

Children with Disabilities' Rate of Disclosure and Subsequent Outcomes: An Exploratory Study

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Team Project Abstract 2016-2017

Background: Studies have shown that children with disabilities are more at risk to be sexually assaulted than their typically developing peers. Although it is widely acknowledged that disclosure rates involving the sexual assault of children is a major concern, little is known about the prevalence of disclosure rates amongst children with disabilities. To provide a more coordinated response to these allegations the Children's Advocacy Centers (CAC) model was created. CACs provide a multi-disciplinary, evidence-based response to children who may have been abused. In NYS CACs provide a location where the child receives a forensic interview that can be observed by law enforcement, child protection and legal, minimizing the number of interviews a child experiences. Most NYS CACs utilize NCAtrak, a web-based case tracking system.

Objectives: This exploratory study examined characteristics of children with disabilities who make a sexual abuse disclosure and their subsequent outcomes. Specifically this study looked at the nature of the child's disability, rates of disclosure, prosecution, and CPS outcomes.

Methods: New York Medical College Institutional Review Board approval was obtained. NYS CAC administrators were sent a recruitment email outlining the goals of the study and requesting their participation. CAC administrators were then asked to complete a specialized report and forward the de-identified results to the primary investigators.

Descriptive and comparative statistical analysis was conducted to describe and compare the data.

Community Partners:

- Wayne Humphrey, JD, Deputy County Attorney, Westchester County Attorney's Office
- Fred Green, JD Chief, Special Prosecution Unit, District Attorney's Office
- Danielle Weisberg, LCSW Director of Children's Advocacy Center, WIHD

Results: Currently 4 CAC's have responded to the requests for data. This has consisted of a total of 1511 cases. In regards to overall outcomes, a chi-square test of independence indicates that there was no significant difference in the proportion of children with disabilities as compared to children without disabilities regarding **disclosure rate**, $\chi^2 (1, N = 1169) = .1579, p = 0.20$, **founded CPS outcomes**, $\chi^2 (1, N = 698) = 2.987, p = 0.08$, or **charges filed**, $\chi^2 (1, N = 737) = 0.2006, p = 0.65$. In terms of outcomes by counties, a chi-square test was performed to examine the relationship between CACs and outcomes for children with disabilities. No significance was found related to **disclosure rate**, $\chi^2 (2, N = 146) = 5.179, p = 0.08$. Regarding **founded CPS outcomes**, the relationship between these variables was significant, $\chi^2 (2, N = 85) = 8.974, p = 0.01$. Depending on the CAC (excluding Putnam), there was variability regarding CPS founded cases for children with disabilities. The relationship between **charges filed** and disability was significant, $\chi^2 (1, N = 71) = 7.848, p = <0.01$. There was a difference between Westchester and Buffalo CACs regarding percentages of charges being filed.

Next Steps: Preliminary data analysis suggests that there are not overall differences in rates of disclosure, CPS outcomes, or charges filed based on whether a child has a developmental disability or not. However, there was an interesting trend which supported more CPS founded cases for children with disabilities. In comparing CACs, there were significant differences in regards to CPS outcome and charges filed, in regards to the two largest CACs (Westchester/Buffalo). Westchester had a higher rate of charges filed, while Buffalo had a higher rate of CPS founded cases. Study limitations include use of a pre-existing data tracking system which could not be customized for this study, variability of information gathered by each CAC, and high percentage of missing outcome data. Nonetheless, important information was gathered about an infrequently studied population. Data collection is continuing and final results will be shared with CACs to inform intervention.