

## **SEXUAL ABUSE OF DEAF CHILDREN**

### **A retrospective analysis of the prevalence and characteristics of childhood sexual abuse among deaf adults in Norway**

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#### Abstract

**Objective:** North American studies conclude that deaf children may have a 2-3 times greater risk of sexual abuse than hearing children. No comparative studies are available in the Nordic countries. The present study was initiated to estimate the prevalence of childhood sexual abuse among deaf children in Norway, describe the nature of the abuse, and to examine risk factors.

**Method:** A self-administered questionnaire was sent in 1999 to all 1150 adult deaf members of the Norwegian Deaf Register. The Deaf Register includes all deaf Norwegians. The questionnaire, which was also available videotaped in sign language, was an adapted version of a questionnaire used in a Norwegian survey among the general adult population in 1993. The results from this earlier study were used as a comparison group.

**Results:** Deaf females aged 18-65 who lost their hearing before the age of 9 (N = 177) reported sexual abuse with contact before the age of 18 years more than twice as often as hearing females, and deaf males more than three times as often as hearing males. The abuse of the deaf children was also more serious. Very few cases were reported to parents, teachers, or authorities.

**Conclusions:** Deaf children are at greater risk of sexual abuse than hearing children. The special schools for the deaf represent an extra risk of abuse, regardless of whether the deaf pupils live at home or in boarding schools.

# SEXUAL ABUSE OF DEAF CHILDREN

## **A retrospective analysis of the prevalence and characteristics of childhood sexual abuse among deaf adults in Norway**

### **INTRODUCTION**

Childhood sexual abuse is defined as the sexual exploitation of a child under legal age who is developmentally incapable of understanding or resisting the sexual contact. This article will focus primarily on the results of a Norwegian study dealing with childhood sexual abuse as reported by 302 adults who lost their hearing before the age of 9 years (Kvam, 2001).

A potential abuser often chooses as a victim a child with little self-esteem, few good peer relations, and small possibilities to tell about the abusive event (Conte, Wolf, & Smith, 1989). Children with disabilities often fall into this category (Appleton, Minchom, Ellis, Böll, & Jones, 1994; Armstrong, Rosenbaum, Ellis, Böll, & Jones, 1992). This is further supported by different North American studies, which conclude that there is an increased risk of sexual abuse for disabled children (Sedlack & Broadhurst, 1996).

### ***Purpose of the study***

The present study was initiated to explore and describe the situation for deaf people in Norway. The main purpose was to examine the prevalence of sexual abuse among deaf children and compare those results with the prevalence in the general population. Furthermore the study aimed to determine characteristics of the victims, the abusers and the nature of the abuse. The results should provide information regarding the need for therapy in sign language, and information regarding possible future preventive strategies.

### ***Sexual abuse among children in the general population***

Gorey and Leslie (1997) conducted an integrative review synthesizing the findings of 16 cross-sectional surveys in the general North American population regarding the prevalence of child sexual abuse. **All the samples were non-clinical adults. After adjustment for response rates and definitions (excluding non-contact abuse), they estimated the prevalence to be 12-17% for females and 5-8% for males. Within the group exposed to abuse, Gorey and Leslie (1997) found a gender distribution of 68% females and 32% males. Finkelhor (1994) reviewed studies from 19 different countries and found the same gender distribution tendency. He concluded that girls were abused 1.5-3 times more often than were boys. Two Norwegian studies reported similar prevalence findings among children under 18 years of age: 14% and 9% (Sætre, Holter, & Jebsen, 1986) and 19.2% and 9.6% (Tambs, 1994) for girls and boys, respectively.**

### ***Sexual abuse of children with disabilities***

**Results from studies among disabled children differ from studies among children in the general population both in terms of magnitude of the problem and in the gender distribution of the victims.**

**Most studies conclude that the risk of sexual abuse is doubled when a child is disabled (Chamberlain, Rauh, Passer, McGrath, & Burket, 1984; Crosse, 1998). Sobsey and Mansell (1994) collected reports from 220 respondents (either a victim with disability or the victim's advocate). They found that the disabled respondents were more often than other children, abused by an offender from the family or the circle of acquaintances. In addition children with disabilities were subject to the added risk constituted by caregivers that provided special care to the disabled.**

**Deaf children seem to be especially vulnerable. Sullivan, Vernon, and Scanlan (1987) refer to three studies concerning sexual abuse of deaf children. They conclude that deaf children are exposed to a 2-3 times greater risk of sexual abuse than are hearing children.**

**Sobsey, Randall, and Parrila (1997) reviewed studies of sexual abuse among disabled and non-disabled children in relation to gender distribution. They found that boys represented a significantly larger proportion of the disabled victims than would be expected from their respective proportion of abused children without disabilities. Kvam (2000) found the same tendency among 1293 children visiting Norwegian paediatric hospitals with the suspicion of sexual abuse. The non-disabled group had a gender distribution of 78% and 22% and the disabled group 65% and 35% for girls and boys respectively. Among deaf children Sullivan et al. (1987) found that boys and girls were equally represented among the victims of sexual abuse.**

The results from North America studies cannot, however, be directly transferred to the Norwegian deaf population due to differences in certain socio-cultural factors and differences in the school settings. Furthermore, some of these studies have methodological drawbacks (small sample sizes, lack of a control group) that make cross-cultural comparisons difficult (Sullivan et al., 1987). It was thus important to describe the situation for the deaf people in Norway.

## **MATERIAL AND METHOD**

### ***Subjects***

The Deaf Register in Norway contains the name, address, and date of birth of all deaf people in Norway. The register includes 1150 deaf people 18 years or older. The age and gender distribution of the members is spread rather evenly.

Even though a majority of the deaf people have settled in towns having a local church for the deaf, many live in small localities spread all over the country. This makes it both economically and practically difficult to interview a randomly selected population. Since a relatively large sample size is desirable in order to make comparisons among subgroups, a self-administered questionnaire was regarded as the most suitable data collection method to meet that goal. The questions were also translated into sign language by a deaf social worker and offered on videotape. The videotape gave sign language instructions about how to answer the paper edition.

The choice of questionnaire as data collecting method made it necessary to define the sample as *all names in the Deaf Register more than 18 years of age, who are capable of answering on paper a questionnaire offered in written and sign language*. If the informant did not have the intellectual capability to answer, the caretaker was instructed to return the paper questionnaire marked with a cross over the first page.

### ***The questionnaire***

The sexual abuse questionnaire was an adapted version of a previous sexual abuse survey in the general population administered by the National Institute of Public Health (Tambs, 1994). As deaf people have less vocal capacity, the written language was adapted, and some questions were omitted (e.g. about drug use and promiscuity in adulthood). Instead the questionnaire to the deaf added some questions regarding boarding during school years and the use of sign language. There were 53 main questions; the first 34 being general questions, intended for all respondents, followed by ten questions to be answered by those who had experienced unwanted sexual contact, and a further nine to describe the possible abuse.

The questionnaire was designed to elicit specific information regarding:

1. the prevalence and characteristics of childhood sexual abuse among deaf children (types of experienced abuse, child's age first and last time for each type of abuse, the place of occurrence, if it happened once/2-5 times/6 times or more),
2. characteristics of the perpetrator (gender, age, position, hearing or deaf, his or her use of force and violence),
3. the identification of possible predictors or risk factors as well as protective factors against abuse (deafness during childhood, gender, school situation, communication, boarding, friends, parent relation), as well as special characteristics of the perpetrator.

To motivate the respondents, articles about childhood sexual abuse and about earlier research among the deaf were written and printed in the Deaf Magazine 12-24 months ahead of the study. Information about the coming study was printed in the same magazine 1-3 months in advance, and it was announced in a monthly TV-magazine for sign language users.

To ensure anonymity, the questionnaire did not ask for the identity (name, address or exact date of birth) of the respondents. The Norwegian Data Inspectorate and the Norwegian Deaf Association approved the study protocol in June 1999.

Questionnaires were posted to the total deaf population (1150 addressees, no upper age limit) through the director of the Deaf Register in September 1999. Letter of recommendation from the Norwegian Deaf Association and stamped, addressed return envelopes were included. The questionnaire gave information about text telephones with professionals available if they wanted practical help or psychiatric support. A short reminder was sent eight weeks later the same way.

Sixty questionnaires were returned with "Unknown" or "Dead", and 88 were returned with a cross over the first page, indicating low intellectual capacity. These 148 questionnaires were excluded from the sample, which then comprised 1002 deaf persons. Altogether 431 questionnaires were returned in completed form (43%).

In order to comply with the comparison group (Tambs, 1994), which had an upper age limit of 60 years, the analysis is concentrated on the respondents who were 18-65 years. From the original sample of 1002 deaf adults, 609 were between 18 and 65 years of age. The total number of questionnaires received from this age group was 338, which gives a response rate of 55.5%.

Within the respondent group aged 18-65 years 267 persons (79.0%) became deaf aged 0-3 years, 35 (10.3%) aged 4-8, 12 (3.6%) aged 9-18, and 24 (7.1%) aged 19 or more. As the main purpose of this article is to describe the risk of sexual abuse among *deaf children*, only subjects who became deaf before the age of 9 years are included in the further comparison. The final respondent group comprises *302 persons aged 18-65 years, who became deaf before the age of 9 years*. The gender distribution within the respondents was 58.6% females and 41.4% males, evenly spread in the different age groups.

Sixteen percent had attended local schools, 66% had attended schools for the deaf, and 18% had been students at both local schools and schools for the deaf. More than half of the respondents (53%) lived in a boarding school throughout their schooling, another 14% had lived mainly at home, but in a boarding school for at least 1 year, while the rest (33%) had lived with their family the entire time.

Four women and three men did not answer 1-2 questions about circumstances around the abuse, and they are omitted from the results on that specific question.

### ***The comparison group***

The survey in the general population (Tambs, 1994) was selected to serve as a comparison group (see Table 2). In the study comparison group, Statistics Norway (SSB) randomly drew a sample of 2500 females and 2500 males aged 18-60 years and had a response rate of 37%. The age of the respondents was rather evenly spread. The gender distribution was 58% women and 42% men. The answers were anonymous. As practically all respondents were hearing Norwegians, they were supposed to attend their local school.

The questions in the 1994 survey served as a model for the deaf study. Methods of ensuring anonymity, and sending, receiving and coding the material were similar.

### ***Data analysis***

Statistical analyses were performed using programmes available in the *Statistical Package for Social Science* (SPSS for Windows release 11.0). The significance of observed associations or differences between the two groups (deaf children and a comparison group from the general population) was tested using the chi-square statistic.

A difference was considered to be statistically significant if  $p < 0.05$ .

## **RESULTS**

### ***Prevalence of abuse in the deaf subjects***

The subjects were requested to report unwanted sexual occurrences before the age of 18 years in accordance with 8 different types of abuse listed in the questionnaire.

None reported abuse when they were 17-18 years, which means that the subjects were 16 years or younger when abused. All were deaf when the first incident took place.

Altogether 134 persons - 45.8% of the deaf girls and 42.4% of the deaf boys - had been exposed to unwanted sexual experiences during childhood. Most of the victims reported 2-4 different types of sexual abuse, totalling 427 types. Most of the abuses were repeated "6 times or more". In Table 1 all the positive answers are registered.

**Table 1: All reported types of abuse among deaf girls (N = 177) and deaf boys (N = 125), according to gender**

Type of abuse	GIRLS		BOYS		TOTAL	
	n	% *	n	%*	n	%*
Pornography	21	11.9	24	19.2	45	14.9
Flashing	44	24.9	23	18.4	67	22.2
Voyeurism	26	14.7	12	9.6	38	12.6
Erotic kissing/fondling	31	17.5	15	12.0	46	15.2
Someone touched your genitals	47	26.6	28	22.4	75	24.8
You touched his/her genitals	30	16.9	24	19.2	54	17.9
Oral sex (oral intercourse)	21	11.9	15	12.0	36	11.9
Coerced intercourse (anal/vaginal)	46	26.0	20	16.0	66	21.9

\* Percentage of subjects in each group

**Most common was sexual abuse with physical contact, which was reported by 39.6% of the girls and 32.8% of the boys. The most frequent types of abuse against girls were genital touching and coerced intercourse, and among boys genital touching and exposure to pornography. Nearly all those reporting abuse with genital touching or intercourse also reported additional milder forms of sexual abuse.**

***Prevalence of sexual abuse in the deaf population compared to the 1994 study***

The Norwegian legal system refers to four types of sexual abuse, with an increasing degree of seriousness. To comply with the legal system the 8 different types of abuse found in Table 1 were reduced to four groups.

- The three alternative answers exposure to pornography, flashing, and voyeurism were labelled *non-contact abuse*.
- Erotic kissing and fondling was labelled *contact without genital touching*.
- The two responses concerning genital touching were labelled *genital touching*.
- The two responses concerning oral intercourse and coerced anal/vaginal intercourse were labelled *intercourse*.

**In Table 2 the subjects are listed by gender according to the most serious form of abuse.**

**Table 2: The most serious abuse among deaf girls (N = 177), deaf boys (N = 125), hearing girls (N = 1063) and hearing boys (N = 770) in percent**

Type of abuse	DEAF		HEARING	
	Girls %	Boys %	Girls %	Boys %
Non-contact abuse	6.2	9.6	11.4	6.2
Contact without gen. touching	3.4	1.6	5.9	2.5
Genital touching	11.3	16.8	5.8	3.8
Intercourse	24.9	14.4	7.5	3.3
Total	45.8	42.4	30.6	15.8

**The deaf respondents reported sexual abuse more frequently than hearing respondents ( $\chi^2 = 27.5$ ,  $p < 0.01$ ). The difference in contact abuse was significant between deaf girls and hearing girls and between deaf boys and hearing boys ( $\chi^2 = 36.7$ ,  $p < 0.01$  and  $\chi^2 = 52.2$ ,  $p < 0.01$ , respectively). The differences between deaf and hearing respondents increased in accordance with the seriousness of the abuse.**

***Characteristics of childhood sexual abuse among deaf children***

The age when the deaf victims first experienced non-contact sexual abuse varied from 3-15 years (mean 10.1). The first time physical contact abuse occurred without touching of genital parts varied from 3-15 years (mean 11.1), genital touching 4-15.5 years (mean 10.9), and coerced intercourse (vaginal, anal or oral) 5-15.5 years (mean 11.3).

Half of the victims of abuse with physical contact reported that they were offended in connection with a boarding school for the deaf (50.9%), even if some of them lived with their family. The rest of the abusive events took place in the victim's home (15.4%), the offender's home (15.4%), in a car/bus (2.9%) or other places, like in a hut, in the woods, on at camp (15.4%).

More than half of the victims reported that the offender persuaded them or enticed them to take part in the sexual incident, with or without gifts or alcohol, and more than every fourth victim reported that the offender used violence or force. A few felt that the abuser took advantage of a superior position. Despite the questionnaire emphasising that the respondents should report incidents that included force, persuading, squeezing or seducing, 13.0% regarded the reported sexual event to be voluntary.

Fifty victims of abuse with physical contact (45.9%) described the most serious instance as terrible, and 27 (24.8%) as very unpleasant, 15 (13.8%) as unpleasant, and 17 (15.5%) as OK / didn't matter.

**Table 3: Reporting of the sexual abuse with physical contact (N = 102)**

Kissing/ fondling	Genital touching	Inter- course	Total	Total
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	n	n	n	n	%
No, didn't tell anybody	1	24	25	50	49.0
I told, but was not believed	1	1	9	11	10.8
Mother or father	1	3	7	11	10.8
Other adults	2	3	9	14	13.7
Friend or sister/brother	1	4	5	10	9.8
School admin./CPS/Police		2	4	6	5.9
<b>Total</b>	<b>6</b>	<b>37</b>	<b>59</b>	<b>102</b>	<b>100</b>

When asked to whom they reported the incident, the deaf subjects answered as in Table 3. Almost half of the children (49.0%) carried the secret alone, and 11 (10.8%) tried to tell somebody, but were not believed. Only 6 of the abuses (5.9%) were reported to the school or other authorities.

### ***Who were the perpetrators?***

The age of the abusers at the time of first incident varied from 9-70 years, with mean age 27, 29, 30, 26 in the four categories of abuse. The age was similar for those who abused girls and those who abused boys.

Concentrating on the three types of *contact* abuse, 61 (57%) reported older students or people working in the school as the perpetrator. Less than one out of five (18.7%) had a member of the family as the abuser. None of the respondents reported an unknown perpetrator. Altogether 41.0% of the victims had one or more deaf perpetrators, 44.0% had one or more hearing perpetrators, while 15.0% had both deaf and hearing perpetrators.

**Among the victims of contact abuse, 65.4% reported one male perpetrator, 25.0% more than one male, 4.8% one female perpetrator, and 4.8% both male and female perpetrators. Boys more often than girls reported a female abuser (14.5% and 5.1%, respectively), while 5.1% of the girls and 2.9% of the boys had abusers of both genders.**

### ***Childhood life - possible protective or risk factors***

We examined background factors to determine if there was a difference between the abused and the non-abused groups. Altogether 82.3% of the deaf sample reported having a good friend at school, while 17.7% indicated they had no good friend. Likewise 72.4% said that they had a good friend at home, compared to 27.6% without a good friend.

There were no statistical differences between the non-abused/no contact abuse group and those having experienced contact abuse on reporting friends at school (83.8% versus 79.8%). Those who were not abused more often reported having a good friend at home (76.3% versus 65.8%,  $p = 0.04$ ).



Of the total group, 217 (73.8%) said that they never or very seldom were bullied at school, while 77 (26.2%) were bullied at school 2-3 times a month or every week. Those who were exposed to sexual abuse with physical contact more often reported bullying, 35.5%, than the non-abused group, 20.6% ( $p < 0.01$ ).

Severely abused children did not experience family turmoil more than non-abused in that the prevalence of divorce was the same in both groups. The abused group and the non-abused did not differ when asked if the mother and the father were nice or selfish persons, if they were over-protecting or neglecting the child. More in the abused group indicated that their mother was too strict, and they more often reported that she used corporal punishment ( $p < 0.01$  for both). The abused group more often had difficulties in communicating with their father, reported not having good contact with him during childhood, and reported that he used corporal punishment ( $p < 0.01$  for all).

When asked if they knew about other boys and girls being sexually assaulted, 60.0% denied this, but 33.0% knew that one or more deaf children were being abused, 3.5% knew about one or more abused hearing children, and 3.5% knew about both abused hearing and deaf children.

Those who were seriously abused themselves significantly more often reported to have knowledge about abused peers. Among the non-abused or no contact abuse group 29.6% reported knowledge of abused peers, 37.5% among the group who had experienced erotic kissing, 51.4% among those who had experienced genital touching, and 64.1% among those who had been the victim of intercourse.

## **DISCUSSION**

This study found that adult deaf people in Norway reported more childhood sexual abuse than did the subjects in a Norwegian hearing comparison group. Deaf females experienced childhood sexual abuse with physical contact more than twice as often as hearing females (39.6% and 19.2%, respectively), and deaf males more than three times as often (32.8% and 9.6%). The difference in prevalence within the deaf and hearing group increased in accordance with the seriousness of the abusive event. While 24.9% of the deaf women and 14.4% of the deaf men had experienced intercourse during childhood, this occurred to 7.5% of hearing girls and 3.3% of hearing boys. Nearly half of the deaf victims reported that the abuser was deaf, and half of the abusive events took place in a special school for the deaf.

Within the deaf group some background variables were significantly different between the abused and the non-abused deaf group. Adults who reported sexual abuse were more likely to indicate that they had few friends at home, that they were bullied at school, and that they had bad relations with their mother or father, compared to the non-abused deaf group.

The finding that childhood sexual abuse in deaf people is more frequent than among the general population in Norway is in agreement with earlier studies from North America. Sullivan et al. (1987) found in two studies that 50% of deaf youth from residential schools had been sexually abused. In a third study only 9% of the deaf students reported childhood sexual abuse, but the respondent came from both

mainstreamed and residential programs. It seems that the risk both in Norway and North America may in part be connected to the boarding schools for the deaf.

Males reported childhood sexual abuse far more often in the deaf study than might be expected from the results of the control study. This is in agreement with Sullivan et al. (1987), who found that the prevalence of sexual abuse among deaf boys was similar to that among deaf girls. Also Sobsey, Randall, and Perrila (1997) found more sexual abuse among disabled boys than among non-disabled boys, as did Kvam (2000).

Some methodological difficulties with the study should be addressed. As in all retrospective studies and questionnaire surveys, details may be forgotten or distorted. A questionnaire cannot guarantee that the questions and the answers are in accordance with the intended purpose. This may be especially true when the reader is deaf, but this deficit is probably to a large degree compensated for with the sign language version. Furthermore there is no reason to believe that deaf people will remember more or less than hearing people.

A second difficulty presents itself in the use of a comparison group. The two studies do not employ exactly the same wording, but the aims and the contents of the questions are the same and should not influence the answers.

Another difference between the two studies lies in the response rates, which were 55.5% in the deaf study and 37% in the comparison group. The low response rate weakens the validity of both the studies. Both studies found, however, no difference in the prevalence of abuse between those who answered immediately after receiving the questionnaire and those answering later or after the reminder. Neither of the two studies can estimate the prevalence and nature of possible sexual abuse among those who did not answer. The better response rate among the deaf may be explained by the dissemination of adapted information prior to the study.

An additional uncertainty concerning the response rate in the deaf study lies in the questionnaires that were returned with a cross over the first page. Some of these may represent people unwilling to answer and not necessarily people who cannot answer a questionnaire. Furthermore, we assumed that the ages of this group were evenly spread. This is not necessarily the case, and a larger proportion may be from the oldest groups.

This study is the first to collect data from a national sample of deaf adults, thus providing a population-based perspective concerning sexual abuse of deaf children. Thus we conclude that despite some methodological reservations, our study provides important new information. We found an increased occurrence of sexual abuse for deaf children, often when attending a special school for the deaf. It seems that the schools for the deaf may develop a certain culture where assaulting younger pupils is not regarded as a serious crime. We see a dilemma: The arena in which deaf pupils can use their natural mother tongue and live in an adapted communicative surrounding, at the same time represents an arena with a risk of sexual abuse. The abusers are in many cases older students attending the same school for the deaf. This finding, together with the findings regarding risk factors, is important to teachers and others taking care of deaf children. When teachers or other caretakers are aware of

circumstances such as bullying and poor peer and parent relations, they should be alerted and help the child and also follow up to see if the child is being sexually abused.

The high prevalence of reported abuse taking place in the schools for the deaf represents a special challenge to these institutions. The schools for the deaf must be prepared to both inform and coach their staff. Furthermore, they must use adapted prevention programs directed at all age levels, and teach the pupils to tell the caretakers if they are assaulted or if they discover that other children are being assaulted. Thus, one can hope to break a vicious circle and prevent, at least, abuse taking place in the special schools for the deaf.

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