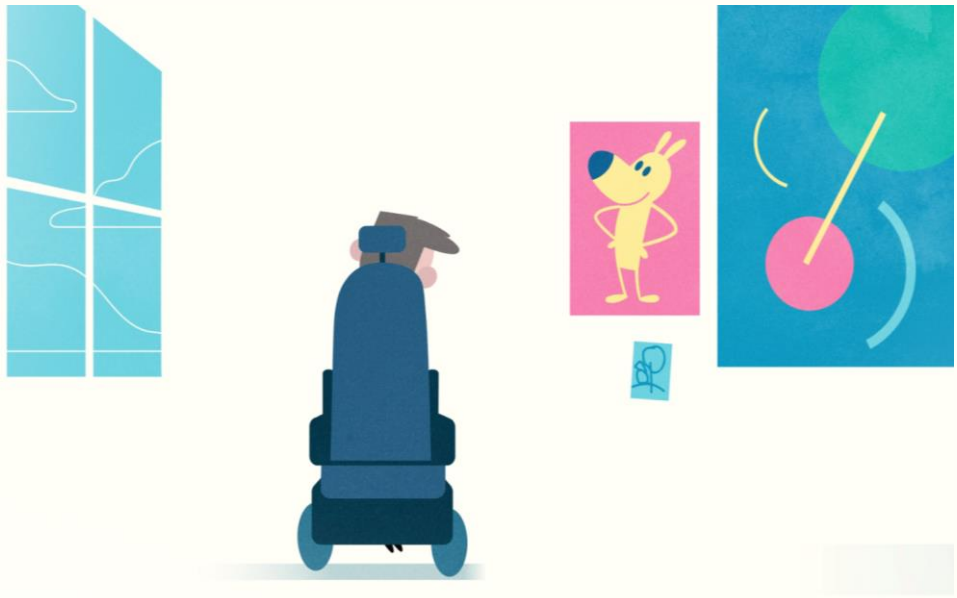
Violence and sexual assault against children and adolescents with disabilities



An English summary of the Danish handbook on the detection, prevention and handling of instances of assault against children and adolescents with disabilities

National Board of Social Services, Denmark, 2017

Background

By publishing this handbook, the National Board of Social Services in Denmark contributes knowledge targeted specifically at accommodation facilities, schools and other places and institutions where children and adolescents with disabilities spend their time. Through knowledge, educational practices tools, case descriptions and templates, the handbook can be used to work consistently to protect children and adolescents from violence and sexual assault.

A report by VIVE, the Danish Centre of Applied Social Service, points out that children and adolescents with disabilities are at a higher risk of assault – on which basis the handbook has been drawn up.

The handbook is written primarily for adults – professionals or volunteers – working on a daily basis with children with disabilities, face to face. Secondarily, the handbook caters for people who may also need further knowledge about the area, and it can also be read by people whose relations with children and adolescents with disabilities are of a more personal nature, including family members and other close relationships.

The handbook focuses on learning and teaching practices and how the prevention, detection and handling of violence and sexual assault can ensure that children and adolescents are protected and safe in their everyday lives.

With this handbook, the National Board of Social Services provides professional knowledge and direct guidance on learning and teaching practices. In addition to the handbook, the National Board of Social Services has produced three animated films, which help turn the spotlight on assaults against children with disabilities. You can see the films here:
https://www.youtube.com/channel/UCrN0P8NJrxtT0j9OA8mwkpg/videos

Violence and sexual assault

A variety of terms are used for violence and sexual assault. They include, to name but a few, sexual assault, sexual abuse, sexual offences, incest, violence, maltreatment, neglect and disciplinary violence. The words we use and the way we understand them are of significance to what we detect, are concerned about and act in relation to. The terms used in the handbook are violence and sexual assault. All forms of violence and sexual assault have far-reaching implications for children and adolescents.

Children and adolescents with disabilities

The handbook refers to children and adolescents with disabilities as 'children with disabilities' unless reference is specifically made to adolescents in the relevant context.

Even if the handbook does not formally distinguish between different disabilities, it is essential to understand that the different types of disability may affect the way skilled professionals are able and required to prevent, detect and handle incidents of violence and sexual assault.

It may be harder to detect assaults on children and adolescents with disabilities compared with other children and adolescents since it may be difficult to distinguish between whether the signs and symptoms shown are caused by the child's or adolescent's disability or are an indication that the child or adolescent may have been exposed to an assault.

In our interaction with children with disabilities, it is therefore important to focus on their special vulnerability. Some of the risk factors that may be applicable to the group as a whole are as follows:

- Increased social isolation;
- Increased dependence on others;
- Increased need for adult contact;
- Difficulties in setting and perceiving limits;
- Difficulties in saying No;
- Body awareness challenges;
- Difficult to read situations;

- Difficult to participate in community life and understand social relations and relations on the social media.
- Vanskeligt ved at begå sig og forstå sociale relationer og relationer på de sociale medier.

Not all children with disabilities are at risk, and there is no direct cause-and-effect relationship between having a disability and being at greater risk of exposure to assault. However, there are a number of circumstances that increase the risk that a child with disabilities may become a victim of violence or sexual assault. Children with disabilities may have an increased dependence on caregivers, perhaps a need for nursing care, and have communicative disabilities, motor disabilities or cognitive disabilities that increase the risk of being exposed to assault.

To be dependent on others

Many children with disabilities have relationships that are significantly different from those of other children. They are often required to undergo treatment, submit to examinations and be the subjects of needs assessments and may be dependent on others for personal care and support. They have frequent meetings with authorities such as medical specialists, speech therapists, physiotherapists, educators and specialist teachers, personal assistants, etc., who are experts on some of the child's life and have a strong influence on the child's life.

This can have an impact on their behaviour and on their ability to feel their own limits and say no. Some children may be used to physical touching in connection with hygiene and treatment, which can affect the feeling of ownership of their own bodies and make it difficult for them to set limits on physical contact, whether of a sexual or violent nature. Besides, it may for instance be difficult to say No or insist on the right to privacy for someone who is dependent on help from others.

Cognitive disabilities

When dealing with children with cognitive and/or intellectual impairment, a skilled professional should especially take into account that they may have extremely low self-esteem or find it difficult to build and maintain relations with others. In their desire to be seen and obliged, the children may seek recognition and affirmation from odd or unhealthy acquaintances.

It may be difficult for the child to distinguish between love and sex or to decode and understand the situation he or she is in, which may increase the risk that the line between care and assault begins to blur. This may occur either in social situations or in interactions and friendships on the Internet where both scenarios present an opportunity to come into contact with people.

Children with cognitive disabilities, in particular, may be unaware that violence or sexual assault is not normal, especially if the perpetrator is a caregiver, family member, educator or the like. The child may find it difficult to say No and decline or resist another person's proposition or threat of sexual conduct or activity or to defend itself against violence.

It may also be difficult to understand the social codes, both on the Internet and in face-to-face meetings with other people, which makes the child more prone to be a victim of assault. Furthermore, it must be borne in mind that some children with cognitive impairment may display sexually abusive or violent behaviour in their lack of understanding of other people's limits or because of their frustration at not being understood.

Communication disabilities

If the child has limited possibilities for communication, it is difficult to set clear verbal limits and tell the outside world if he or she has been exposed to sexual offences. A child with a communication disability may consequently be at a higher risk of being regarded as an easy victim by people with the wrong intentions since the child is not capable of avoiding the offence verbally and, subsequently, has more difficulty talking about the incident to parents, friends or employees. What is more is the challenge involved in reporting the assault, where reports on what happened perhaps need to go through a third person who is able to communicate the incident.

Occasionally, there are also circumstances where children with communication disabilities may react either vehemently/violently in a feeling of powerlessness/frustration or with an introverted reaction if others have difficulty understanding what is being communicated. This may be observed in several situations, and violence against others may therefore be a part of the child's everyday life.

Physical impairment

Children with physical impairment are a broadly defined group. Depending on the degree and/or extent of the physical disability, the degree of the help the child needs increases or decreases. For some of these children, there will be a dependency on other people's help in relation to hygiene, dressing and undressing, eating, transport, etc. That is a condition associated with an elevated risk of sexual offences or violence against children.

Sexual assaults

The ability to define what a sexual assault is and the implications it can have for the child provides the framework for a common language on how professionals work with the prevention, detection and handling of these matters. To be able to observe and respond to a concern, suspicion or knowledge of assaults on children with disabilities, it is necessary for professionals to be familiar with the

definitions of sexual assault that are applicable in their educational work.

The National Board of Social Services uses the following definition: “A sexual assault occurs when a child is forced or persuaded to take part in sexual activities of which it does not understand the scope, for which it is not ready at its current stage of development and, consequently, to which it cannot give its consent and/or activities of this nature that exceed the social or legal standards of society.” Henry C. Kempe (1978).

The above definition of sexual assault is particularly noteworthy in the case of children and adolescents with a disability that prevents them from being at the same level as their peers in terms of cognitive development. When it comes to physical development, adolescents with disabilities move into puberty just like any other young people. However, they may for instance have cognitive or physical impairments that impede their ability to explore or act out their sexuality. To be able to understand the sexual assault and the harmful effects it can have, it is important that the professional remembers that children are different and that they react and are affected to different degrees when exposed to sexual assaults.

The reaction depends on various factors: The nature of the assault, its extent, the child’s age at the time of the assault, the relationship to the offender as well as innate resources and network. The same factors have an impact on how the child experiences the assaults and manages to move on in its life. When a child with or without a disability is exposed to sexual assaults, the child’s overall development is affected. Sexual assaults can prevent a child from developing or disturb its ability to distinguish between liking and disliking, between voluntary acts and forced acts and between reality and imagination. The child may therefore find it difficult to feel its own limits and distinguish between its own and the offender’s needs.

Case

You receive a phone call from Johanne’s teacher at school, who tells you that Johanne has written an essay with very specific descriptions of how the main character in the story has to suck her dad’s willie, how it tastes, etc. Johanne is eleven years old, has an intellectual disability and is in residential care, but comes home at weekends.

What are your thoughts and plans in relation to the details Johanne has written in her essay?

Violence against children with disabilities

As part of the preventive measures, it is also important to have knowledge of the violence children may be exposed to and the harmful effects it can have on them. The purpose of this knowledge is to understand why violence may be a behaviour and a way of expression, whether by an adult towards a child or between children. Violence against children is defined by the National Board of Social Services as follows:

"*Violence is an act or threat of an act which, regardless of its purpose, may violate the integrity of another person or which causes fear, pain or harm to that person – no matter whether the person is a child or an adult. The violence may have the same effect on other persons witnessing or overhearing the act. The violence can be both an intentional act or an act committed in an emotional state. Regardless of the type of violence perpetrated against a child, such behaviour by parents or other caregivers is harmful to or prevents the development of a positive self-image in the child. Any form of violence threatens the development and health of the child*."

The violence to which children with disabilities may be subjected is not different from the violence endured by other children. Violence can for instance occur in families as well as in institutions, special needs schools, etc. It is important for a skilled professional, however, to keep in mind that the definition of violence as used by the National Board of Social Services encompasses both physical violence, psychological violence and children witnessing domestic violence. Physical violence occurs when a child is pushed, shaken, pulled by the hair, slapped, punched, hit with an object or kicked, whereas psychological violence is behaviour that makes the child feel unwanted, unloved, worthless, humiliated and degraded and where the child has been shouted or yelled at or excluded with silence etc. in a repetitive pattern.

Psychological violence is a critical factor in understanding assaults against children and the signs to pay special attention to in relation to detection and prevention. The definition of violence does not apply to the use of force, for instance the force used in a situation when it is necessary for a caregiver to seize or restrain the child, even if the child may experience this as a severe measure. Separate rules for (reporting) the use of force are applicable in these situations.

In general, it is just as important to prevent violence as it is to support the healthy sexual development in the child and adolescent with a disability. The child develops its personality in its relations with other people, who educate and instruct the child, define its boundaries and provide guidance on how to build relations with other people. In this interaction, the child learns to use its body, language, gestures and facial expression to communicate and will mirror the response received, realising who it is and how it is part of the world. To support a non-violent behaviour, it is important that professionals support a

personal development in the child, depending on how it has learned to socialise from its closest caregivers earlier in life. Prevention is therefore about teaching the child to resolve conflicts and come into contact with others without the use of violence, but also about being able to say No or communicate to others that something hurts or frightens. It will certainly be more difficult if the child with a disability, across all stages of childhood, has experienced that its close relationships use violence to resolve conflicts or that its caregivers use hitting or physical punishment in a feeling of powerlessness.

Case

Katja, who is 14 years old, has just moved into a residential institution. Katja screams a lot, screaming being one of her only forms of expression. It is loud and can be hard to listen to. When her father visits or picks up Katja and she is screaming, the educators have noticed that the father sometimes grabs Katja's arm in a way that seems violent.

How will you act on this? Can you involve anyone?

The professional task

Skilled professionals who work with children with disabilities have been entrusted with a special task when it comes to the prevention and detection of assaults. The task is to protect the child and support its right to a healthy sexuality and a safe life. The professional task is founded on four professional cornerstones:

Knowledge

The professional caregiver needs to possess fundamental professional knowledge about the development of the child and the adolescent, but also about the signs and symptoms to which the caregiver should be alert when it comes to violence and sexual assault against children with disabilities.

Moreover, the professional knowledge must focus on the child and convey how both the child and the adolescent understand the world to ensure that signs and symptoms of distress and assault are identified and understood in relation to the specific context and living conditions.

It is essential for a skilled professional to possess professional knowledge about the sexuality of both the child and the adolescent. Professional knowledge of sexuality also has to support the fact that sexuality is about friendships, relations, intimacy, touching and the ability to feel one's own and others' limits. That knowledge is necessary to enable professionals both to support the sexual development and to see signs of distress and changed behaviour.

Openness
Professional openness is a key element in early detection as well as in preventive measures. A professional, open approach is rooted in the recognition that violence or sexual assault can be one of several possible explanations that are offered when assessing a child's distress. It is therefore important that a caregiver does not prematurely deny or stubbornly maintain that the distress experienced by a child is due to violence or sexual assault and does not assess a behaviour exclusively in the context of the child's disability.

Instead, it is necessary to adopt an open approach to the reason for the low level of well-being. Professional openness is therefore also concerned with the importance of observing, identifying and reporting changes in the child's behaviour.

It is vital that professionals are aware of the child's challenges and its usual signs and patterns of reaction. Professional openness also involves attention to being open to and supporting the child's personal and natural sexual development by providing guidance on and talking about frameworks and limits, conflict resolution, good and bad secrets and rights.

Dialogue
A skilled professional must engage in professional dialogue with other professionals on observations, considerations or suspicions of violence and sexual assault. Engaging in professional dialogue with colleagues, partners and the children themselves is of profound significance for early and qualified detection.

Alongside this, dialogue is also a preventive measure since dialogue and openness help reduce the taboos and stigmatisation involved in speaking of and dealing professionally with assaults on children. The challenges can occur if the professionals in an institution or special needs school have no policy on how to address questions relating to

sexuality or assaults. If their professional expertise is not supported, there is a risk that guidance, decisions and concerns may depend on the individual professional's skills, ethics and experience rather than on a common expertise in prevention, detection and action.

In connection with the professional dialogue, it is also recommended to discuss how to maintain close cooperation with parents on the issues of sexuality, sexual assault and violence. Parents of children with disabilities may find it difficult to handle the problems and become either passive, dismissive or overprotective. In situations where an assault has occurred, professionals and management are also required to know and agree on how to advise and guide both the parents and the children or adolescents.

Action

Professionals have to be familiar with their options and duties in launching the appropriate measures when there is any concern, suspicion or knowledge of an assault. It is of vital importance to the handling of these cases that action is taken in the right way and at the right time although this is a difficult balancing act. Transparency in the definition of roles, responsibilities and processes is instrumental in offering professionals a higher level of security for taking action.

This could be clarity in regard to when the authorities should be notified, whether crisis counselling should be initiated, who can be referred to, with whom a skilled professional is allowed to share his or her knowledge, etc. This is something a local policy can help clarify.

A common feature of the professional task is the fact that the well-being of the child depends on clear learning and teaching practices for how to respond to knowledge of assaults, signs and symptoms and how to handle concerns, suspicions or knowledge of assaults.

Reflection exercise on the professional approach to children's barriers

Tabooing means in this context that children and adolescents may be plagued by a sense of guilt and shame, or they may have been confronted with demands or threats and sworn to secrecy, making it hard for them to have the courage to talk about what they have experienced.

- ***How will you work to encourage frank and open talks on violence against children and adolescents or exposure to transgressive and intimidating acts?***

- ***How will you work with the children and adolescents to make them address and understand the difference between good and bad secrets?***

The professional doubt

A skilled professional can rarely confirm or disprove a suspicion of violence or sexual assault, and only on rare occasions does the professional obtain assurance as to whether and to what extent the child has been exposed to assaults. That can leave the professional with a sense of uncertainty and doubt.

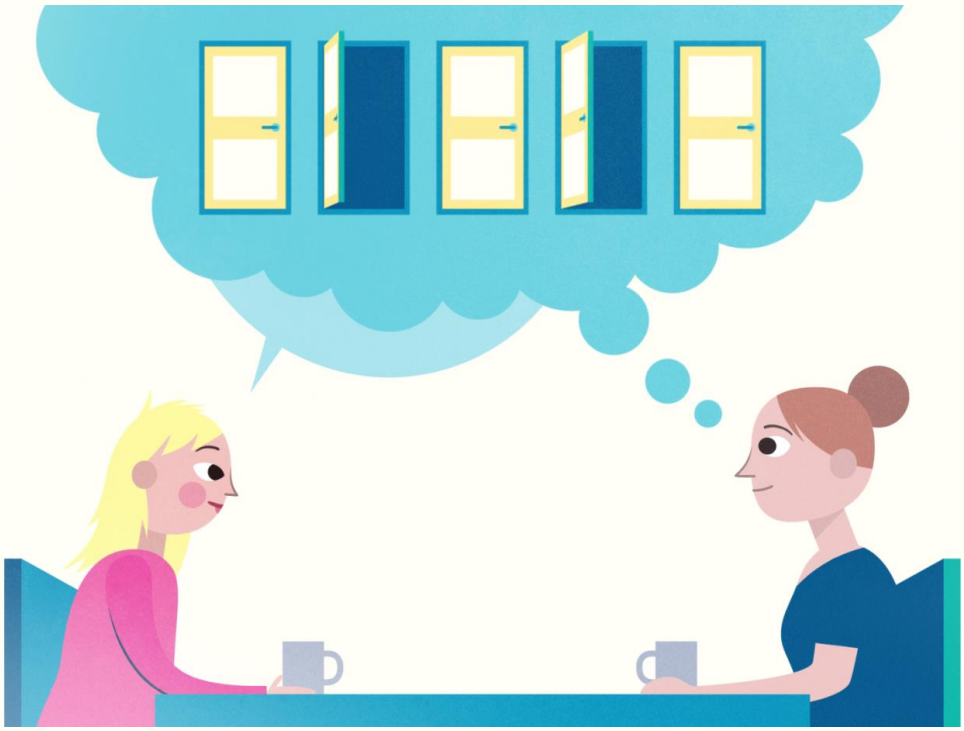
It is therefore important that the professional, in his or her contact with the child, is focused on how – in spite of this uncertainty and doubt – to contribute to and support the child in talking about the assaults without pushing the child beyond what it is comfortable with sharing. This is important because violence and sexual assault against a child will most frequently be known to the world as a result of a third-party initiative. It may be a friend, a family member, a professional, etc., who responds in an active and committed manner to the child's statements or the signs and symptoms displayed by the child.

Most people agree to be strongly opposed to both violence and sexual assault. However, the line between what is acceptable upbringing and (sexual) behaviour and what is regarded as abusive behaviour or assault is not clear-cut or indisputable. Members of any group of staff may also have different views as to where the lines are drawn between acceptable behaviour and abusive behaviour. The perception of normality may depend more on personal experience and views than on factual professional knowledge.

Not least, adults may feel uncertain when it comes to the question of what normal sexual behaviour means or what knowledge of sexuality is for children and adolescents at different ages and developmental stages and with different types of disabilities.

Doubt is a driving force

It is therefore important that we share our doubts with our colleagues. Although the professional assessment of a given situation is also associated with personal standards and boundaries, it is essential that the doubt does not remain private. Doubt is a key driving force in the efforts to address suspicions of sexual assaults, and it can be both constructive and professional.



Prevention

Successful prevention basically requires management and staff to meet and discuss how to support the healthy development of the child in relation both to supporting the development of the child's personality, including its sexuality, and to teaching the child the ability to participate in community life. Successful prevention is about how the individual institution is working to make preventive measures an integral part of its learning and teaching practices.

The professionals must be adequately equipped to know when children need protection, but also to know the factors that will help bolster the child's own capacities and skills in relation to protecting itself. Prevention of assaults is therefore a matter of both the external framework and the internal life of the child. Successful prevention taking into account both the internal and external factors may therefore not be accomplished unless management takes responsibility for consistently making efforts to support the child's healthy development as an integral part of the general learning and teaching practices.

External prevention

External prevention is about the framework set up by the institution or school to protect the child or adolescent against people with 'bad' intentions. An example of this could be the framework provided for transport to and from school, the institution, physiotherapy, etc. It could also be the framework for the use of social media, or for films seen by children and adolescents to ensure they are suitable for their development age and not their life age.

External prevention may be focused on the following points:

- Focus on behaviour and forms of social interaction, including language, body awareness and standards on nudity.
- Coordinating the balance between freedom and maturity so that the child is protected, but also has the opportunity to test its limits and practice being together with other people on its own.
- Attention to the use of teasing, irony and affectionate pats. Attention to how the institution is laid out and furnished. Awareness of the challenges that may be encountered at the institution:
    - Who is alone with the child or adolescent?
    - Do bedtime reading and bedtime hugs take place in the living room or by the bedside?
    - Who helps with personal hygiene?
    - Are girlfriend-boyfriend relationships allowed in-house?
    - Are children/adolescents allowed to sleep together?
- Inform the child of its options for seeking information and advice.

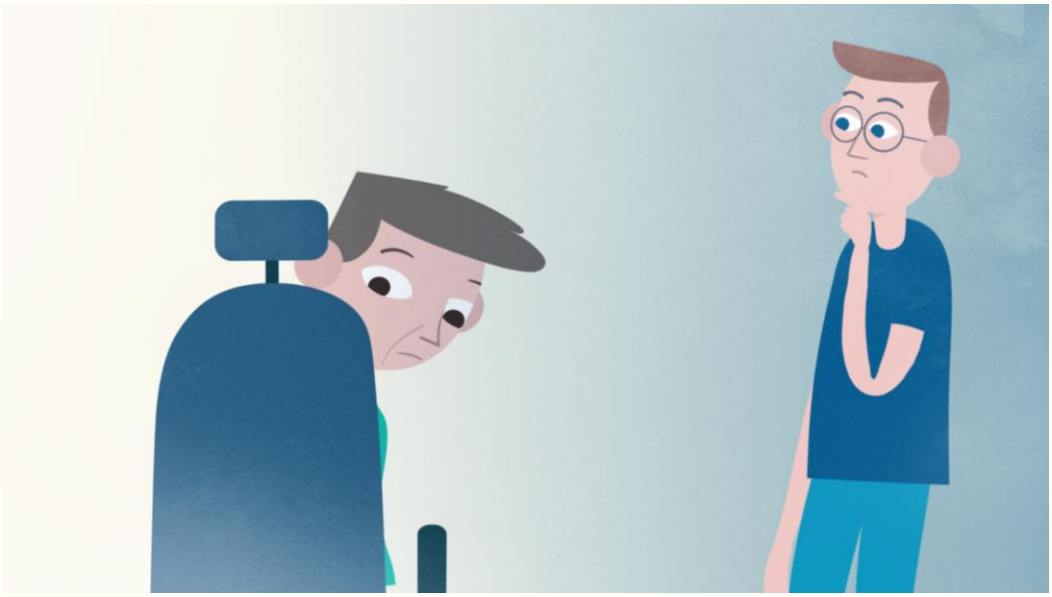
Internal prevention

Internal prevention is about how the institution can be instrumental in strengthening the ability of the child to develop, understand and express its own limits, but also to see and respect other people's limits. To accomplish this, the child must learn to distinguish between liking and disliking, between being active and passive and between care and assault. In other words, internal prevention is about supporting the personal development of the child.

Internal prevention may be focused on the following points:

- Pay attention when the child or adolescent expresses limits and support them in their expressions associated with liking and disliking, regardless of whether the wish can be met.
- Talk about how the child should take care of itself, for instance by advising the child to go away when conflicts are escalating, say No when challenged beyond its limits, etc.
- Support the ability to set appropriate limits and teach the child or adolescent to understand that people's limits for bodily contact can vary.
- Teach the child about everyone's right to control his or her own body.
- Address and talk about the right to privacy and the boundaries of privacy.
- Talk about what it means to be friends, girlfriends/boyfriends, how to get a girlfriend or boyfriend, how to resolve conflicts, etc.
- Pay attention to how professionals themselves express what they like or dislike.
- Reassure the child that its feelings are okay.
- Teach the child about good and bad secrets. It is funny to have good secrets such as Christmas gifts, surprises, etc. The bad secrets that cause stomach ache should be told to an adult.

Successful prevention must be based on common discussions, frameworks and execution in the institution and together with all partners involved in the life of the child. It also underscores the importance of having explicit procedures for recruitment and follow-up action for staff members with the focus on the individual employee's approach to the prevention of violence and sexual assault, combined with knowledge about the sexual development of children and adolescents.



Detection

Assaults committed at a time when the child, in terms of development and maturity, does not have the capabilities of understanding what it means may be difficult to detect. Older children may have greater awareness of having experienced something that is wrong and may therefore experience shame, a sense of guilt and loneliness. Besides, both children and adolescents can be ambivalent and loyal to the perpetrator and they may therefore have developed a general distrust of adults, being uncertain as to whether adults are prepared and able to help.

Detection means that skilled professionals need to have knowledge about the individual child's circumstances and communication skills. The professional must therefore be able to understand what the child itself may not understand or recognise. The professional must therefore always endeavour to accommodate the needs the child is capable of expressing. It is crucial that professionals contribute to ensuring that the child feels seen, heard and understood, both in view of the specific circumstances of the child's disability – including mental and/or communicative challenges – and given their knowledge of the child's limits and relations. This calls for extensive knowledge of the specific needs of the individual child and, accordingly, a desire for continuity among the professionals dealing with the child. The professional caregiver's task of detecting incidents of violence and sexual assault against children is typically performed gradually and through multiple stages.

Basically, this implies that the professional is at the children's disposal and, with credibility and presence, indicates that here is an adult the child can rely on, confide in and disclose a secret to. This is why professionals have to develop a special form of attention and responsiveness to children who, through words or behaviour, are trying to invite them to a conversation about the assaults while testing whether the adult has the courage to hear the secret. The

knowledge and confidence between the child and the professional will in such a context determine whether any signs of distress and even assault are detected and acted on.

Detection work is therefore about focusing on the professional skills and competencies that are present or need to be strengthened and developed in the institution to ensure that professionals, as best possible, can help detect children who have been or are being exposed to violence or sexual assault.

It is also important that professionals discuss and reflect on how the institution should work to bolster the opportunities for the child to talk about any instances of assault to which it has been subjected and, furthermore, strengthen staff competencies by means of structural and methodological approaches.

Moreover, when working with detection, all staff have to be aware of their duty to act by giving notification of concerns, suspicions or knowledge of violence or sexual assault against a child or adolescent.

Signs and symptoms in children and adolescents

Children's signs and symptoms of violence and sexual assault are often complex and ambiguous. They may include both the somatic, psychological and social aspects of a child's concerning behaviour or distress. It is therefore crucial to keep in mind that signs of distress may result from various traumatic experiences in the life of the child, such as divorce, a close family member's illness or death or problems at school.

Low levels of well-being can also be a sign of other forms of assault or an indication that the child's fundamental development needs are not met. Finally, poor well-being can be due to some of the child's disability, which is important to take into consideration when working with this group. It is neither possible nor desirable to prepare a step-by-step guide with signs and symptoms that can be used as a checklist whenever the skilled professional has a suspicion and is in doubt.

The professional knowledge on signs and symptoms should always be applied in the context of the background knowledge available on the specific child and its family.

To fully understand a child's behaviour or signs of distress, it is therefore essential to utilise any knowledge about the child's newly acquired patterns of relationships and attachment in the context of its disability, including:

- How old and how mature is the child?
- How are the child's living conditions?
- How is the child's distress or concerning behaviour manifested?
- What specific observations have been made, and what specific allegations have been made by the child itself?

- What is the impact of the disability on the child, its opportunity to express itself, its comprehension and possibility of reflection?
- What opportunities for attachment have been available to the child?
- What development opportunities have been available to the child?
- What relationship patterns does the child know?
- What incidents and experiences does the child bring along in its interaction with the outside world?
- How do past incidents and experiences influence the child's expectations for how it builds relations with other people?

With knowledge of the child's background, disability and developmental stage, coupled with the observations made in relation to the concerning behaviour, professionals are in a position to enhance the overall analysis which is designed to support curiosity and detection in regard to the distress encountered by the child.

Reflection exercise on detection – either alone or together with colleagues

- ***Are you attentive to statements, signs and symptoms which may give rise to suspicions of assaults?***
- ***Are you attentive to creating a safe framework to ensure that the child or adolescent has the opportunity and motivation to talk or communicate to you about assaults?***
- ***As a group of skilled professionals, have you discussed with each other or with the local authority how you address the fact that children and adolescents with disabilities are particularly vulnerable to assaults?***
- ***Have you considered how your personal approaches, standards and boundaries affect your way of looking at, understanding and meeting your children and adolescents, also in relation to suspicions of assaults?***

Handling

The third part of the professional task – handling – is about the importance of taking action, regardless of whether the professional has a vague suspicion or specific knowledge of an assault on a child or adolescent with disabilities. The relevant measures to be taken can vary, depending on the type of knowledge available. It is therefore crucial to understand what kind of measures are relevant in which situations. It is also important to understand that any suspicion or knowledge of an assault is practically always associated with doubt. Consequently, action cannot be postponed until certainty has been attained. The degree of concern, suspicion and knowledge will determine how the skilled professional should act.

Concern

A concern is a vague impression that the child or adolescent experiences poor well-being, which, as a general rule, may be due to numerous factors, including distress, neglect, illness, the disability itself or the fact that the child or adolescent is being exposed to violence or sexual assault.

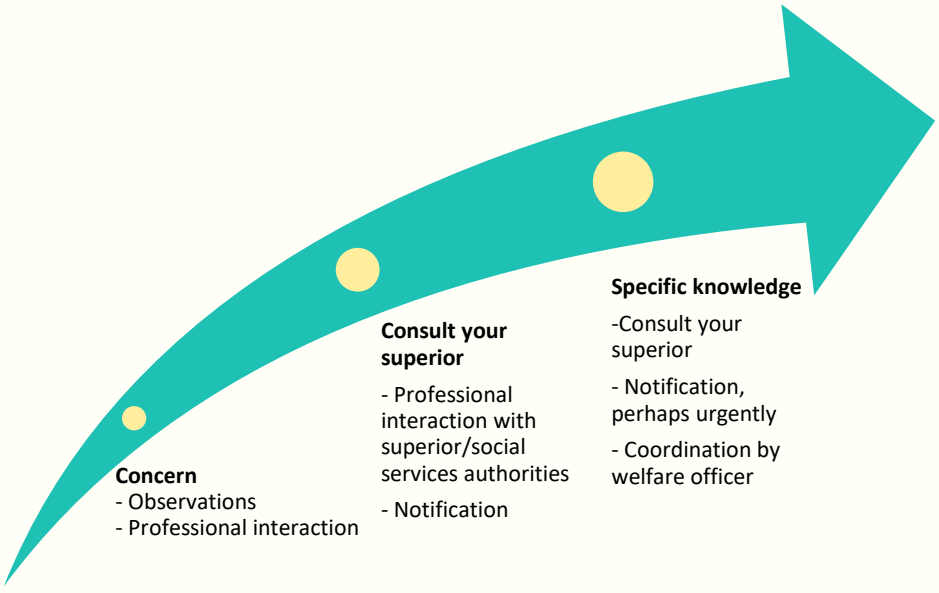
Professionals must act on a concern by addressing and sharing their concerns with their colleagues, their superior, their supervisor or similar. In addition, systematic observations of the child or adolescent should be made over a period of time with the focus on particular situations and relationships. The aim is to gather more knowledge about what causes concerns so that the concerns are either disproved, aggravated or confirmed. If the child has attained an age,

developed a language and reached a level of maturity that enable it to communicate, the professionals should also talk with the child about its concerning behaviour.

A supervisor, a colleague or others should be prepared to discuss concerns, what and how to observe or any doubts about routes for action. If the observations do not disprove the concerns, notification of the concerns must be given to the authorities.

Suspicion
A suspicion should be understood as more than just a concern. The child makes statements or shows signs and symptoms which give rise to suspicion that the child has been exposed to violence or sexual assault. The suspicion may also arise in the light of statements by others. The degree and content of the suspicion need to be formulated, and a written notification to the competent authorities must be issued.

Knowledge
Specific knowledge exists in situations where a child has been exposed to a specific incidence of violence or sexual assault committed by one or more persons or where the child may have subjected another child to sexually abusive behaviour. Such knowledge may be obtained by direct statements from the child itself, if the offender has admitted the assaults, or if there are witnesses to the assaults. Knowledge of an assault on a child must be reported immediately to the relevant authorities.



Local policy on detection, prevention and handling

With this handbook, the National Board of Social Services in Denmark encourages all institutions for children and adolescents to draw up a local policy on the detection, prevention and handling of violence and sexual assault against children and adolescents with disabilities. Experience shows that the process of developing and formulating a local policy engenders a better and safer understanding of assaults on children and of how to prevent such offences in the individual institution.

The following list can be used as an inspiration when selecting the subjects to be addressed in the policy.

- Core values and approach to children at the heart of the policy
- Purpose of the policy
- Target group
- Definitions of sexuality, sexual assault and violence
- Professional knowledge about the sexuality of children and adolescents and the consequences of violence and sexual assault
- Prevention of violence and sexual assault against children and adolescents
- Detection of violence and sexual assault against children and adolescents
- Handling of concerns, suspicions or knowledge of violence and sexual assault against children and adolescents
- Implementation and follow-up strategy
- Involvement of children, adolescents and parents
- Reference to relevant links and literature.