abusive behaviour. If this speculative hypothesis is correct, it means that children with learning disabilities require even more vigilant forms of protection than other children. ❖

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¹ Freda Briggs is a member of the multi-professional advisory committee assisting in the production of the curriculum.

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