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Patterns of Victimization of School-Aged Children with Autism in the Rural Southern United States

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Abstract

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Megan Rae Marie Thornton

MA, University of the Rockies, 2016

BA, Waldorf College, 2006

Dissertation Submitted in Partial Fulfillment

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Abstract

Individuals with disabilities experience victimization at rates higher than their typically-functioning peers. Because they are often perceived as unreliable reporters, the likelihood that victimizations of individuals with disabilities are reported is low. Data regarding the lived victimization experiences of individuals with specific disabilities are scant. Grounded in the rational choice theory and Cohen and Felson's routine activity theory, this qualitative study investigated the victimization experiences of school-aged children with autism spectrum disorder (ASD) in the rural Southern US. This study involved 21 public school students between the ages of 12 and 17 who were interviewed using the Juvenile Victimization Questionnaire, second revision. Multiple themes were extricated from interview data through descriptive coding. Students with autism are most likely to be victimized in areas that are unstructured and have inadequate supervision. When a weapon was used during victimization, it was most often a weapon of opportunity, and types of victimization most experienced by students involved chasing, grabbing, or being forced to do something they did not want to do. This study identified fear of punishment and embarrassment as the most considerable barriers to self-reporting victimizations to appropriate authorities. This study's results can be used by families, educators, and service providers to assist in supporting change for individuals with autism that are at risk for experiencing victimization. Study data may have a positive social impact by preventing victimization through the identification of potential victims, providing situational intervention in high risk areas, and supporting intervention in situations involving victimization for individuals with autism.

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Dedication

For Dex Wray Wilde. You, my son, will always be my most terrifying joy. Be brave, climb trees, stay weird and wild*e*. Run fast, watch more cartoons, listen to Tom Petty, and eat empanadas. Always take care of those smaller than you. Your tender heart is not a fault, little Dexy; it is your greatest strength. Continue to be compassionate, kind, and curious. Ask questions and challenge others. Cry when you need to. If you're wrong, say so.

You are an irreparable perfect mess of tangled hair, creativity, skinned knees, crooked teeth, and dry elbows. You are my I love you, my Wildflowers, my Gilead, my Colossus, and all things lovely, gritty, loud, and kind. You will echo far beyond my actual end, and for that, I am unashamedly honored.

Take chances, my love. Make mistakes, get messy, and create something that makes you feel proud.

For Aymen, and his unending fortitude. Thank you, habibi. This time, we celebrate.

For Flash Jenson.

Zoom: Heroes die.

Flash: ***Only if you can catch them.***

Acknowledgments

The largest acknowledgement is most appropriate for Dr. Danielle Rose Liso. She continues to be one of the most beautiful people in my life. Her constant encouragement, editing, advice, expertise, and friendship are immeasurable, and I will never be able to thank her enough for her support. Autism and academics are a wonderfully weird journey with her by my side. She is the intelligent, powerful, kind, and well-spoken woman I strive to be.

I also owe thanks to my dear friends and forever-students at Lake Butler Middle School and Union County High School, especially Allyson Beatty, Joy Zapp, and Morgan Arnold. You have shown me that experiencing the human endeavor, including epic failure and the consequence of understanding, exploring, and accepting your differences is best done together. You are my first steps, giant leaps, and my learning curve. To you, I will be forever indebted.

A mountain of thanks goes to my chair, Dr. Daniel Jones. His unfaltering encouragement allowed me to continue to read one more article, type one more page, and ask more questions than necessary. His patience and optimism guided my writing and research onward every step of the way.

Finally, it should be noted that this Ph.D. was fueled by copious amounts of House Chocolate from Lydia, at Day Dreams Ice Cream in Gainesville, FL. It was unimaginably delicious. This dissertation will sound better if the reader enjoys a double scoop while delving into the following pages.

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Chapter 1: Introduction to the Study

Introduction

Although students with disabilities experience much higher rates of victimization than their peers (Closson & Watanabe, 2016; Fisher, Baird, Currey, & Hodapp, 2016) it is difficult to know the experience of individuals with disabilities such as (ASD). As research on the victimization of individuals with ASD is scant, identifying patterns of victimization and factors that prevent reporting will provide the first steps in the identification, prevention, and education of this population. The central research question of this dissertation was: What are the patterns of victimization for students diagnosed with ASD in the rural Southern United States?

The first sections of this chapter outline the problem, purpose, and research questions used to guide the study. Chapter 1 also includes the theoretical framework, nature of the study, assumptions, and limitations. This study contributes to literature in the areas of autism and victimization. Specifically, this study will have an impact on positive social change through an increased understanding of identification of patterns of victimization among school-aged children diagnosed with ASD in the rural Southern US and through identifying barriers to reporting victimization.

Background of the Study

The phenomenon of victimization is neither rare nor new to our society. Victimization has been acknowledged in society and throughout human history. Within the last two decades, however, academic research has largely neglected the area of victimization of individuals with specific disabilities such as ASD.

Individuals with disabilities including ASD are more likely to be victimized than neurologically-typical peers (Fisher, Moskowitz, & Hodapp, 2013). Moreover, students with ASD may be more vulnerable to victimization or bullying, as diagnostic characteristics of ASD inherently increase the likelihood of victimization (Unet al., 2014). Primary diagnostic criteria for ASD include social language deficits, communication deficits, and restricted and repetitive interests (American Psychiatric Association [APA], 2013). The social and communication difficulties associated with ASD significantly increase the risk of victimization for students diagnosed with ASD, as these individuals may not be able to identify when abuse or victimization has occurred. Furthermore, due to these challenges, individuals with ASD may be less likely or able to successfully report such an incident (Zeedyk et al., 2014).

Olweus (1978) defined bullying as "aggressive behavior or intentional 'harm doing' which is carried out repeatedly and over time in an interpersonal relationship characterized by an imbalance of power" (p. 881). As incidents have increased, interest and research regarding incidents of school violence and victimization have also increased.

Bullying, a form of victimization, is most likely to occur during school-aged years, or kindergarten through 12th grade (Manzella, 2018). Although anti-bullying laws, such as the Jeffery Johnson Stand Up for Students Act of 2018 have been put in place, these laws are virtually ineffective in terms of preventing bullying, particularly in middle and high schools, where bullying is the most prevalent (Manzella, 2018; Winburn, Winburn, & Niemeyer 2014). For example, one southern state has created statute created

for the instruction of disability history and awareness instruction as an optional 2-week program in the first 2 weeks of October. Moreover, this southern statute promotes classroom speakers who discuss "better treatment for individuals with disabilities, especially for youth in school, and increased attention to preventing the bullying or harassment of students with disabilities (para. 5)" (18 U.S.F. 003.4205). Prevention, identification, and intervention of victimization are not addressed within this statute, showing a further need for understanding for this population.

Victimization is not a new concept but has been present throughout US society. Due to social and communication difficulties, individuals on the spectrum are more vulnerable to victimization, as these individuals may not be able to self-identify and report victimization, and may often misinterpret social situations (Zeedyk et al., 2014). Little is known about the individual victimization experiences of persons with disabilities such as autism. A steady increase of violence and victimization of these children at school have prompted some policy change in the Southern U.S.; however, none explicitly targets victimization of students with ASD.

Problem Statement

Students with disabilities experience higher rates of victimization than their neurologically-typical peers. Identifying patterns of victimization will assist in terms of preventing victimization, identifying potential victims, and intervening in situations of victimization. Currently, one in 59 children in the US are diagnosed with ASD (Centers for Disease Control and Prevention [CDC], 2018), making those diagnosed a significant part of the school-aged population in the rural US. Autism rates have shown continual

growth, with diagnosis increasing at rates higher than expected by the CDC, creating a greater need for victimization understanding and prevention. Significant gaps remain in understanding the victimization of students with ASD. Additionally, risk factors associated with socioeconomic status, need for a caregiver, residential status, and perceived reliability of reporting increase the likelihood of victimization for the target population. Further research is needed have a clear picture on the victimization of students with autism. This study seeks understand when, how, and by whom youth with ASD are victimized in the rural U.S. as well as barriers to reporting.

Purpose of the Study

The purpose of this qualitative study was to understand lived experiences involving victimization among school-aged children diagnosed with ASD in the rural Southern US. Furthermore, it intended to fill gaps in understanding for educators and individuals providing support services to persons with ASD regarding when, how, and by whom youth with ASD are victimized in the rural US as well as barriers to reporting. This hope of this study is to provide information to families, educators, and service providers who can assist in identifying and creating resources and instigating best practices in the area of educational experiences for students on the spectrum.

This study investigated the victimization experiences of 21 children ages 12-17 with ASD in the rural Southern U.S. Primary diagnostic criteria for ASD include social language deficits, communication deficits, and restricted and repetitive patterns and interests (Realmuto & Newman, 2014; Schreibman). Social deficits significantly increase risks of victimization for students diagnosed with ASD as they may not be able to

identify when abuse or victimization has occurred or be able to successfully report incidents (Zeedyk et al., 2014).

The inability to adapt socially or have appropriate and functional communications are obvious risk factors for victimization for all individuals with disabilities. As deficits in terms of social, communication, and interpersonal skills are diagnostic characteristics for ASD, these deficiencies create unique and increased risks for individuals with autism. In particular, theory of mind (ToM) can create significant gaps in understanding and communication. Regarded as a form of social perspective-taking, ToM is a social cognitive skill that represents an individual's ability to recognize that others have different opinions, experiences, and intentions than oneself (Realmuto & Newman, 2014; Shakoor et al., 2012). A lack of social cognitive skills can make it difficult to determine if an individual is trying to be manipulative, has good intentions, or is deceitful.

Communication and intellectual and developmental deficits create substantial complications as individuals are not able to self-report or respond to questions during traditional interviews regarding abuse (Jordan & Austin, 2012; Parsons & Sherwood, 2016). These individuals may also have difficulty reporting events that have taken place in the past with accuracy and detail. Specific questions regarding motives of perpetrators, for example, may be particularly difficult for individuals with ASD to answer due to social deficits related to their diagnosis of autism.

Moreover, current criminal justice procedures do not accommodate the unique needs of children with autism, including limited research in the area of law enforcement training to explicitly address police interactions involving individuals with intellectual

disabilities and ASD. Inadequate information about best practices for field interrogation, incarceration, youth intervention, and compliance continue to create complications in terms of developing policies that can prevent, reduce, and provide support to these vulnerable populations.

Research Questions

The central research question is:

RQ: What are the patterns of victimization for school-aged students diagnosed with ASD in the rural US?

The sub-question is:

SQ: What barriers prevent the reporting of victimization to appropriate authorities?

Theoretical Foundations and Applying Criminological Frameworks to a School Setting

Routine Activity Theory

Cohen and Felson (1979) developed routine activity theory as a response to crime rate increases in the US from 1947 to 1974. The theory explained the increase of crime based on the populations changing social trends, including increases in women working outside of the home, increased attendance of women at educational institutions, and more frequent travel. These routine activities, defined as "any recurrent and prevalent activities, which provide for basic population and individual needs" (p. 593), involved individuals' daily routines inside and outside of their homes. Cohen and Felson (1979) noted three requirements for a violation: "An offender with both criminal inclinations and

the ability to carry out those inclinations, a person or object providing a suitable target for the offender, and absence of guardians capable of preventing violations" (p. 596). Using routine activity theory, a criminal act is more likely to occur when a motivated offender comes into contact with a target without a guardian in place. Simply put, the more vulnerable and accessible the target is, the more likely the victimization will occur. Relying on the patterns of regular social interactions, routine activity theory uses the predictability of daily life to create patterns of offending making crime a normal occurrence that is dependent on the opportunities available to the offender.

Students with disabilities are suitable targets for crime, as they are less likely to recognize they are being victimized and report victimization or abuse from their caregivers. Furthermore, these individuals are highly dependent on others and are more likely to experience abuse from caregivers. Using rational choice theory as a framework, students with disabilities such as ASD are the most cost efficient choice in school settings for offenders as they are less likely to report, easy to identify, and readily available (Cohen & Felson, 1979; Lattimore & Witte, 2017; Simon, 2006). Moreover, targeting readily available peers and lack of peer reporting may lead to the choice of victimization for offenders as benefits are more significant than consequences. You could add a sentence here saying that individuals with ASD typically follow a very routinized schedule, making their whereabouts predictable, thereby making them easy targets.

Rational Choice Theory

The foundation of rational choice theory is based on behavior choices, including the choice to engage in crime based on intent/premeditation and the weight of benefits

versus risk (Lattimore & Witte, 2017). Although first introduced as an economic theory, it was adopted for the use in the criminilgical studies in the late 1970s by Clarke and Harris (1992) using the same deturrance and hedonistic philosophies associated with Jermy Benton's (1780) utilitatianism which noted that individuals weigh their choices of crime based on pain from potential punishments. Loughran (2016) noted traditional choice theory is easily shown in premeditated burglary in which offenders choose to carry out their crime while home owners are on vacation, lessening their chances of being caught during the offense. In short, rational choice threory makes the implies offencers are rational in their decision-making prcess, and despite the chance for consequences, the benefit of committing the offense outweights the potential for punishment, or the punishment itself.

Adanali (2017) and Goldfield and Gilbert (2018) noted that using rational choice theory, potential offenders weigh the consequences of committing a crime against the potential benefits or pleasures the action will produce. If the pleasure of committing the offense outweighs negative consequences, the rational choice is to commit the crime (Adanali, 2017; Goldfield & Gilbert, 2018) An expected reward may come in the form of elevation in social status or feelings of personal power (Pouwels et al., 2017; Pouwels, van Noorden, Lansu, & Cillessen, 2018). Matsueda et al. (2006) noted that theft and acts of violence from offenders easily fit into the framework of rational choice theory, emphasizing that information regarding risk is formed, in part, by information gathered by peers and direct experience with the legal system itself. The same factors of experience hold true for youth engaging in activities to elevate their social status or seem

cool to their peers, using social status as a reward factor in the decision-making process when making the choice to offend (Matsueds et al., 2006). Historically, it has also been found that offenders seeking targets are more likely to choose individuals they perceive as being unable to defend themselves, or weak (Wright & Rosi, 1983). More recently, research has shown that acts of lethal consequence involve an element of rationality and the choice to engage in the offending behavior, including those involving anger and aggression (Seigel & McCormic, 2016).

Routine activity is a well-suited framework for the causes of victimization for individuals with autism in an educational setting as this environment contains motivated offenders, suitable targets, and capable guardians (faculty and staff) that fluctuate throughout the day. Under these circumstances, a motivated offender could intentionally and repeatedly victimize a suitable target, using situational knowledge of predictive scheduling and the presence/supervision of suitable guardians. Repeat victims have fewer friends and are less likely to stand-up for themselves, further isolating them from their peers Olweus, 1979).

Nature of the Study

This study investigated patterns of victimization and barriers to reporting victimization of school-aged children ages 12-17 diagnosed with autism living in the rural southern US. A qualitative phenomenological method guided this research. As a study of the structures of experience, phenomenology was most appropriate to best understand the subjects' points of view as the researcher desired to focus on the commonality of the lived experiences of individuals with autism through the use of face-

to-face interviews. The interviews focused on information given by individuals with autism, creating an account of their first-hand experience. Creswell (2013) noted the fundamental goal of phenomenology is to come to a clear description of the nature of the phenomenon being studied. As is traditional in phenomenological studies, data were gathered, read multiple times, and then put into themes using like phrases which were clustered together to construct universal meanings. In the phenological process the researcher works through data to understand two broad questions (Moustakas, 1994), (1) What have you experienced in relation to the phenomenon, and (2) How has your experience been influenced by your specific contexts and situation (Creswell, 2013). As this approach is often used for exploratory studies, even when the researcher's question is not answered, the richness of the data provided through interviews and observations often lends itself to further opportunities for study and inquiry (Creswell, 1994).

A qualitative approach was valuable to this study for several reasons, the most relevant being the type of data collected: nonnumerical. As the researcher's intention in data collection was to understand a lived experience, qualitative was most appropriate to gather in-depth insight develop new ideas on a specific phenomenon. Moreover, qualitative approach also allowed for greater understanding of the victimization experiences of those diagnosed with ASD and the barriers that prevent reporting of the victimization. Data from this study were collected through face-to-face interviews with individuals with autism. Data were then analyzed using thematic content analysis. Qualitative data analysis was used to organize data and develop coding. A statistician was enlisted to reduce errors and to facilitate accuracy of data interpretation. Data were

deidentified before the statistician had access to maintain privacy standards for participants.

Definitions

Several key terms are used throughout this study; consequently, it is necessary to define their meaning within the context of the study:

Autism Spectrum Disorder (ASD): ASD is a complex life-long neurological developmental disorder. Primary diagnostic criteria for ASD involve persistent challenges/deficits in pragmatics, communication, and language and restricted and repetitive patterns of behaviors, interests, or activities. ASD is a spectrum disorder, meaning severity and manifestation of symptoms are different for each individual. Individuals with autism experience a wide range of characteristics and abilities with no two individuals appearing or behaving in the exact same way. Symptoms and support needs related to autism can change over time. Although best practices have been developed in the areas of therapeutic treatment, there is no cure for ASD. Additionally, a clearly defined cause for autism has not been discovered, however science has shown overwhelming evidence that is not caused by bad parenting or vaccines. (APA, 2013). Autism spectrum disorder is also commonly referred to as: ASD, autism, or as being on the spectrum. Individuals with autism may also choose to identify as autistic.

Caregiver: Caregivers provide support to individuals with disabilities in terms of daily activities, routines, and tasks. This support can include companionship, completing errands, administering medicine, driving to and scheduling appointments, hygiene assistance, and individualized medical support. Caregivers may also report to guardians

or family members as needed. Additionally, caregivers may be paid or unpaid, live in the home of the individual with the disability, or be a parent or guardian.

Inclusion: Within the context of this study, the term means the practice of educating students with disabilities in the same general education classrooms as their typically-functioning peers (Guerin & McMenamin, 2018; Volkmar, Rogers, Paul, & Pelphrey, 2014). This practice may be implemented throughout all areas of a student's day, including lunch, electives, and non-structured social time (Volkmar et al., 2014).

Special Education Services (SES)/Exceptional Student Education (ESE): ESE and SES are specially designed services for students with exceptionalities or disabilities. ESE instruction may include therapy, special transportation, technology, classroom accommodations and modifications, or personal supports. Students must meet eligibility determination to qualify for these services which are provided under the Individuals with Disabilities Education Act.

Support Services: Support services are services given to individuals that increase their capacity for independence and improve daily living and welfare of individuals with disabilities, including autism. These services can include special education serves, therapies, respite, daycare, and caregivers (Guerin & McMenamin, 2018).

Victimization: Victimization is characterized by verbal, emotional, or physical aggression involving a power imbalance between an individual that typically involves an intent to harm the individual perceived to have less power. Victimization of individuals may be reoccurring, and under this circumstance, the act is often referred to as bullying (Olweus, 1978).

Assumptions

There were multiple assumptions made before beginning this study. One of the key assumptions was that experiences of participants, individuals with autism ages 12-17 living in the rural southern US, may not be representative of individuals in other age groups or geographical locations. Additionally, it was assumed that interview questions were clearly understood by participants and they provided answers candidly and honestly. Finally, it was assumed that participants had a genuine interest in participating in this study.

Scope

This qualitative study involved conducting a set number of semi-structured interviews with students ages 12-17 (referred to as school-aged) with autism who have experienced victimization. Demographic information and accommodation needs during interviews was collected from guardians prior to student interviews. Student interviews were conducted in the presence of a legal guardian. This study focused on the rural southern US, as information is scarce regarding the victimization of children with disabilities in the rural US and virtually nonexistent for children diagnosed with ASD.

Limitations

There were several limitations to this study. Sample size was limited due to the small population size of potential participants in the areas sampled in the rural Southern US. As there was no way to increase the population size of the sample areas, increased participation was encouraged through direct contact and flyer distribution to autism support organizations serving individuals living in the rural US. Additionally, invitations

to participate in the study were distributed electronically to parent support groups and online supports that serve these areas, allowing for broader reach and distribution. Using only participants that meet all study requirements, which will be addressed in detail in Chapter 3, may limit transferability to studies that are conducted with different requirements. Transferability of results was not the intention of this study and results were not generalized for other populations. Instead, the goal was to gain insight to promote prevention, intervention, and best practices in the area of victimization for individuals with ASD in the rural southern US. Results from this study could be used for future studies targeting a different geographical region, age range, or disability. Because of this clear and detailed descriptions of procedures, setting, and roles of the researcher to ensure transferability.

Finally, characteristics of ASD may make tasks such as reporting on recent or past events and expressing one's thoughts and emotions clearly and accurately arduous for some students. These challenges can make interviewing and information retrieval difficult as communication deficits may create unique challenges for individuals on the spectrum (Lewis & Porter, 2004). Accommodations attending to sensory and communication needs, visual supports, and flexibility in the areas of response, setting, and communication were used to support these challenges and will be further discussed in chapter three.

Acknowledging Bias

Although researchers may be familiar with a wide variety of populations throughout their research, it is necessary to acknowledge the possibility for bias and

address any issues that may occur. As this study involves human participants, the first bias to address is labeling. Although avoiding labeling individuals during research is always the best practice, difficulties may arise when referring to participants during data collection and beyond. For this reason, linguistic categories should be carefully considered to avoid offending participants or readers. Throughout this study, it was general practice to ask individuals how they preferred to be addressed and identified. This included identifiers such as race and ethnicity, gender, and disability. Gender-depicting pronouns were avoided by replacing the gendered noun with a more appropriate noun, such as person or individual.

In researching persons with disabilities, language referring to disability was chosen to avoid terms that expressed negative or disparaging attitudes. Nonhandicap language was used to maintain respect and integrity for individuals, in the hope of depicting all involved in this research as whole human beings. To do so language that equated individuals with their condition, has negative overtones, or is considered a slur was not used. Additionally, people first, not disability-first language was used, including emotionally-neutral expressions (person suffering from autism vs. individual with autism). The right and capacity of all participants to express their own needs and preferences and have control over their own accommodations and supports was a continual focus throughout the research process, especially during the data collection process. Historically, individuals with disabilities have not been given the opportunity to participate in research regarding individuals with disabilities. In this research, individuals with autism were regards as respected resources contributing to this research. Semi-

structured open-ended interview questions were used so that participants could freely share their experiences. Second, recording devices were employed during interviews so that all information can be accounted for using transcripts. Additional information is presented regarding data collection and research design methods in Chapter 3.

Sampling Strategy

Data for this project were derived from interview questions that addressed lived victimization experiences of 21 school-aged individuals with autism living in the rural Southern US. Interviews were completed during a single session. The JVQ-R2 addresses a broad range of victimization experiences and was well suited for this specific audience and study as it is designed with language and content for youth victims. Finkelhor, Hamby, Turner & Ormrod (2011) said, "Any version can be used for the four most common purposes: clinical assessment, community needs assessment, program evaluation, and research" (p.6). For this study, the abbreviated youth lifetime form was used. This form is shorter than the full version and is recommended by the author when not using computerized testing to complete the interview in its full version . Finkelhor, Hamby, Turner & Ormrod (2011). Additionally, each section of the JVRQ-R2 interview included questions addressing reporting of victimization and autism.

Demographic information was collected from all participants. The sampling strategy began with recruitment flyers. Upon agreement to participate, a phone call was made to schedule an interview. Interviews were conducted and follow-up interviews were made if needed. The JVQ-R2 and requirements to participate in the study will be further discussed in Chapter 3.

Significance of the Study

The number of individuals with ASD is steadily rising. Currently, one in 59 children in the US are diagnosed with ASD, which is a 30% increase from the one in 19 children diagnosed with ASD in 2008. (Centers for Disease Control and Prevention, [CDC], 2018). This population is vulnerable to victimization at rates four times higher than their typically-developing peers (Sterzing, et al., 2013) This study will focus on individuals diagnosed with ASD experiencing victimization from typically-developing individuals, not by individuals known to have intellectual or neurocognitive disabilities. The study will benefit educators and individuals providing support services to persons with ASD in increasing understanding regarding when, how, and by whom youth with ASD are victimized in the rural US as well as barriers to reporting victimizations. members in the criminal justice field as it will provide an exploration explanation of the lived experiences of participants and qualitative understanding of patterns of victimization. As there is scant information available about this population the victimization of individuals with autism in the rural Southern US, this study may serve as a significant addition to the body of literature on victimization of individuals with ASD in the rural Southern US.

Positive Social Change Implications

Using Walden University's framework for social change and leadership as a guide (Walden 2020: A Vision for social change, 2017), this study aimed to increase understanding through identification of patterns of victimization of children diagnosed with ASD in the rural US, along with identifying barriers to victim reporting.

Additionally, using systematic thinking and reflection, this study will promote positive practices in the areas of self-advocacy and interagency collaboration regarding individuals with autism in rural classrooms. Finally, this study will provide data that supports the need for a change in the areas of educational and public policy for individuals with ASD.

The positive social change implications of this study included increased understanding and identification of victimization patterns of involving school-aged children diagnosed with ASD in the rural US and identification of barriers to victim reporting. Results from the study may also be used along with the existing body of literature to develop best practices in the areas of victim self-advocacy and prevention of victimization in the field of education and public policy for individuals with ASD.

Summary

This study explored the victimization experiences of school-aged children with ASD in the rural Southern US. Chapter 1 addressed information regarding the background of this study along with the need to fill gaps in the victimization literature regarding qualitative research on school-aged children in the rural Southern US. Cohen and Felson's routine activity theory and rational choice theory were used to ground this study. The goal of this study was to increase understanding for educators of the victimization of individuals with autism and promote identification and prevention of victimization for students with ASD in the Southern rural US. This study may be used in future research to establish best establish practices for educators in the area of victimization identification prevention for individuals with ASD.

A qualitative phenomenological approach was used in this study. Information was collected from 21 participants diagnosed with ASD who attend school who the rural Southern US. There were limitations in this study which included small sample size, limited representation of age groups for students on the spectrum, and communication difficulties for individuals with ASD that posed communication challenges in reporting information regarding their experiences of verbal and/or physical altercation. This study contributes to literature in the areas of autism and victimization. Additionally, it positively impacts positive social change through increasing educators and caregivers understanding of identification of patterns of victimization of children diagnosed with ASD in the rural Southern US and identify barriers to victim and guardian reporting.

Chapter 2 includes additional information on Cohen and Felson's (1969) routine activity theory and rational choice theory as theoretical foundations. Moreover, a review of current literature on disability and victimization, risk factors for victimization, responses to victimization, and ASD is provided.

Chapter 2: Literature Review

Introduction

The purpose of this study was to understand patterns of and barriers to reporting victimization for school-aged children diagnosed with ASD in the rural Southern US. Further, it intended to fill gaps in understanding when, how, and by whom youth are victimized. Individuals with disabilities are more likely to be victimized than their typically-functioning peers (Fisher et al., 2013b; Schroeder et al., 2014; Sreckovic et al., 2014; Zeedyk et al., 2014a; Zeedyk et al., 2014b). Although much literature exists regarding victimization, little research was available that focused specifically on the victimization of individuals with autism in the rural Southern US.

Chapter 2 includes a review of literature on disability and victimization, risk factors for abuse, victimization of individuals with intellectual and developmental disabilities, and the impact of victimization. ASD is discussed. The chapter concludes with a summary of key findings from the reviewed literature.

Literature Search Strategy

Sources for this study were accessed using databases including, but not limited to SAGE Journals; Disability Statistics Online Resource by Cornell University; and the online research library of the Bureau of Justice, department of statistics; EBSCOHost, and JSTOR; long with numerous print resources. Keywords used in searches included: *autism spectrum disorder, ASD, victimization, disability, rural victimization, disability and abuse,* and *bullying and autism*. Keywords were used in combination and individually, along with key phrases to locate literature. Time and language qualifiers

were used for the majority of resources. However, searches without time qualifiers were used for select resources, including seminal sources. Time qualifiers went back to 2000, as this is when the US CDC (2018) began to track the prevalent rated of ASD, however focus was put on topics less than five years old. Language qualifiers included the key terms, plus names of prominent authors in the areas of victimization and crime theory, primarily Olweus, Cohen and Felson, and Cornish and Clarke.

Theoretical Foundation

Routine Activity Theory

The routine activity theory was designed and developed by Cohen and Felson to explain increase in crime rates in America from 1947 to 1974. A subfield of crime opportunity theory, routine activity theory focuses on the circumstances surrounding the crime or victimization rather than the offender. Crime can occur without being affected by social factors such as poverty or inequality (Scott, 2017). Cohen and Felson (1979) suggested that opportunity is the most substantial factor in terms of offenders deciding to commit a crime, and macro-level shifts or changes throughout an individual's day may make them a more suitable target for crime. Macro-level shifts or changes may include time of day, location, the presence of other individuals, and physical appearance.

Routine activity theory was used to research and explain property crime, rape risk, and homicide trends. In the past decade, routine activity theory has been used as an explanation for a variety of criminal offenses including medical marijuana production and situational crime prevention, likelihood of arrest, cybercrime, dating violence, and teacher victimization.

Historically, research in the field of criminal justice studies focused on motivations of the offender. This study seeks to understand experiences of victims with autism versus offender motivation, switching focus away from the offender and onto the lived experiences of victims. Cohen and Felson's routine activity theory require researchers to focus on understanding the circumstances surrounding the crime rather than the criminal act itself. These circumstances may include the location of the crime or individuals witnessing the crime. Additionally, Cohen and Felson (1979) assert crime is not random but takes place when the accessibility and appeal of the victim meet the needs of the offender (Scott, 2017). Cohen and Felson (1979) noted three requirements for victimization to occur: "an *offender* with both criminal inclinations and the ability to carry out those inclinations, a person or object providing a *suitable target* for the offender, and *absence of guardians* capable of prevention of violations" (p. 325).

Individuals with Autism as Suitable Targets

Individuals with developmental disabilities such as autism are prime targets for successful predatory acts of victimization as they meet more than one of Choen and Felson's 1979 requirements for victimization. Individuals on the spectrum have delayed, limited, or no spoken language, limited proficiency in terms of expressive and receptive language, and deficits involving pragmatic social communication (APA, 2013). Retrieving situational information from individuals on the spectrum regarding suspected victimization may also be difficult for law enforcement or education professionals that may not have training specific to the area of autism. Communication impairments in the areas of speech, language, and pragmatics, along with comorbid intellectual disabilities

can create large barriers in terms of the ability of an individual with ASD to report, recognize, and retrieve information regarding victimization.

Cohen and Felson (1979) said that opportunities for victimization are not uniformly distributed, causing a higher likelihood that crimes will occur in places that are the most opportune for the offender. Sterzing (2013) noted the likelihood of victimization to be at least four times more likely for students with autism than their neurotypical peers. For school-aged students with ASD, predictable and familiar schedules (Fisher & Taylor, 2016) and locations (Sreckovic et al., 2014) create easy access for perpetrators in school-based settings. Although students can experience victimization anywhere on campus, most incidents take place in the classroom, on school grounds (i.e., common areas), on the school bus, and during unstructured activities such as transitions, lunch, and recess (Musu-Gillette, Zhang, Wang, Zhang, & Oudekerk, 2017). By simply observing the regular schedule of a peer, an offender can decipher when and where to locate a particular student, creating opportune moments for victimization.

Absence of Guardians

The presence of a capable guardian hinders potential perpetrators from offending as it limits an offender's access to a suitable target (Scott, 2017; Cohen & Felson, 1979). Individuals with disabilities often rely on support from nonguardian caregivers, increasing their risk for victimization. This is in part due to the potential for impaired ability of individuals with autism to recognize safe and dangerous situations, identify who to trust, and report feelings of unease (Fogden, Thomas, Daffern, & Ogloff, 2016). Caregivers have unique access to time alone with individuals they are caring for along

with access to assistive technologies such as communication devices, wheelchairs, hearing aids, and behavior supports (Fogden et al., 2016). Limited mobility, access to independence and resources, and exposure to education regarding consent, sexual education, and self-advocacy also increase risk for abuse (Badger, Green, Jones, & Hartman, 2016; Fogden et al., 2016). Individuals providing care have opportunities for interaction with individuals with ASD without the physical presence of a guardian, creating the opportunity for the caregiver to commit an offense with low perceived risk of punishment, increasing the likelihood of victimization of the individuals in his or her care.

Able and Inclined Offenders

The third pillar of routine activity theory is the presence of an offender who is both able and inclined to commit the offense. Individuals meeting these requirements exist and readily offend in school settings. School violence and victimization have been a prevalent topic in media reporting in recent years. Yanez and Lessene (2018) said 21% of public-school students ages 12 to 18 experienced frequent bullying at school. 841,100 nonfatal school victimizations occurred for students ages 12 to 18 in the US. Anticipated risks and perceived liability of consequences are weighed using peer input and potential impact on social status (Closson & Wantabe, 2018). Remaining cool in front of peers serves as a form of social currency and plays an interictal role in the choice to offend (MacIsaac et al., 2018). Honkatukia et al. (2006), also noted that youth experiencing internal ineptness are more likely to offend as means of creating a balance of power and using violence as "a means of protecting oneself from violence" (p. 334).

Rational Choice Theory

Developed by Cornish and Clarke in the mid-1950's, rational choice theory was designed to promote critical thinking in the area of crime prevention and situational offending (Becker, 1968) by focusing on the actions of offenders (Hirschi, 2017; Leclerc & Savona, 2017) and working to explain the choices humans make (Bernasco, Van Gelder, & Elffers, 2017) . Rational choice theory is used primarily in the area of social science and economics and is derived from Matza's (1964) drift theory in which individuals drift in and out of criminal behaviors to fill personal needs (Cullen, Agnew, & Wilcox, 2018). Rational choice theory was used in its conception as a theoretical ground for understanding behavior (Simon, 1955), community planning (Edward, 1965) and consequence-based thinking (Ellsberg, 1956) More recently, the theory has been used as a contextual lens for continued understanding of cultural behaviors, especially those of minority populations (Adanall, 2017), the nature and purpose of religious authority (McBride, 2016), and the conceptual beliefs, motivations, and predictive behaviors of terrorist organizations (Nalbandov, 2013).

Rational choice theory focuses on human rationality from a hierarchal approach in which an individual has presumed competence to make decisions in situations where the actions of others must be taken into consideration and in conditions where decision factors are not well-defined or determined to be risky, causing outcomes to be not predictable (Bernasco et al., 2017). In this process, Cohen and Felson (1979) believed if the offender perceives they will not get caught, or if the guarantee of punishment is uncertain if they do get caught, the offender will choose to proceed with the unlawful act.

By rationalizing the decision-making process through the use of rational choice theory, researchers can better predict an offender's choices, the internal thought process, and standard foundations of rational decision making (Adanali, 2017; Scott, 2018).

In its conception and now, rational choice theory allows researchers to use concrete observable behaviors to form relationships between variables and assumptions (Hirschi, 2017; Leclerc & Savona, 2017), which highlight individuals' decision-making processes based on weighing costs and benefits through the use of available information and past experiences (Becker, 1968; Bernasco, Van Gelder, & Elffers, 2017; Gudjonsson,1988). Crime is a deliberate choice that allows individuals to act in their interest to have the greatest opportunities to reach their personal goals with the smallest opportunities for negative consequences (Bernasco et al., 2017).

Theory Rationales

Offender behaviors and choices are motivated by the ability to avoid punishment while seeking pleasure or positive economy, through conscious evaluation of choices and potential consequences (Scott, 2017). For school-aged offenders, positive outcomes may come in the form of social currency/popularity as a means of economy (Pouwels, van Noorden, Lansu & Cillessen, 2018). These offenders may benefit from social status or sexual arousal and consider this in their decision-making process (Honkatukia et al., 2006; Matsueda, Kreager & Huizinga, 2006; Pouwels, Scott, 2018; van Noorden, Lansu & Cillessen, 2018). When making a choice to victimize students, choosing to target those with autism presents as cost-effective choice as these students are less likely to report

incidents, are often easy to identify, and due to daily school routines, are found in predictable locations.

The foundations of rational choice theory are also used to explain an offender's selection of a target with autism as the victim may not be able to complete the steps necessary to report the crime, file a report, or complete a reliable interview with law enforcement (Scott, 2017). With this information in mind, selecting a victim with ASD makes a smart and cost-effective choice for the offender, as the reality of getting 'caught' or receiving a hefty punishment is highly unlikely. Rational choice theory and routine activity theory allows researchers to consider offenders' rational thinking and cost-benefit analysis in the decision-making process along with victim and location.

Gaps in Current Literature

Increased awareness, social responsibility, and global movements such as the #MeToo movement have brought much attention to the area of victimization. Although the study of victimization has grown significantly in recent decades, these events have created a need for more information to be known about forgotten victims. In the past four decades, the largest amount of data regarding victimization and victims has been collected through the National Crime Victim's Survey (NCVS), a survey which gathers information from victims across the US about their victimization experiences using computerized questionnaires and face-to-face follow-up interviews. Other reports, such as the Uniform Crime Report (UCR) began collecting information on crime in the mid-1920s but were not exclusive to victims and only included offenses reported to the police by states willing to volunteer information.

Similarly, the National Incident-Based Reporting System (NIBRS) has collected statistics reported to police since the late 1920s. NIBRS was updated in the late 1970s to electronically incorporate a wider range of data in the three data incident categories: crimes against persons, crimes against property, and crimes against society. These studies continue to collect information regarding victimization and abuse of individuals in the US, providing relevant and needed information including data regarding rates of victimizations, patterns, and risks to service providers, law enforcement, and policymakers. Of the three data collection tools, the NCVS is the only report that collects information on individuals with disabilities, from which findings were first reported in 2007. Findings were significant, noting that out of the crimes reported against individuals with disabilities, more than half were committed against an individual with more than one disability. This initial survey also showed that individuals with cognitive disabilities showed higher rates of being a victim of fatal crime. Moreover, almost one in five victims with disabilities surveyed felt that they were victimized because of their disability (Lynch & Addington, 2007; Rand & Harrell, 2007). Although this information has continued to be collected annually through the NCVS, it does not provide information regarding the rates of victimization for specific disabilities, such as autism. The NCVS will be further discussed below, providing more information on data collection, revisions, and shortcomings.

In seminal research studies solely targeting individuals with intellectual disabilities, Sobey, Lucradie, and Mansell (1995) and Sobsey and Doe (1991) determined that individuals with intellectual disabilities were up to ten times more likely to be

victimized than their typically-functioning peers, with 70% of women with intellectual disabilities reporting experiencing sexual victimization. Despite these findings, the disability community continues to be underrepresented in the collection of victimization data. Fogden, Thomas, Daffern, & Ogloff (2016) suggested that though this issue is slowly being addressed within the fields of criminology and victimology, research indicating the rates, risks, and patterns of victimization for specific disabilities, especially in the area of intellectual disabilities, remains insufficient.

NCVS and Victimization Surveys

The NCVS began collecting data through the Bureau of Justice Statistics (BJS) in 1972. Administered twice a year to more than 79,000 households and 140,000 individuals in the US, the NCVS collects data on victimization, crime frequency, and consequences of crime. The survey also collects data on victimization and victimization consequences in the areas of assault, robbery, household property crime, and rape. The survey was developed to measure the prevalence of crime through public reporting, with the primary function of creating a crime database. The NCVS and UCR program are the two largest data collection programs in the field of criminal justice. The NCVS has undergone many revisions and redesigns, changing and adapting to reflect advances in technology, better understanding best practices of screening procedures and accurate participant reporting, and increases in sample size. A revision occurred in 1991, which included changes in screening procedures, life domains, and the addition of forced sexual acts.

Information collected by the NCVS and similar studies provide valuable information in the area of victimization. This study collects information about incidents of victimization, not just reported criminal acts; also, it includes the unknown or unreported crime, or the dark figure of crime. This information is vital as it can identify and assess trends in the area of crime that may be used to develop policy, support services, and prevention methods. This data, however, is not a comprehensive look at crime or victimization and often ~~times~~ lack important demographic information, including disability status. Before 2007 the NCVS did not collect information regarding disability. Little is still known about specific disabilities and how victimization may change across these populations.

Awareness Laws

There are few laws showing specific protections or the inclusion of data collection for the victimization of individuals with disabilities in the Southern US. There are, however, multiple awareness-based laws for individuals with developmental and intellectual disabilities, including autism. These laws include the passing of Rosa's Law in 2010, which changes and replaces the term *mentally retarded* to *intellectual disability* in federal education, health, and labor policy, a (P.L.256, 2010). Additional laws include the Autism Collaboration, Accountability, Research, Education, and Support Act of 2014 (H.R. 4631, 2014) and the Crime Victims with Disabilities Awareness Act (S. 2038, 1998). All of these law measures were formed to increase public awareness for individuals with disabilities; however, none of them collect data regarding the lived experiences of these individuals (Fogden, et al., 2016).

Autism Spectrum Disorder

General Overview and Diagnostic Criteria

Autism spectrum disorder (ASD) is a life-long, developmental, and neurological disorder that affects 1 in 59 children in the US (CDC, 2018). Primarily affecting communication and interpersonal skills, autism is categorized through deficits in social development; particularly reciprocal social interactions, verbal and nonverbal communication, and patterns of restricted, repetitive behaviors and interests (Biao et al., 2018; CDC, 2016). Currently prevalence rates are four times higher for boys (CDC, 2016). The CDC (YEAR) reported that African American and Hispanic children are less likely to be identified, have access to early intervention, and receive evaluations of developmental progress than non-Hispanic Caucasian children. The number of children diagnosed has significantly risen in since 2010, with a 30% increase in prevalence in the past 15 years (CDC, 2018). This increase has been called an epidemic. In the 1976-1977 school year, 93,000 students enrolled in public school were reported as receiving services directly related to autism through the IDEA. This number has risen to more than 576,000 in the most recent report, conducted in the 2014-2015 school year (U.S. Department of Education, National Center for Education Statistics, 2018). It is suspected that this increase is in part due to broader diagnostic criterion, earlier diagnosis, and increased autism awareness (Ramaswami & Geschwind, 2018; Rojahn, et al., 2007).

Moreover, diagnosis criteria for ASD has expanded to included individuals considered to be high functioning to individuals labeled as low functioning. Although much research has been and continues to be conducted, the cause of ASD remains

unknown (APA, 2016). Students diagnosed with ASD are also more likely to become targets of victimization than typically-developing peers due to deficits in communication and other unique features related to diagnosis or comorbid conditions, such as sleep disorders, feeding and eating challenges, anxiety, depression, and attention deficit hyperactivity disorder (Thomas, Nixon, Ogloff & Daffern, 2019; Chan, Lo & Ip, 2018).

Autism is prevalent among all socioeconomic groups, races, and ethnicities. As noted above, prevalence rates are four times higher for boys, although diagnosis among girls is slowly rising (CDC, 2018). Currently, there is no known cause or cure for autism. Characteristics and symptoms of autism vary greatly in severity and typically manifest near age three. There is no biological test, genetic marker, or medical test that can diagnose ASD. Diagnosis is based on observed behavior described in the DSM-5 (see Appendix A). Additionally, the DSM 5 describes autism in three levels of severity: level three, which requires "very substantial support" level two, which requires "substantial support" and level one, which is described as "requiring support" (APA, 2013). Severity level is dependent upon the level of support needed in the areas of social communication and restrictive repetitive behaviors.

Communication Deficits Among Individuals with ASD

Deficits in social communication for individuals with autism include verbal and nonverbal communication skills such as interpretation, initiation, and understanding of social interactions (APA, 2013; de la Cuesta, et al., 2018; Tager-Flusberg et al., 2013). A communication deficit that makes autism different from other developmental or intellectual disabilities is lack of theory of mind (ToM). ToM allows an individual to

recognize that the mental state of others (e.g. emotions, knowledge, beliefs, or desires) is different from their own (Realmuto & Newman, 2014; Shakoor et al., 2012). ToM allows introspection, successful joint attention, and the prediction and understanding of the behavior of others. Lack of ToM is also referred to as mind-blindness. ToM has been shown as a predictor for victimization and peer bullying throughout school-aged years and contributed to an increase in adverse mental health effects (Espelage, Hong, Kim, & Nan, 2018; Jones et al., 2018; Shakoor et al., 2011; Smith, 2017). ToM allows us to understand what others know, generally feel, or understand (e.g., state of mind). Lack of ToM can make it difficult to know if you are being taken advantage of or if an individual has good intentions, or is being deceitful (Schroeder, et al., 2014).

Persistent deficits in interpersonal and social communication are diagnostic criterion for autism (APA, 2013; CDC, 2018)). These defining characteristics, including lack of ToM, are also identifying risk factors for victimization for individuals with disabilities, including autism (Blake, et al., 2016; Lung, et al., 2019; Sreckovic et al., 2014)). Weiss, et al., 2015; Fisher & Taylor, 2015; and Sreckovic, et al., 2014 noted that defects that individuals with autism are at higher risk for victimization than typically-functioning peers or individuals with developmental or intellectual disabilities in social skills and communication are clear risk factors for victimization for all individuals with disabilities. As deficits in social, communication, and interpersonal skills are diagnostic characteristics for ASD, these deficits also create unique and increased risks for individuals with autism.

Victimization and Abuse

Victimization of Individuals with ASD

Many individuals with ASD rely on caregivers such as parents, guardians, siblings, and other family members. High rates of victimization are also reported at the hands of these individuals (Badger, et al., 2016; Fogden, et al., 2016). This abuse is prevalent across age groups and poses links to victimization for individuals in multiple settings (Hartman et al., 2016; Fisher et al., 2016; Fisher et al., 2012). Environmental factors that coincide with these factors include poverty, lack of education, low socioeconomic status, and lack of support resources (Cuevas, et al., 2009; Mattingly & Walsh, 2010; O'Sullivan et al., 2018).

Literature (Hartman, et al., 2016; Fisher et al., 2016) notes limitations in understanding risk factors specifically related to individuals with autism, the largest being the area of reporting and behaviors associated with ASD (Fisher, et.al., 2012). For example, self-injurious behavior is a dangerous and typically-occurring behavior for individuals on the autism spectrum (de la Cuesta et al., 2018). Outbursts/meltdowns can result in minor physical injuries such as cuts and bruises to medical emergencies such as broken bones, concussions, and even brain injuries (Huisman et al., 2018). Incidents of victimization from caregivers or others could be blamed on these behaviors (Runyan, et al., 2002). Likewise, communication deficits, including non-verbal autism and intellectual/developmental deficits create substantial complications as individuals are not able to self-report or answer during traditional interviews regarding abuse (Jordan & Austin, 2012; Irwin, MacSween & Kerns, 2011). Moreover, police interviewing protocols

in the Southern US are reactive and do not accommodate the unique needs of children with autism (Ortoleva, 2011; Parsons & Sherwood 2016). Inadequate information continues to create complications in developing sufficient policies that can prevent and reduce victimization along with support to individuals of abuse (Mogavero, 2018).

Although individuals with ASD are estimated to experience contact with police seven times more than typically-developing peers, only 20% of this contact is related to the suspected criminal activity (Parsons & Sherwood 2016). Little is known about best practices for interactions between law enforcement and individuals with autism. House Bill 39 was passed on October 1, 2017 in the Florida Senate and requires continued employment training to improve interactions with the autism community during police activity, but does not specify what this looks like or identify best practices in interacting with individuals with ASD that have experienced victimization.

Behavioral changes are often exhibited by children who are victims of bullying and victimization (Manzella, 2018, Jordan & Austin, 2012). For individuals with ASD, these changes can include aggression, increased self-injurious behavior, meltdowns, tantrums, changes in bowl and soiling routines, changes in regular sleeping patterns, and dietary habits (Irwin, 2018). This conduct can be misinterpreted as disruptive behavior and result in punishment rather than support due to deficits in communication and interpersonal skills. When victimization is not reportable by the victim, they become easy targets for continued abuse (Hebron, Humphrey & Oldfield, 2015).

Response to Victimization for Individuals with Disabilities in the Rural Southern US

Victims with ASD may not be able to report their victimization (Jordan & Austin, 2012; Irwin et al., 2011). Additionally, individuals on the spectrum may not understand they have been victimized. Considerable complications prevent reporting from occurring (Rose, et al., 2015). Little research has been completed in the ability of caregivers and law enforcement to identify acts of victimization for individuals with ASD, how to question these individuals about their victimization, and how to successfully guide these individuals through the criminal justice system (Badger et. al., 2016; Chan, et al., 2018; Thomas, et al., 2019). Child witnesses are often considered unreliable, as are individuals with disabilities, particularly those with intellectual and communication-based disabilities. Moreover, the public-school system does not offer successful training for school resource officers in the area of procedures for students with unique needs in the area of reporting preventing victimization, creating a community wide issue for individuals on the spectrum that have experienced victimization (Chan, et al., 2018).

As communication deficits and intellectual insufficiencies prevent many victims from self-reporting, individuals charged with caregiving must be aware of victimization signs and symptoms and monitor behavior with this in mind (Hong, et al., 2015). Caregivers, parents, guardians, and law enforcement agencies would benefit from understanding the unique symptoms of abuse for this population (Hong et al.; Thomas et al., 2019). Additionally, understanding how to facilitate support after abuse has been discovered would prevent continued or repeat abuse (Thomas, et al, 2019).

Risk Factors for Abuse for Individuals with Disabilities

Although many factors contribute to childhood victimization, Manzella, 2018) and Jordan & Austin (2012) suggested that disability status is an increasingly prominent risk factor. This section will include a discussion of risk factors most relevant to individuals with autism: the need for a caregiver, residential status, and perceived reliability of reporting and communication difficulties. As noted above, many factors may contribute to victimization, however these three have been identified as significant risk factors for victimization for individuals in the autism community throughout the literature.

Need for a Caregiver

Deficits in daily and independent living skills may require the assistance of caregivers. Caregivers include all individuals who provide daily support to the individual in need and often assist with essential needs, such as mobility, medication, transportation, finances, and communication. Individuals with disabilities often rely wholly on these individuals to provide support, creating a position of power for the caretaker, leaving the individual with a disability vulnerable to abuse (Cappa & Khan, 2011; Griffith, 2018; Runyan et al., 2002). Caregivers can also include community members such as bus drivers, teachers, doctors, therapists, or residential staff. Reliance on unfamiliar individuals and strangers poses an additional risk for victimization. Moreover, youth with disabilities are often taught to trust and obey their adult caretakers (known and unknown), without questioning their actions (Hall-Lande, et al., 2014).

Hall-Lande et al. (2014) said that certain types of disabilities have significant risk factors for abuse from caretakers. Additionally, Hall-Lande et al. (2015) noted that most perpetrators were caretakers that were also immediate family members. Hall-Lande et al. (2014) found that children with communication disorders had five times the risk than that of their typically-functioning peers for neglect and physical abuse. Alarmingly, the above report (Hall-Lande) showed that among all disability groups studied, children diagnosed with behavioral disorders are seven times more likely to experience victimization including neglect and physical and emotional abuse (Hall-Lande et al., 2014). Autism is primarily communication and behavioral disorder, creating unique and dangerous risk factors for these children.

Rural Residential Status

Defining rural.

Residential status can also create unique risk factors for individuals with disabilities (Jensen & Mendenhall, 2018). Defining rural, however poses unique challenges. The multiplicity and ambiguity in defining a rural area, and suggest that there are significant validity implications for both too broad and too narrow definitions (Bright, 2018; Halfacree, 1993; Hart, et al., 2005; Hawley et al., 2017; James et al., 2018; Tacoli, 1998). The first definition of rural was proposed by the Census Bureau in 1874, who defined rurality as a population of a county living outside main areas or towns with more than 8,000 individuals but was changed in 1910 to 2,500 individuals (Ricketts, et al., 1998). The Unites States Census Bureau (USCB) proposes that rural is defined as anything not urban (Hawley et al., 2017; Ingram & Franco, 2013; Ratcliffe, et al., 2016).

Meanwhile, the Office of Management and Budget (OMB), in a similar fashion, suggests that non-metropolitan areas (the term that covers rural areas) are counties that have not met the minimum population, city or proximity definitions of urban (Hart et al., 2005; Ingram & Franco, 2013; Koziol et al., 2015; Ratcliffe et al., 2016; Ricketts et al., 1998).

Within all of the prescribed technical definitions of rural, specific criteria are outlined by several of the officiating organizations and speak to items such as population size, population density, land mass, proximity to urban conveniences geographic location and proximity to urban areas. Some of the markers for these items include defining rural as a geographically defined area with less than 50,000 people, an area having population densities less than 1,000 individuals per square mile and being more than 25 miles from an urbanized area (Cromartie & Bucholtz, 2008; Grimes et al., 2013; Hawley et al., 2017; James et al., 2018; Ricketts et al., 1998). Within the definition of rural, different authors have prescribed sub categories. For example, the NCHS created subcategories such as micropolitan and non-core, which defines an areas rurality. The USCB highlights 3 subcategories of rural, which includes completely rural, mostly rural, and mostly urban. Grimes et al. (2013) also highlighted rurality categories based on proximity to urban areas, with titles including; rural, fringe; rural, distant, and; rural, remote. Further, authors prescribe different definitions based on the use of the term. At the county level, OBM and USDA definitions of rural are commonly used. At the sub-county level, census bureau definitions are used, and for educational jurisdiction, the NCES definitions are suggested. There are also Urban Centric Locale Codes, Rural-Urban Commuting Area (RUCA) Codes, and Rural-Urban Continuum Codes (RUCC). In addition to the prescribed official

meanings of rural, many authors highlighted characteristics of rural areas including lower access to quality health facilities, educational opportunities, career opportunities, food and economic opportunities, and increased risk factors for abuse.

Risk Factors for Abuse for Children with Disabilities Living in the Rural Southern US

The CDC (2018) noted several risk factors for victimization in communities. Multiple factors may play a part in community or residential risk, including "special needs that may increase caregiver burden," (CDC, 2019). Additional risk factors include disability, low income and education, social isolation, and areas with a high concentration of community disadvantage (Jensen & Mendenhall, 2018). Moreover, individuals in rural settings face greater challenges that also increase their risk for victimization. Resources, employment, adequate housing, healthcare, and disabilities-based services are limited for individuals with disabilities in the rural Southern US (Bolin et al., 2015; Mattingly & Walsh, 2010). These deficits can lead to isolation, inadequate care, poorly trained caregivers, lack of access to transportation, legal services, and individuals or agencies that can advocate for individuals with disabilities (Jensen & Mendenhall, 2018; Research and Training Center on Disability in Rural Communities, 2017).

Citizens living in rural America experience greater rates of poverty than compared to the nation as a whole. In a report released by the US Department of Justice (Couzens, et al., 2018) large discrepancies were shown between rates of violent victimization between economic statuses, with 40 victims per thousand individuals in poor or low-income households compared to 18 per thousand individuals in high-income

households. Additionally, Couzens, et al. (2018) noted that individuals in rural areas experience higher rates of disability than individuals in urban areas. In a study by Bolin et al. (2015) focusing on rural health priorities, the authors note that although rural America is becoming increasingly diverse, with regions across the US exhibiting a wide variety of cultures, religions, and beliefs, poverty continues to be a uniting factor. Bolin et. al. (2015) discovered that those living in rural areas are far more likely to live in disparity with fewer resources and experience higher rates of abuse than the national average, calling challenges in rural areas “more severe, and sometimes insurmountable" (p.334) for individuals with disabilities. Individuals with disabilities living in rural America are at significantly higher risk for victimization when compared to their peers without disabilities (Couzens, et al., 2018; Bolin, et al., 2015).

Perceived Reliability of Reporting for Individuals with ASD

Knowing that risk factors for victimization are higher for individuals targeted in this study, it is essential to discuss incident reporting and perceived reliability of victims with disabilities. Often, responses from individuals with disabilities were considered invalid as they might require unique methods of responding such as assistive technology, picture exchange, or alternative modes of nonverbal communication that may be difficult to interpret or measure.

Social communication deficits are common in individuals with ASD. Maras & Bowler (2012) suggested that this deficit, along with social perceptual difficulties, may pose challenges in recalling information for individuals on the spectrum However, a greater body of evidence suggests, that with supports, such as assistive

technology, picture exchange, or visual supports individuals with ASD can recall past information with similar success when compared to typically-functioning peers. In a study on sexual abuse of children with neuropsychiatric disorders, including autism, Hall-Lande et al., (2014) reviewed court cases involving children with documented intellectual disabilities. The authors' (Hall-Lande et al., 2014) found that medical experts in the area of neuropsychiatric disorders, including child psychiatrists, noted that many individuals with autism were considered credible witnesses to their abuse and victimization. Hall-Lind, et al., (2014) said:

> The expert stated that autistic individuals do not have an increased tendency to lie or fabricate. The capacity to invent fantasies is most often decidedly restricted, and it is usually extremely important for the person involved to speak in accordance with the truth. According to the expert, the disability included difficulties to tell spontaneously but no difficulties to respond to concrete questions. (p. 191)

Additionally, the study by Hall-Lind, et al., (2014) showed that when considering witnesses with autism several accommodations should be made. First, careful consideration of cognitive evaluations should be made to determine if the individual has the appropriate capacity to understand events of potential abuse. It should be noted that this is also an appropriate consideration for individuals without autism. Second, interviews should be made by experts with knowledge of the language, communication, and socioemotional deficits present in individuals with ASD. Hall-Linde, et al., (2014) said children diagnosed with ASD "seem to have the same capacity to judge culpability on the basis of motive and also display other expressions of a comparably well-

functioning moral judgment" (p.193).

Conducting Research About Individuals with Disabilities as an Individual without a Disability

Linton (1998) said: I think that it is in incumbent on non-disabled scholars to pay particular attention to issues of their own identity, their privilege as non-disabled people, and the relationship of these factors to their scholarship (p. 152-153). As a scholar without an identified disability, it is not my aim to become a voice for those with disabilities, but to better understand the increasingly complex need for research that includes and understands the dialogue surrounding ASD and disability, so that policy, best practices, and opportunities for safe and successful living are improved.

Summary

In this study, the phenomenological approach was used to explore experiences and patterns of victimization of school-aged individuals diagnosed with autism living in the rural Southern US. Positive social change implications from this study include increased understanding and identification for educators and caretakers of individuals with ASD of victimization patterns of children diagnosed with ASD in the rural Southern US and identification of barriers to victim and caretaker reporting.

Cohen and Felson's routine activity theory along with rational choice theory were theoretical foundations for this study. The opportunity for victimization based on suitable targets, absence of guardians, and inclined offenders was illustrated in routine activity theory. Rational choice theory provides a framework for offenders' decision-making process based on the standard foundations of rational decision making.

Although there is a growing body of literature regarding victimization, literature that focuses on the victimization of individuals with specific disabilities, particularly in the area of intellectual disabilities, remains scarce. Diagnosis criteria of autism include social and communication deficits, which create unique risk factors for individuals on the spectrum. Rural residential status increases risk factors for abuse along with increased rates of poverty (Couzens et al., 2018). Individuals with disabilities living in these areas were four times more likely to experience victimization than their typically-developing peers (Couzens et al., 2018; Bolin et al., 2015).

Chapter 3 will include a discussion of methodology and justification for this choice. Knowledge gathered from this study will provide information to families, educators, and service providers who can assist in identifying and creating resources and instigating policy change. Additionally, Chapter 3 also includes issues related to trustworthiness and ethical procedures.

Chapter 3: Research Methodology

Introduction

The purpose of this chapter is to explain and define the research methodology for this qualitative phenomenological study, which involved identifying and understanding patterns of and barriers to reporting victimization for schoolchildren diagnosed with ASD in the rural Southern US. A qualitative phenomenological approach was used for this study to understand the lived victimization experiences of individuals with ASD from their first-person point of view. This study was approved by the Internal Review Board (IRB) and granted approval number 12-26-19-0705701. This chapter includes information on the selected research design for this study and its rationale. Also discussed in this chapter is the role of the researcher, participant recruitment procedures, data collection instruments, data collection plan and analysis, ethical procedures, and trustworthiness issues. A summary of these topics is provided at the end of the chapter.

Research Questions

The central research question was: What are the patterns of victimization for school-aged students diagnosed with ASD in the rural Southern US?

Role of the Researcher

The role of the researcher is to function as an objective and open-minded observer while serving as data collector and analyzer, interviewer, and academic explorer. Zubin and Sutton (2015) said that reflection is also a mandatory role of the researcher. This quality allows researchers to think broadly and "reflect upon and clearly articulate their position and subjectivities" (Sutton & Austin, 2015, p.226). The phenomenological

approach involves focusing on experiences, feelings, and reporting of individuals. Any previous experiences, feelings, or biases of the researcher need to be put aside during the research process. The researcher must remain reflective and aware of their own biases during all tasks associated with the study, including selection of participants and interview locations, information collection and interviewing, interview transcription, data coding and analysis, and data interpretation and reporting (Smith, 2015).

Location

This study was conducted in the rural Southern US. Although it would be, in many ways, much easier to expand the geographical scope of this project by including metropolitan areas across the US, it was important to gain a better understanding of the needs of rural communities as research in this community is not as prevalent. ASD can be found in all communities, both urban and rural; however, individuals in rural communities are often underserved and do not have the same resources that more populated areas may have. Many individuals in rural areas live without access to medical care, behavior and mental health therapy, transportation, or educational resources.

When selecting potential participants, the researcher ensured that no participants had friendly, familial, or employment-based relationships with the researcher. Additionally, the researcher did not accept students associated with her place of employment. This study targeted minors with disabilities. To help students become more comfortable with the researcher both parent and student were included during collection of demographic information. During this time, legal guardians or parents were able to aid

with and provide needed information. The parent also had a copy of surveys prior to interviews.

Presence of a Parent and Additional Protections for Individuals with ASD

To provide added protections for the child during the interview process, the parent provided information about the child and the child's needs during the interview and initial phone call made to schedule the interview. The researcher showed the parent available visual supports (e.g., picture schedules, picture communication boards, and break cards) and described available accommodations during demographic collection. The parent was present at all times during the interview. This was a safety measure to ensure that the wellbeing of the child was always considered. The parent was an appropriate choice as an interview observer as they had experience with their child's needs and a clear understanding of how ASD presented in their child. As an observer, the parent was able to alert the researcher when the child might need a break or provide physical accommodations to the child that were physically appropriate, such as a tight hug or back rub, due to the nature of their relationship with the child. Additionally, parents served as advocates for their children and identified safety concerns, including the need for a break, the appropriate time for an accommodation, potential for elopement or wandering, and support with personal needs, such as assistance using the rest room. As each interview was recorded, the interaction between the student, the researcher, and parent observer were documented. Additionally, important changes in body language and nonverbal supports were noted. Parent and child participants had the opportunity to end the interview at any time or leave the voluntary study without repercussion. Each

interview was completed a single session. Additionally, the researcher consulted with the IRB, professionals in the field of autism, including forensic interviewers, child protective investigators, and psychiatrists, to ensure the use of best practices, safety, and confidentiality of all involved.

Methodology

Research Design and Rationale

The purpose of this study was to understand the victimization experiences of students on the autism spectrum in the rural Southern US. A qualitative phenological approach used for this study. A qualitative method was appropriate for research as the researcher was trying to gain a deeper understanding of non-numerical variables such as description of the victimization experience or explanation of how one's disability may make one more likely to be victimized. As victimization is an experience is unique for each individual, placing numerical values on these experiences was not appropriate.

Additionally, this study was conducted using a phenomenological approach. Phenomenology is the study of subjective experiences of others from the first-person point of view, when information regarding the experience comes from the individual that has experienced the phenomenon (Käufer & Chemero, 2016). This approach was appropriate for this study as the fundamental goal of phenomenology focuses on the commonality of a lived experience of a particular group, which in this study, are individuals with autism. Using phenomenology, the researcher can create a clear description of the nature of the phenomenon, which in this case, is victimization.

Participant Selection

The goal of this study was to understand the lived experienced school-aged children with ASD living in the rural Southern US. Thus, the targeted participant population for this study is school-aged students with ASD living in the rural Southern US. Käufer & Chemero noted that it is essential to select participants that have interest in the study, are willing to be recorded, and will consent to have data and results published (2016). For these reasons, only participants that met all requirements were recruited for this study.

Criteria to participate in the study included the following: (a) participants must have a diagnosis of ASD, (b) participants must live in the rural Southern US, (c) participants must be between the ages of 12 and 17, (d) participants must be fluent in the English language, including use an alternative communication device that outputs the English language, (e) participants must be attending a public school in the rural Southern US, and (f) participants must be willing and able to complete the given survey. Participants could identify as any gender and be from any socioeconomic, religious, or ethnic background. Participants were recruited using flyers describing the study. The following questions were asked:

1. Do you have a medical diagnosis of ASD?

2. Do you live in the rural Southern US?

3. Are you between the ages of 12 and 17?

4. Are you fluent in the English language, including communication using an alternative communication device that outputs the English language?

5. Would you be willing to complete a survey about potential victimization at school?

Detailed information about the study was provided to each participant. Opportunity to ask questions about the study and receive answers was provided. After determining that each participant meet study qualifications, a review of confidentiality, consent forms, and the purpose of the study was provided. Consent form signatures were obtained prior to the survey interview. Two copies of the consent form were signed so that both the participant and the researcher have a copy to keep. Relevant demographic information was also collected from participants (see Appendix D). Demographic information included information that was relevant to a participant's experiences and perceptions of the phenomenon being studied; however, caution was used to ensure information would not make participants identifiable in the study. This information included age, grade, identified gender, educational placement (e.g., inclusion classroom, self-contained classroom, or regular education with no supports), and preferred method of communication (e.g., voice, picture exchange, or electronic alternative communication device).

A total of 21 participants were recruited for this study. The final number was determined by saturation. The rationale for this number was to have a small sample size which allowed for enough detail and understanding of the phenomenon. Fuchs and Ness noted that saturation is reached when enough data has been collected to replicate study design, new information has been reached, and coding during data analysis is complete (2015). Additionally, this number was also appropriate for data saturation when

compared to similar studies (Fuchs & Ness, 2015; Blake et al., 2016; Fisher et al., 2016; Fisher et al., 2012).

Participants were recruited through flyers placed with permission at established autism-based organizations serving individuals with ASD that live in the rural Southern US. Flyers describing the purpose and nature of this study were created and clearly displayed the name and contact information (phone number and email address) of the researcher, along with the IRB approval number (12-26-19-0705701). Upon university approval, contact with appropriate persons from local/community ASD organizations who served individuals with autism in the rural Southern US was made via face-to-face contact.

Data Collection Instrumentation

The data collection instrument used in this study was the JVQ-R2 abbreviated interview version youth lifetime form (see Appendix E). This interviewing tool, along with the administration and scoring manual was free and available for use without requested permission via digital download from the BJS. The BJS also provides resources on legal and ethical issues, guidance on scoring and interpreting scores, past and current nationwide data, multiple translations, publications regarding the JVQ-R2, and information regarding its authors.

The JVQ-R2 is composed of screening questions targeting 34 offenses across 5 general areas of concern: conventional crime, child maltreatment, sibling and peer victimization, sexual victimization, and witnessing and indirect victimization (Finkelhor et al., 2011). These five areas, or modules, can be used as a large comprehensive study, or

separately and have been designed this way to create opportunities to create a better conceptualization of youth victimization in focused research, such as this study (Hamby & Finkelhor, 2000; Hamby & Finkelhor, 2001). The JVQ-R2 has been designed for use with children ages 8-17. Sections designated for older juveniles, such as those regarding dating violence are clearly noted with the question number and the text, "only asked for youth aged 12 and over" (Finkelhor, et al., 2011, p. 6). The JVQ-R2 is also used in the National Survey of Children's Exposure to Violence (NatSCAV), one of the most comprehensive in the nation regarding children's exposure to violence. The NatSCAV study began in 2007, Justice interviews over 2,000 children nationwide, annually, and is sponsored by the US Department of Juvenile Justice.

The instrument includes short closed-ended questions along with follow-up questions when needed. Follow-up questions include information specific to the victimization, the number of times the victimization occurred, and if the child was injured during the victimization. Finkelhor et al. noted, in its conception, the JVQ was comprehensively reviewed and revised by academics with specializations in the area of juvenile victimization (2011). Additionally, focus groups of youth and parents were used to assist in word choice and availability of comprehension across age groups and modules (Finkelhor et al., 2011).

Language in the survey was modified to reflect school environment. These modifications did not change the purpose or delivery of the survey, but simply addressed school as the specific location of victimization. Questions addressing potential barriers to reporting and autism will also be added to the JVQ-R2 to address the target population of

this study. Module C was used for this survey as it covered the most statistically common childhood offenses. The authors of the instrument note that this section covers offenses that may not be considered crimes but is often most valuable to professionals working in an educational setting, such as a school. As this study targeted school-based victimization, this module is most appropriate for the study and the target population. Additionally, authors Finkelhor et al noted, "Youth or adults with mild cognitive or neurological difficulties will need to be evaluated on a case-by-case basis for their ability to understand the questions and communicate a reply" (2011). A reliable digital audio recording device was ~~purchased and~~ used to record all participant interviews. Digital files were password protected and stored electronically. Follow-up questions were used during interviews to clarify information and encourage initial response. These responses were also recorded and noted by the researcher through hand-written notation during the interview.

Participant Recruitment Procedures, Participants, and Data Collection

Participants were recruited using flyers describing the study. Participants contacted the researcher via phone or email using the contact information provided on the recruitment flyer. Arrangements were made with all participants that meet study requirements, for face-to-face interviews. Individuals that did not meet study requirements were thanked for their time and informed that were not eligible to participate in the study. This conversation took no more than 20 minutes via phone call. Interviews took place in mutually agreed upon safe locations that were as free from distractions as possible.

The agreed upon interview location was determined to be appropriate for securing the privacy and confidentiality of participants by the participants and the researcher. No one was be able to hear or see the interview taking place, as this may have posed potential risks to the privacy of the participants. Finkelhor et al noted that completion of module C should take approximately 15-20 min and can be completed in a single session (2011). The researcher noted on consent forms that the interview process took 60-90 minutes, which allowed time for the researcher to explain informed consent, background information data collection, voluntary nature of the study, risks and benefits of being in the study, available resources and supports, privacy, ask questions, and how to contact the researcher for further questions. The interview was conducted by the researcher. Informed consent, confidentiality, and purpose of the research was reviewed for all participants before interviewing. Consent forms were signed by the parent or guardian of all participants. Youth participants signed an assent for research form (see Appendix C). Participants also had the option to stop participation at any time, without fear of repercussion. Accommodations were available at any time during the interview. Additionally, contact information for the researcher and committee chair were provided to participants so that they could follow up with further questions, concerns, or address any issues that may have occurred during the study. Clarke (2018) noted that providing an opportunity for questions, the purpose of the research, and easy access to communication with the researcher helps to promote honest and ethical answers from the participant.

Interviews were recorded with consent from participants and their guardian. Additionally, short handwritten notes were taken during interviews to note responses such as body language that is not able to be captured via audio recording. Audio recording data was transcribed verbatim. Participant names were replaced with interview numbers to protect privacy. A list of names and corresponding numbers was retained. Two participants declined to participate in the study before interviewing began; their data and privacy were efficiently protected and deleted. When each interview was complete, a short debrief of the interview was given to the participant that reiterated essential concepts. The participant was asked if the information provided was correct and if any additional information that should be noted. At any time, participants were also able to request a copy of their interview by contacting the researcher via the contact information provided on the consent form. Participants were thanked for their time and provided with a list of appropriate resources related to autism and victimization. No follow-up procedures were needed for this study. During post interview procedures, parents were asked if they know other individuals who might meet study criteria who they could refer to the study. A flyer was given to the parent to share with other parents, if appropriate. This strategy, known as snowballing, can be employed with parents until the appropriate number of participants has been reached.

Data Analysis Plan

Semi-structured interviews were used to gather data to answer the following research question: What are the patterns of victimization for students diagnosed with ASD in the rural Southern US? Interviews were recorded and then transcribed verbatim.

Recording allowed data familiarity and error reduction in reaching saturation. After transcription, data were organized and coded using pattern coding. These steps helped to ensure efficient data analysis and identify patterns and concepts within the data. These themes and patterns were used to develop deeper understanding into the meaning of the data. Computer software was used for data analysis and findings were then analyzed based on study objectives and goals. An analysis of data was made that identifies processes, results, and limitations of the research. Additionally, study implications were made based on findings.

Trustworthiness Issues

Merriam (2018) suggested qualitative researchers can ensure trustworthiness throughout their research by addressing credibility, transferability, and confirmability. Credibility is necessary throughout qualitative studies as it provides confidence of data. Credibility was established in this study through triangulation, peer debriefing, prolonged engagement with study data, and researcher reflexivity. Triangulation was achieved through the collection and use of multiple information sources throughout the study to discover common phenomenon between sources. Data sources in this study included face-to-face interviews with study participants, handwritten notes taken during interviews, and participant demographic information. These actions, along with interview transcription, follow up questions, and time spent with participants provided prolonged engagement. The ongoing process of reflexivity began at the start of this project and continued throughout the study by recognizing and staying aware of biases. The goal of this study was to promote prevention, intervention, and best practices for this population.

Transferability of results was not the first intention of this study and results will not be generalized for other populations by the researcher. Results from this study could be used, however, as a springboard for future studies targeting a different geographical region, age range, or disability.

Research data were presented to participants to ensure accuracy and appropriate representation of experiences as reported through face-to-face interviews. Additionally, during interviews, questions were asked to help clarify or expand information provided. A one to two-page summary of findings will be available to participants at the conclusion of this study, via mail. Detailed records were kept throughout the study along with clear descriptions of procedures, setting, and roles of the researcher to ensure transferability. These steps will allow the study to be repeated or applied to similar studies. Documentation of study processes, data, and foundations ensured dependability through audit trial.

Confirmability is the final criterion of trustworthiness to be established in this study. Confirmability measures the level of confidence that the research findings are free from biases and an accurate reflection of the participants lived experiences (Merrian, 2018). The researcher also kept a journal throughout the research process, recording self-reflections to remain aware of self-biases and to observe study-related activities. Finally, Moustakas' phenomenological research methods were followed to establish credibility.

Ethical Procedures and Potential Risks

All ethical guidelines for research provided by the university and the APA were followed throughout this study. APA guidelines were used as standards for conducting

research, recruiting participants, consent, institutional approval, and participant rights including voluntary participation and the choice to withdraw from the study at any time without the threat of retribution.

This study involved potential psychological stressors. Topics covered in the JVQ R2, Module C included gang or group assault, peer or sibling assault, nonsexual genital assault, bullying, emotional bullying, and dating violence. Discussing past experiences regarding these topics may cause some children to become upset. Multiple support resources were provided to all participants and additional supports were provided per email request to the researcher. Many of the resources were immediate response telephone lines that can work as resource and referral to the most appropriate support for the participant. All participants were informed of any potential risks of participating in the study and were informed of their right to withdraw from the voluntary study at any time, with no repercussions. There were no risks for physical harm in this study.

All forms, data, transcripts, interview notes, and audio tapes/recordings were stored in a locked file cabinet to protect participant privacy. Additionally, all electronic files were stored using password protection. Data will be retained for five years past the completion of the study. Data will then be destroyed per guidelines provided by the university. Participant names were replaced with interview numbers to protect privacy. This system also protected the privacy of participants. As it was not absolutely necessary, names and contact information were not recorded in research records. Additionally, demographic data collected was not used in a way that makes participants identifiable as

participants in the study. Demographic information collected was only used to see if specific demographic details effected the risk of victimization for the participant.

There was minimal relationship risk in this study. To avoid this risk, the researcher did not collect data from students she was assigned to at her place of work, or at her direct work site. She did not seek out participants at her place of work. The researcher was not in a position of power at her workplace and did not wield any authority over other employees, participants, or their families.

To prepare for student interviews, the researcher completed continuing education training targeting safe procedures and best practices for interviewing students with disabilities and studied current resources and literature regarding interviewing children with disabilities. Additionally, the researcher spoke with forensic interview specialists and child psychiatrists for guidance and advice on best practices in interviewing children about victimization. Although practical training and experience in understanding and supporting vulnerable populations have been acquired by the researcher through hands-on experience and job training, special training specific to individuals with disabilities, autism, education in the area of interviewing vulnerable populations was completed before data collection began. This training helped to ensure that the researcher was able to interact with families and participants, interview, and complete research with ethical consideration, appropriate qualification, and extensive knowledge in the area data collection of students with disabilities.

Finally, the researcher familiarized herself with current legislation regarding interviewing individuals with disabilities and materials provided by US Department of

Juvenile Justice related to the JVQ-R2. These resources helped to maximize learning outcomes in the area of interviewing and align with current literature on the topic. As all research involving data collection from human participants poses some burden and risk for participants, it is important to acknowledge that the burdens and risks in this study were reasonable for participants and the researcher when considering the knowledge gained will be used to fill gaps in the literature. Additionally, remote supervision was provided by committee members throughout the research process.

Interviewing Children with Disabilities

An individual article, single training, or method does not accurately prepare an interviewer for all circumstances that a child may describe during interviewing. To be best prepared and maintain safety and respect for participants and high ethical standards, several precautions were taken throughout this study. Because obtaining consent from participants and parents or legal guardians has already been discussed, this section will address current literature on interviewing children with disabilities, consulting with experts in the field, and appropriate training for the researcher.

When interviewing children, best practices indicate that the interviewer should never assume if a child does or does not have a disability. When this information is known, the interviewer should ask if there are any accommodations needed for the child throughout the interview. All participants had a known diagnosis of ASD. The researcher asked participants and their parents about needed accommodations prior to interviewing. If the researcher was not able to provide necessary accommodations, the participant was not eligible to continue with the study. Additionally, several accommodations were built

into interviewing that were designed specifically for individuals with autism. Specific accommodations used in the study will be discussed in chapter 4.

Autism is primarily a social communication disorder (APA, 2013). Difficulties related to communication deficits may impede the ability of a person with ASD to interpret aspects of language, such as sarcasm or joking. Individuals with autism are often literal thinkers; therefore, language during the interview process needs to be adapted to avoid metaphors, jokes, confusing expressions, and sarcasm (Jones et al., 2018; Romanczyk & Callahan, 2012; Tager-Flusberg et al., 2013). Expressions that may be confusing when taken literally were avoided. The use of verbal and non-verbal language, or prosody, were adapted as needed to prevent the misinterpretation of language. If there was confusion, the interviewer asked the participant to clarify their answer or provide more details. Visual supports were also used to allow students to request the following at any time during the interview: take a break, stop, help, Mom, Dad, caretaker, all done, and no more (see Appendix I). Additionally, families were able to choose a location that was safe and appropriate for interviewing, comfortable and familiar for the child, and mutually agreed upon by the family and the interviewer.

O'Reilly and Dogra (2017) suggested that the essential part of creating an interview is considering the child in every aspect of the interview and including the child in all decisions that will affect him or her. These choices can include the choice to participate in the interview, where the interview will be held, and when breaks are needed. Additionally, considering the needs of the child and providing accommodations throughout the interview promotes a child-centered approach. Conducting data collection

through face-to-face interviews allows the interviewer to be accommodating, child-centered, and receive an accurate reflection of the child's unique lived experience. O'Reilly and Dogra (2017) and Russell (2010), noted that there are multiple benefits to choosing face-to-face interviewing as a method of child-centered data collection. These benefits include a flexible interviewing style that allows for accommodations and provides the ability to clarify information and ask for further details when needed. O'Reilly and Dogra (2017) said, "Interviews provide data that is rich and interesting. The data obtained has depth and allows you to explore in more detail than quantitative methods (such as surveys) might allow" (p. 143).

As with any interviewing method or data collection, there were limitations to using face-to-face interviews. Individuals with disabilities, including ASD, may experience worry, anxiety, or stress during the seemingly formal process of interviewing. These feelings can often be alleviated by the interviewer by providing time to get to know the participant, discussing needs, and providing a clear schedule of events along with expectations and explanation of equipment, such as the recording device and visual supports. For this study, visual interview schedules were provided before and during the interview along with visual supports. The interviewer spent time building initial rapport in the same room as their parent or guardian while they are completing the initial demographic information. More time was spent building rapport if needed.

Summary

This chapter introduced the research methodology used in this study and provided information on the selected research design and rationale. Also discussed in this chapter

were the role of the researcher, participant recruitment procedures, data collection instruments, data collection plan and analysis, ethical procedures, and trustworthiness issues. Additionally, this chapter addressed participant recruitment and selection along with appropriate sample size and data saturation. Moustakas' phenomenological research methods were used for credibility throughout data analysis. The JVQ-R2 along with semi-structured interviews were used and guided by the research question.

Ethical standards were also discussed along with the importance of following APA and institutional guidelines to ensure the safety of participants. In addition, interviewing individuals with disabilities was discussed along with strategies for ensuring maintaining positive ethical standards. Credibility, dependability, and confirmability were addressed while discussing issues of trustworthiness for this study. Participant confidentiality and procedures for keeping participant information, data, and study information secure were addressed. Chapter 4 includes the study setting, demographics of study participants, data analysis and data collection procedures, and study findings. Evidence of trustworthiness is provided in Chapter 4.

Chapter 4: Results

Introduction

Chapter 4 includes study settings and accommodations, participant demographics, data collection, and analysis. Additionally, Chapter 4 will also include the research process, including settings unique to this study and study findings. Evidence of trustworthiness is also discussed.

The purpose of this study was to understand patterns of and barriers to report victimization for school-aged children diagnosed with ASD in the rural Southern US. This study addressed gaps in understanding when, how, and by whom the target population is victimized in a public-school setting. The central research question of this study was: What are the patterns of victimization for students diagnosed with ASD in the rural Southern US?

Research Process Development

Initial Need for This Study

This study grew from frustration and desperation which developed while supporting a student diagnosed with ASD through the juvenile criminal justice system. After exploring current research in the area of victimization, a sizable gap in the literature regarding victimization was noted involving youth with disabilities.

Many preliminary conversations were made with researchers, law enforcement agents, judges, lawyers, parents, and individuals with autism to narrow the topic focus and create a research question that addressed a gap in the literature and involved creating data with potential for further study and positive social implications. The choice was

made to have all participants providing data regarding victimization of individuals with autism be individuals with autism. As the target age for participants was 12 to 17 years old, extra accommodations were added to the initial research plan to ensure the safety of the child. These included visual supports with larger print and additional hand fidgets. Initial questions and interview protocol were piloted with a group of five children who met initial study criteria, discussed in the previous chapter. Based on this pilot, slight changes were made in terms of how the interview schedule was presented through visual schedules. This change was an additional visual that did not have removable pieces, as there was concern over students potentially eating the loose pieces.

Accommodations and Setting

Reasonable and individualized accommodations were developed and made available for study participants during interviews. The accommodations provided minor alterations in environment, format, and equipment. These accommodations included actions to support needs in the areas of setting and environment, response and processing, and timing and scheduling and did not modify the scope or objective of the study. Much like accommodations used in educational settings, the accommodations used in this study were put in place to allow individuals with autism to gain access to the interview and complete the questions with equitable supports. These accommodations can be found in Table 1 and are explained further in the discussion on data collection. Additionally, a visual schedule was provided along with a visual support showing interview rights of the child. Examples of these can be found in Appendix I.

Table 1

Interview Accommodations for Students

Category of Need	Accommodation
Presentation	– Visual Supports – Repeat/clarify direction – Gain attention before speaking – Provide structure through schedule – Predictive scheduling – Give instructions one at a time and focus on the essential or most important parts. – Avoid dividing student's attention between activities – Reduce sensory stimulation such as decorations, fragrances, buzzing of equipment etc.; use noise buffers – Picture symbols accompany written information – Written/symbol directions for tasks – Give advance notice of routine changes or change of activity – Model steps in directions
Setting/Environment	– Flexible seating – Noise canceling headphones/sound buffers – Maintain "one speaker at a time" rule – Limit "visual clutter" to reduce distraction (e.g., dangling jewelry; strong pattern in clothing, background etc.) – Exercise ball – Weighted lap pad – Fidget toys/ manipulatives – Thera-bands – Alternate seating within room
Response/Processing	– Allow for extended/flexible processing time for student to formulate response – Augmentative communication device – Give time between parts of a direction for the child to process and provide a response. – If the child appears "blank" or is not doing what you have asked, repeat the main points. Do not elaborate or add details. – Frequent checks for understanding. – Reduce other distractions, so student does not have to screen them out or share their focus with anything but your words. – Try not to pressure your student, urge them to "hurry up", or get exasperated. – Limit the number of tasks the student is required to complete at one time.
Timing/Scheduling	– Use visual timer – Do not ask students to read while someone is talking – Chunked sessions with frequent breaks; also be mindful of visual/mental fatigue – "Stop the clock" breaks for timed assignments or assessments

Unique setting options were also a substantial consideration for this study. Individuals with ASD often struggle with activities outside of their schedules or routines (Christensen et al., 2019). To accommodate the need for routine and environmental familiarity, it was decided that interview locations would be determined by parents of the children being interviewed. Additionally, parents were encouraged to inform their children of the time and location of the interview in advance and provide a visual if needed. Locations included personal homes, public libraries, office spaces, and public parks. All locations were checked for safety, privacy, and comfort of participants. Locations also had to the researcher provided explanation and asked for a secondary location choice. Remaining flexible and understanding participants' needs was key to finding locations that worked best for everyone.

Study Sample Demographics

There were 21 participants in this exploratory study. The participants ranged between the ages of 12 and 17. All participants in the study had a diagnosis of ASD and lived in the rural Southern US. 12 students identified as male, eight identified as female, and one identified as nonbinary. All students attended public school, with 62% of participants enrolled in middle school and 38% in high school.

Within public schools, there are a variety of setting options for students with disabilities that include different opportunities for academic supports, inclusion, and socialization with peers with and without disabilities. 38.1% of students interviewed for this study reported spending their day in regular education classes for the majority of the day or all day, and 10% of students were in special education classes for the majority of

the day. Three students (14.3%) spent all of their school day in special education classes with no opportunities for inclusion or interaction with peers without disabilities. The majority of students had the opportunity to interact with peers without disabilities (72.6%).

81% of students that participated in the study did not have a personal care attendant (PCA) or a paraprofessional assigned to them for direct daily assistance; however, four students did have this support throughout their school day (19%). Student reliance on a caregiver increases the likelihood of victimization for individuals with disabilities (Cappa & Khan, 2011; Griffith, 2018; Runyan et al., 2002). Additionally, 19% of students used an augmented communication device to complete interviews. 20.6% of students in the US with an identified ASD diagnosis use an augmented alternative communication (AAC) device to communicate in their academic settings (Fogden et al., 2016). AAC devices are various methods of communication that support individuals without the use of verbal speech communicate. These devices are personalized to meet individual's needs. All students using AAC devices were fluent with their devices and able to answer all interview questions. All participants in the study used accommodations of some type, with the most frequently used being extended response time, timer/visual schedules, and flexible seating (e.g., yoga ball; wiggle seat; option to stand, kneel, or lay on the table).

Income and race were reflective of typical rural communities in the Southern US. Most participants had a household income of less $29,999 or less (61.9%), while 58.3% had a household income between $30,000 and $44,999. One participant lived in a

household with an income at or above $75,000. The majority of students were Caucasian/white (38.1%), with the second-largest representation being students who identified as Hispanic or Latino/Latinx (28.6%). A smaller group self-identified as two or more races (19%). One student identified as Asian. One identified as Hawaiian or Pacific Islander.

Data Collection

After receiving IRB approval, participants were recruited using flyers and a snowball approach. Participants were chosen based on study criteria. 21 participants were selected. The researcher contacted participants' parents via telephone to ask about participation in the study. Accommodations were discussed and interviews were scheduled. At the interview, informed consent and assent forms were reviewed with both parent and participant. Demographic information was collected from the parent, and interview rights and visual schedules were explained to students. Accommodations were put into place, if appropriate, and interviews began. One interview was conducted at a time.

All participants were interviewed using Module C: Sibling and Peer Victimization of the Juvenile Victimization Questionnaire, abbreviated interview version, youth lifetime form (see Appendix E), with wording changes regarding the reflection of school setting. Settings for interviews varied, based on the needs of the child. The majority of interviews were conducted in public spaces, such as library meeting rooms or community centers (42.9%). The remaining interviews were held in participant homes (38.1%) and

parent workplaces (19%). The majority of interviews took less than 90 minutes. This time does not include breaks requested by the participant or parent.

All but one student requested a break during the interview. The break time ranged from three to five minutes. Two timers were available for students to use: a sand timer (three minutes) and a visual timer (up to ten minutes) that used a red visual cue to show how much time remained in the break. During break time, the child was asked to stay in the interview location and given the opportunity to use sensory supports. Sensory supports included hand fidgets, slime, thera-bands, and a balance ball (commonly called a yoga ball). When break time was complete, the sensory supports were put into a sealed container and placed out of eyesight. Visual supports, including a visual schedule, created an explicit schedule for all participants. The use of a schedule allowed students to maintain choice and control over when they needed a break or an accommodation.

Flexible seating was also used during interviews. A balance ball and a sensory/wiggle seat were available to use along with the option to stand, sit, or lay on the floor. These options remained throughout the interview and were interchangeable as needed. The researcher followed the student's cues and kept a body position equal to that of the student. For example, when the student sat on the wiggle seat in a chair, the researcher also sat in a chair. When the student transitioned to lying on the floor, the researcher collected data while lying on the floor. The use of a clipboard was immensely helpful to the researcher during these transitions.

Responses were noted on printed copies of the questionnaire. Blank copies were available to parents and students. Interviews were also recorded on a handheld audio

recording device and later transcribed for ease of reference and use. Paper data and demographic sheets were scanned and converted into PDFs for ease of use. This allowed the researcher to code, compile, and sort data efficiently. Data was labeled by participant number to maintain respect for privacy. Original copies and recordings were kept in a locked file cabinet in a secure office.

Much consideration, research, and expert opinions were taken under advisement when creating interview protocols for this study. When thinking about safety, comfort was considered a critical component in a child-centered interview for a student with ASD. Direct language was used throughout the interview, and special care was made to avoid figurative language or obscure terms, to avoid language confusion. The use of visual supports was also maintained throughout the interview to support the need for predictive scheduling and maintain time boundaries and expectations. Although these steps provided extra preparation steps and physical items for the researcher to account for, they were necessary to ensure the most significant opportunity for accurate and complete interviews.

Data Analysis

When all interviews were completed, recordings were transcribed by the researcher. Manuscripts were then reviewed to confirm accuracy throughout the transcription. Although tedious, transcribing by hand allowed the researcher multiple opportunities to look for themes and patterns as well as become very familiar with data. Data were coded, and themes quickly emerged.

Moustakas' foundation of phenomenological research approach to analysis was used during data evaluation. All interviews and data were carefully scrutinized and explored until apparent data saturation was reached. The data analysis process included five steps. All participant answers were recorded and reviewed by the researcher and relevant and reoccurring statements were highlighted for potential use in interview findings. Themes were combined into descriptive experiences and perspectives and then compared with demographic information and provided lived experiences. All information was recorded and saved for further use and examination. Themes and interview findings will be discussed later in this chapter.

Evidence of Trustworthiness

Trustworthiness began at the beginning of data collection and continued throughout the study until all parts were complete. Developing and understanding trustworthiness throughout the study can occur through credibility, dependability, and confirmability. Identifying themes and then comparing them with questionnaire responses verified credibility. Themes were identified by examining subject responses individually and then collectively while comparing consistency throughout questionnaire questions, which helped enhance validity. Follow-up questions were also used throughout to assure lived experiences were reflected and represented accurately. Providing a full description of the study's purpose, methodology, data collection, and analysis created transferability. Findings from this study can be replicated and applied to future studies that will, hopefully, create a better and more thorough understanding of the lived victimization experiences of individuals with ASD. Finally, dependability was established through the

examination and summarizing of data which were then, coded into themes. Consistency was used when establishing data codes and checked multiple times for accuracy.

Results

Almost entirely across the questionnaire, the rates at which students with ASD experienced victimization were significantly higher than that of their peers, when compared to data from individuals without disabilities. The only category in which individuals with ASD reported smaller numbers of victimization was dating violence. Although individuals with ASD desire the same relationships and intimacy as their typically-functioning peers, deficits in interpersonal communication skills may create barriers in maintaining romantic relationships. Moreover, challenges with ToM may also contribute to developing relationships.

Themes

Clear themes emerged from this data. First, and not surprisingly, individuals with ASD were not likely to report incidences of victimization. The vast majority of reports (83.2%) indicated that lack of reporting was due to feelings of embarrassment or potential to get in trouble from reporting. Second, students with ASD are more likely to experience victimization during unstructured and times with minimal supervision, such as class-to-class transitions or a bus ride verses during supervised, structured times, such as classroom instruction. Data also revealed that when a weapon is used during victimization, it is often a weapon of opportunities, such as a backpack or a lunch tray. Finally, students with ASD in the rural Southern US have a high likelihood of being

picked-on by chasing or grabbing and feel like they are being made to do something they do not want to do, by a known individual. These themes will be discussed further below.

Findings and Further Discussion

Twenty-one children participated in this study. Every child reported experiencing at least one type of victimization. 100% of participants reported being picked on by chasing or grabbing or making the participant doing something they did not want to do. These findings were bewildering to the researcher.

Eighty-one percent of students reported experienced being hit at school. Seventy-six-point two percent of students that reported feeling scared or feeling bad because kids were calling them names, saying mean things, or saying they did not want the victim to be around. Sixty-six-point seven percent of study participants experienced being hit or kicked in the private parts on purpose (66.7%). Twenty-eight-point six percent of students reported being jumped or attacked by a gang or group of kids. Nineteen percent of students reporting being slapped by a romantic partner. Due to the age of some students, this form of victimization may not apply to all participants. When participants were asked if they were victimized because of their autism, 53.2% responded with yes.

Ninety-two-point one percent of victimizations occurred from known individuals (classmates, other students, school facility or staff, PCA/paraprofessional). Information was not collected about the severity of each reported incident. However, specifics regarding the victimization were gathered through the questionnaire follow up questions. Weapons of opportunity were most frequently used during group/gang attacks. For example, a book was used as a weapon in the library, a lunch box in the cafeteria, and a

backpack on the school bus. The only time this was not true was during victimization that was specific to harm caused to private parts, in which no weapons were reported being used. All incidents reported of this kind were reported to happen by kicking or punching. When being asked questions from the JVQ, participant 8 spoke about her typical day:

"I pretty much just get on the bus and don't talk to anyone. Other kids throw things at my head, and the bus driver never cares. If I say something, I get in trouble for moving and talking, so I just keep still because the rules are to not move. When I get to school, I walk to school as fast as possible, because the hallway is a battle zone. You get shoved and kicked and hit by people that pretend to be your friends in class. I don't like noises, and the hallway makes me feel like I'm going to explode, so I wear headphones. They get taken from me, and I need them. If I tell the teacher, I get in trouble for tattle tailing or being in the hall too long. The other kids never get in trouble. There's no point in telling anyone. Like, ever. It's like that all day. Lunch is the worst. Then back on the bus to survive a ride home. It sucks. I know where bad things will happen. Every day. I try to avoid them, but my schedule is the same for a long time. If a teacher isn't right next to me, it's going to happen because middle schoolers are stupid."

Other students had similar experiences, with the majority of victimizations not being reported due to fear of victim-blaming or embarrassment for not reporting (89%). Only 8 out of the 76 incidents identified in this study were reported to an adult, parent included. Participant 6 described her fear of reporting a physical assault. "I never tell. I get in trouble and then get hit harder. If you tell every time it happens, no one listens to you. They think you lie. I don't lie. I know I'm not normal, but I don't want to get yelled

at every day. The guidance counselor won't even see me anymore. I don't make anything up. I'm not seeing things wrong. I don't want to get in trouble for being autistic, so I just keep it to myself." Participant 8 said, "The teacher never gets in trouble because they are an adult and adults believe adults. I just get in trouble for being hit, and the jerks never get in trouble. I get called retarded every day."

A vast majority of victimizations happened during periods of unstructured low supervision transition, such as students moving through the hallways to switch classes, recess, or the school bus (79.3%). A severe incident was described by participant 3, noting that they were "attacked with a three-ring binder," adding that they had "big ugly bruises for a month." Participant 20 described their hair being cut by a classmate while transitioning through the hallway. "He just walked up to me and cut off a big part of my hair. My principal told me I should keep my hair in a ponytail if I didn't want things like that to happen, and the other kid got a warning."

Summary

The purpose of this qualitative phenomenological study was to explore the patterns of victimization for students diagnosed with ASD in the rural Southern US. The study also involved determining what factors prevent the reporting of victimization to appropriate authorities. 21 participants were interviewed in this study. All participants met study criteria, and parent and participant consent and assent forms were given before data were collected. Participants were also given an explanation about their study and interview rights and appropriate accommodations throughout the data collection process. Care was taken to ensure the safety and comfort of all participants. Data were collected

through face-to-face interviews at varying locations. A digital audio recorder was used to capture audio for all interviews. The researcher also made the necessary notations on the survey during interviewing. Data were transcribed, explored, and organized following Moustakas' phenomenological research approach.

Multiple themes emerged from the data. Students participating in this study were unlikely to report school-based victimizations to an adult. Students reported embarrassment and fear of blame for not reporting their victimization. Only 10.5% of victimizations reported by students in this study were reported to an adult. The next theme was related to location of victimization. Students participating in the study reported they experienced more victimizations during unstructured nonacademic times. These included hallway transitions, social opportunities in the school courtyard or lunchroom, and bus rides. These times foster less supervision than more structured academic times such as classroom instruction. The third theme is related to specific victimization types. The study population had a high likelihood of being picked on felt like they were being made to do something they did not want to do. All study participants noted victimization of this type happening to them. Items of opportunity, or items that were readily available during the moment of victimization, were the most commonly used weapon against the study population. Books were the most commonly used item of opportunity, with backpacks/bags being the next item of opportunity used most often during victimizations. Multiple students shared examples of being victimized with items of opportunity that were specific to location, such as lunch trays used as weapons in the cafeteria.

Chapter 4 also included study settings, participant demographics, and data collection and analysis. Additionally, the research process, including settings unique to this study and study findings were explained. Evidence of trustworthiness was also addressed. Chapter 5 includes interpretations of findings, study limitations, recommendations, and implications for future study. Finally, a conclusion, implications for social change, and reflections will end this study.

Chapter 5: Conclusions

Introduction

Chapter 5 includes the purpose of this study, findings, and options for future research. A review of study limitations will be presented. Chapter 5 also includes implications of the findings of the study. Finally, the conclusion, implications for positive social change, and researcher reflections will be explained.

This phenomenological study was about patterns of victimization for students diagnosed with autism in the rural Southern US and barriers to reporting victimization. Lived victimization experiences of individuals on the autism spectrum was the phenomenon of interest. The goal was to explore when, how, and by whom youth with ASD are victimized and what prevents them from reporting. Qualitative data from interviews using the JVQ-R2 were used to explore the lived experiences of participants.

Individuals with disabilities have a much higher rate of victimization than their peers without disabilities and can be four times more likely to experience a victimization (Hall-Lande et al., 2014). Although there is much information in the area of disability research, information regarding specific disabilities is scant. This study filled a gap in the literature, specifically regarding school-aged children living in the rural Southern US. Additionally, this study provided further information regarding when victimization occurred, what (if any) weapons were used, and by whom. The results of this study will lead to further research that will provide data to families and professionals seeking a better understanding of the lived experiences of those on the spectrum.

The central research question was: What are the patterns of victimization for students diagnosed with ASD in the rural Southern United States? Multiple victimization-based themes and one reporting-based theme emerged from the data regarding the study population. The victimization-based themes were victimization in unstructured, non-academic areas, victimization in the form of chase and forced activity, and items of opportunity as a weapon during victimization Data were developed regarding Moustakas' foundation of phenomenological research approach to analysis. This approach allowed for careful exploration, examination, and analysis of data gathered in this study.

Interpretation of Findings

Throughout this study, lived experiences of school-aged children diagnosed with ASD living in the rural Southern US were explored. Pattern analysis data revealed that victimization occurred most often during nonacademic times with low supervision. Additionally, offenders chose targets who were less likely to report, and the benefit of victimizing outweighed minimal chances for negative consequence. Offender motivation and rationale choice evaluation played large roles in victim choice, lending to certain victimization patterns.

Victimization Patterns

Multiple themes involving patterns of victimization were shown in this study. The first theme was increased likelihood of victimization in unstructured non-academic areas. The offender must consider the actions of the potential victim and consider the risk and predictability of the potential offense. Data revealed that offenders were able to rationalize the risk of offending students with ASD and predict outcomes in unstructured

nonacademic areas that outweighed the risks of adult intervention, making the choice to offend a cost-efficient option.

Locations where victimization showed an increase in occurrence was also linked absence of suitable guardians as they were areas of low supervision. Furthermore, for school-aged offenders, social status also played a part in offender motivation. Social currency and popularity function as an economical means of sorts for students. Students seeking a higher social status may benefit from selecting an individual with ASD as a suitable target and consider this during their decision-making cost-benefit process. Individuals with ASD make suitable targets for inclined offenders, as they are less likely to report incidents, often easy to identify, and (due to daily school routines) found in predictable locations.

The second theme to emerge involved victimization through teasing, physical chase, and forced activity. 21 of 21 study participants reported that they had experienced this type of victimization. Predictive scheduling seemed to play a large part in this victimization. Individuals with disabilities often rely on support from a nonguardian caregiver. When assisting with mobility, academics, nutrition, or technology, caregivers may disregard the child's assent and continue with expected tasks throughout the day. As these adults are perceived as trusted and safe caregivers, when a child says no to a task, it is often regarded as obstinance, not self-advocacy. Moreover, students with disabilities are often regarded as unreliable reporters (Levy, Kim, & Olive, 2017).

The third theme to emerge involved using items of opportunity as weapons during victimization. Items of opportunity are objects convenient to a location, such as books

used as weapons in a library or lunch trays in the cafeteria. As 92% students reported they knew their offender, this meant that students interviewed were being victimized in familiar places by familiar people with familiar objects. Participant 2 noted, "At least when he was done hitting me, I didn't have to go get a tray for my lunch, I just used the one he hit me with."

Barriers to Reporting Victimization

Individuals participating in the study were not likely to report their victimization for two reasons. The first barrier was an embarrassment from peers. Being victimized and reporting the incident does not produce as many social benefits as it does for the offender (Pouwels et al., 2018). The second identified barrier in reporting was the victim perception that the offender would not get punished. Most of the students noted that they had never reported and incident. Participant three said:

I don't say nothing unless I get told I got to. If I tell, ain't no one going to listen to anything I say, and I'll get in trouble. And then, I'll get in trouble at home, too. I'm best to just be quiet and keep going. Teachers never get in trouble, because their adults. They can do whatever they want to a kid, especially if you have autism. It makes people think you can't tell the truth or that you can't understand. I'm not dumb. I know when I'm being hurt. More than half (61.9%) of participants agreed with this child's opinion on victimization and autism, as they perceived they were victimized because of their autism.

Study Limitations

As in any study, there were several limitations within this research. The first limitation involved the study sample size. Although a limited sample size was reflective

of the percentage of individuals with ASD in rural Southern areas, an increased population sample may have been beneficial in understanding a more extensive data section. The sample size was also affected by the study criteria, which was developed to reflect the age of students eligible through the US Department of Education, Department of Exceptional Student Services, to have autism identified as their primary disability through exceptional student education services. Additionally, age requirements were set to reflect data collected by other large-scale victimization surveys, NCBS being the largest. Interview size was sufficient to reach saturation, and consistent with other studies of similar size and scope.

Studying the lived experiences of individuals created a rich depth of understanding that unique to studies that include human participants. However, it must be noted that humans are inherently complicated and can be unpredictable. Because of this, there no way of knowing if all participants were truthful in their answers and descriptions. Although safeguards were put into place to protect the confidentiality, there are no guarantees that experiences were accurately recalled and in full detail as individuals may have been hesitant to share negative experiences fully with the researcher. The questionnaire was structured to permit follow-up questions when needed to assist with clarity. Additionally, accommodations were given to participants to facilitate an environment that was comfortable and safe for all participants.

Recommendations

There are several recommendations for future research that have been formed as a result of this study. Individuals with disabilities experience disproportionate rates of

victimization compared to their peers (Closson & Watanabe, 2016; Fisher et al., 2016). This study provided insight into a small sample victimization experiences of individuals with the specific disability diagnosis of ASD. Moving forward, it would be beneficial to expand the sample size to create a broader understanding of these individuals' lived experiences. Gaining more individualized insights regarding specific demographic points, such as identified gender or grade level, would improve further understanding of sub-groups. Additionally, collecting information regarding additional diagnoses would expand the profile of victimization knowledge for individuals with specific disabilities and multiple diagnosis.

Although there was much discussion of offenders throughout this study, no data were collected from this population. For this reason, it is recommended for future studies of this nature to include interviews with potential peer offenders in future research. Knowing more information about offenders' lived experiences may help provide insight into how to prevent, predict, and understand victimization. Additionally, having more detailed information on offender demographics would show a target population in need of peer-awareness, disability acceptance, and inclusion training. Furthermore, identifying this population and better understanding their motivations to offend would contribute to data needed to develop best practices in the area of victimization prevention for students with ASD. As noted in Chapter 2, the aim of this study was to gain an understanding of the complex and immense need for research that not only includes individuals with disabilities but allows all to have a part in the dialogue that is both scholarly and experiential.

Implications for Positive Social Change

This study's results have the potential for positive social change by increasing the understanding for educators and individuals providing support services to persons with ASD of the identification of victimization patterns of school-aged children diagnosed with ASD in the rural Southern US. Working with existing and developing literature, the lived experiences explored in this study have the potential to contribute in the fields of public policy, education, and juvenile criminal justice.

Data from participants in this study revealed themes involving specific types of victimization and weapons used by offenders. Furthermore, participants revealed barriers to reporting their experiences. Improving the daily lives and experiences of these individuals does not require a doctoral degree or a vast understanding of analytics and data collection. Knowing the patterns found and barriers presented allows educators and administrators to institute immediate change in both unstructured non-academic areas where students were shown to experience higher incidents of victimization and the system in which students with ASD report to adults.

Finally, for the researcher, the most considerable implication comes in the area of including with youth with autism in research about youth with autism. This study included careful planning, clear communication, expert advice and consultation, and many hours of research to understand the best practices in interviewing youth with autism about victimization. The researcher's hope is that this study shows that youth with ASD are reliable reporters with valid lived experiences. These implications are not beyond the boundaries of future research.

Conclusion

This study involved examining the lived experiences of school-aged individuals diagnosed with ASD living in the rural Southern US. This study's findings have further implications in the areas of victimization, autism, and research focusing on lived experiences of youth with disabilities.

There were gaps in literature focusing on the victimization of youth with specific disabilities and little to no research focusing on youth with specific disabilities in the rural Southern US. Individuals with disabilities experience higher rates of victimization than that of their peers and are four times more likely to be victimized (Closson & Watanabe, 2016; Fisher et al., 2016). Knowing this and given the unique circumstances and social and economic barriers of rural Southern communities and the challenges of individuals with ASD, it is clear that research focusing on this subject is not only needed but grossly underrepresented.

This study revealed definite patterns of victimization for students with ASD in the rural Southern US. This study also identified clear barriers that prevent reporting to the appropriate authorities. Victimization for the study population was more likely to occur in unstructured non-academic areas. When a weapon was used during victimization, it was not one of traditional nature such as a gun or a knife, but location-based items of opportunity such as a textbook or three-ring binder. Data also showed that all students in the study had experienced being picked on in terms of chasing or grabbing and felt they had been made to do something they did not want to do. Nearly all victimizations were

committed by known offenders and were also not reported. Participants shared victimization and incident reporting experiences that were filled with guilt.

Reflections of the Researcher

All students in this study were eager to share their experiences and functioned as reliable reporters. All relied on provided accommodations and were, in the researcher's opinion, excellent participants. Most gave concrete examples of their victimizations that were unpleasant to hear, but necessary to learn about to understand their lived experiences. Their opinions and thoughts showed the need for positive social change and an overhaul in the area of best practices in considering the safety of this population. Prominent author, speaker, researcher, autism advocate, and animal behaviorist Dr. Temple Grandin has been quoted repeatedly referring to herself as “different, not less" (2012) when speaking about her journey as an individual on the spectrum. The children in this study, and many more who identify with them and their experiences need to be heard and included in research.

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Appendix A: DSM-5 Autism Severity Levels

Table 2

DSM-5 Severity levels for autism spectrum disorder

Severity level	***Social communication***	***Restricted, repetitive behaviors***
Level 3 "Requiring very substantial support"	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
Level 2 "Requiring substantial support"	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 1 "Requiring support"	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

Appendix B: DSM-5 ASD Criteria

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following, currently or by history (examples are illustrative, not exhaustive; see text):

a. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

b. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

c. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

d. *Specify* current severity:

- **Severity is based on social communication impairments and restricted, repetitive patterns of behavior**

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are

illustrative, not exhaustive; see text):

e. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

f. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

g. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

h. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

i. *Specify* current severity:

- Severity is based on social communication impairments and restricted, repetitive patterns of behavior

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and ASD frequently co-occur; to make comorbid diagnoses of ASD and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of ASD. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for ASD, should be evaluated for social (pragmatic) communication disorder.

Specify if:

- With or without accompanying intellectual impairment
- With or without accompanying language impairment
- Associated with a known medical or genetic condition or environmental factor (Coding note: Use additional code to identify the associated medical or genetic condition.)
- Associated with another neurodevelopmental, mental, or behavioral disorder (Coding note: Use additional code[s] to identify the associated neurodevelopmental, mental, or behavioral disorder[s].)

- With catatonia (refer to the criteria for catatonia associated with another mental disorder, pp. 119–120, for definition) (Coding note: Use additional code 293.89 [F06.1] catatonia associated with ASD to indicate the presence of the comorbid catatonia.)

Appendix C: Assent Form for Research

ASSENT FORM FOR RESEARCH

Hello, my name is Megan Thornton, but you can call me Meg. I am doing a research project to learn about victimization and autism in rural schools. I am inviting you to join my project. I am inviting all students with autism that go to public school in rural areas and are 12-18 to be in the study. I am going to read this form with you. I want you to learn about the project before you decide if you want to be in it.

WHO I AM:

I am a student at Walden University. I am working on my doctoral degree. You might already know me from the Center for Autism and Related Disabilities office at UF, but this study is separate from that role.

ABOUT THE PROJECT:

If you agree to be in this project, you will be asked to:

- be interviewed, with your parent or guardian and independently in an agreed-on location that is comfortable for everyone
- be interviewed for 20-30 minutes
- communicate about victimization at school
- be recorded throughout the interview
- have their personal experience collected through a recording device and through note taking by the researcher.

Here are some sample questions:

1. At any time during school, did anyone use force to take something away from you that you were carrying or wearing?

2. At any time during school, did anyone break or ruin any of your things on purpose?

3. Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. At any time during school, did anyone hit or attack you on purpose with an object or weapon?

4. Which phrase would you use to describe your child's verbal abilities? (a) fluent and functional verbal speech, (b) non-functional verbal speech, (c) words, but not sentences, (d) few or no words, (e) uses a communication device fluently (f) uses a communication device, but not fluently

IT'S YOUR CHOICE:

You don't have to be in this study if you don't want to. If you decide now that you want to join the project, you can still change your mind later. If you want to stop at any time, you can.

Being in this project might make you tired or stressed, similar to the stress and tiredness you might feel after taking a long-standardized test. You will be asked to talk about times at school that you have been victimized. You might become upset when talking about past experiences. But, I am hoping this project might help others by learning about how and when kids with autism are victimized. With this information, we can help to increase the understanding of these patterns and find ways to make reporting easier.

There is no payment for being in this study.

PRIVACY:

Everything you tell me during this project will be kept private. That means that no one else will know your name or what answers you give. The only time I have to tell someone is if I learn about something that could hurt you or someone else.

ASKING QUESTIONS:

You can ask me any questions you want now. If you think of a question later, you or your parents can reach me through phone or email. You can ask a question at any time during this interview. I will always do my best to answer you honestly.

CONTACT INFORMATION:

Megan Thornton

megan.thornton2@waldenu.edu

If you or your parents would like to ask my university a question, you can call: 612-312-1210.

I will give you a copy of this form to keep. I will also keep a copy.

If you want to join the project, please sign your name below.

Name _____

Signature _____

Date _____

Researcher

Signature _____

Appendix D: Demographic Collection Instrument

Child Demographics

1. Does your child have a diagnosis of ASD?
2. How old is your child?
3. What is your child's identified gender?
4. What state does your child live in?
5. What school district does your child attend?
6. What school does your child attend?
7. What is your child's race? (CIRCLE ONE)

a. White

b. African American

c. Hispanic or Latino

d. Native American or Native Alaska

e. Asian

f. Hawaiian or Pacific Islander

g. Other (list: _____)

h. Two or more races

8. How would you describe your child's classroom setting?

a. Regular education classroom(s) for the child's ENTIRE school day

b. Majority of time spent in regular education classroom(s)

c. Majority of time spent in special education classroom(s)

d. Special educational classroom(s) for the child's ENTIRE school day

i. Is the classroom self-contained? Y/N

9. Does your child receive inclusion supports from a co-teacher within the regular education classroom?

10. What is your child's current grade or level of school?

11. Does your child have opportunities throughout their school day with non-disabled peers? Y/N

a. If yes, please describe.

_____

12. Does your child have a personal care attendant or paraprofessional assigned to them throughout their school day? Y/N

13. Which phrase would you use to describe your child's verbal abilities?

a. fluent and functional verbal speech

b. non-functional verbal speech

c. words, but not sentences

d. few or no words

e. uses a communication device fluently

f. uses a communication device, but not fluently

14. What is your total household income?

a. Less than $10,000

b. $10,000 to $14,999

c. $15,000 to $19,999

d. $20,000 to $24,999

e. $25,000 to $29,999

f. $30,000 to $34,999

g. $35,000 to $39,999

h. $40,000 to $44,999

i. $45,000 to $49,999

j. $50,000 to $59,999

k. $60,000 to $74,999

l. $75,000 to $99,999

m. $100,000 to $124,999

n. $125,000 to $149,999

o. $150,000 to $199,999

p. $200,000 or more

15. Will your child require any accommodations throughout this interview? If so, describe.

Appendix E: JVQ-R2 Module C Data Collection Tool

JVQ-R2 Abbreviated Interview Version Youth Lifetime Form

Now we are going to ask you about some things that might have happened in your life.

Module C: PEER AND SIBLING VICTIMIZATIONS

Notes to interviewer:

a) If it's apparent there was more than one incident, say, "Answer the next questions about the last time this happened."

b) Try to complete follow-ups from open-ended response to questions. Read response categories only if youth needs help.

P1) Sometimes groups of kids or gangs attack people. At any time at school, did a group of kids or a gang hit, jump, or attack you?

1 YES Go to P1a

2 NO Go to P2

P1a) Did this happen in the last year? Where? _____ (name location)

1 Yes

2 No

P1b) Were you physically hurt when this happened? *[If this is first time injury question is asked, read definition:]* "Hurt" means you could still feel pain in your body

the next day. You are also hurt when you have a bruise, a cut that bleeds, or a broken bone.

1 Yes

2 No

P1c) Did the people who did this use any of these?

1 Gun

2 Knife

3 Stick, rock, bottle, pipe, or tool such as a hammer or wrench

4 Other (Specify _____)

5 No weapon used

P1d) Who did this?

1 A known / unknown classmate *(circle one)*

2 An older / younger student (*circle one)*

3 A teacher at school

4 A school administrator

5 A paraprofessional

6 My school caregiver

7 A bus driver or bus attendant

8 Stranger (a stranger is someone you don't know)

9 Other _____ *(write in who it was)*

P1e) Do you feel like you were victimized because you have autism?

1. Yes

2. No

P1f) Did you report this incident?

If yes, to whom _____ (name role of person)

If no, what stopped you from reporting?

1. Self-doubt

2. Social Pressure

3. Embarrassment

4. Fear you would be blamed (victim blaming) or get in trouble for the incident

5. Other

a. Explain:

P2) (If Yes to P1, say: "Other than what you just told me about…") At any time during school, did any kid, even a brother or sister, hit you? Including places like the hallway or the lunchroom.

1 YES Go to P2a

2 NO Go to P3

P2a) Did this happen in the last year? Where? _____ (name location)

1 Yes

2 No

P2b) Were you physically hurt when this happened? *[If this is first time injury question is asked, read definition:]* "Hurt means you could still feel pain in your body the next day. You are also hurt when you have a bruise, a cut that bleeds, or a broken bone.

1 Yes

2 No

P2c) Who did this?

1 A known / unknown classmate *(circle one)*

2 An older / younger student (*circle one)*

3 A teacher at school

4 A school administrator

5 A paraprofessional

6 My school caregiver

7 A bus driver or bus attendant

8 Stranger (a stranger is someone you don't know)

9 Other _____ *(write in who it was)*

P2d) Was this person a boy or a girl?

1 Boy

2 Girl

P2e) Did the person who did this use any of these?

1 Gun

2 Knife

3 Stick, rock, bottle, pipe, or tool such as a hammer or wrench

4 Other (Specify _____)

5 No weapon used

P2f) Do you feel like you were victimized because you have autism?

3. Yes

4. No

P2g) Did you report this incident?

If yes, to whom _____ (name role of person)

If no, what stopped you from reporting?

6. Self-doubt

7. Social Pressure

8. Embarrassment

9. Fear you would be blamed (victim blaming) or get in trouble for the incident

10. Other

a. Explain:

P3) At any time during school, did any kids try to hurt your private parts on purpose by hitting or kicking you there?

1 YES Go to P3a

2 NO Go to P4

P3a) Did this happen in the last year? Where? _____ (*name body location*)

1 Yes

2 No

P3b) Were you physically hurt when this happened? *[If this is first time injury question is asked, read definition:]* "Hurt" means you could still feel pain in your body the next day. You are also hurt when you have a bruise, a cut that bleeds, or a broken bone.

1 Yes

2 No

P3c) Who did this?

1 A known / unknown classmate *(circle one)*

2 An older / younger student (*circle one)*

3 A teacher at school

4 A school administrator

5 A paraprofessional

6 My school caregiver

7 A bus driver or bus attendant

8 Stranger (a stranger is someone you don't know)

9 Other _____ *(write in who it was)*

P3d) Was this person a boy or a girl?

1 Boy

2 Girl

P3e) Did the person who did this use any of these?

1 Gun

2 Knife

3 Stick, rock, bottle, pipe, or tool such as a hammer or wrench

4 Other (Specify _____)

5 No weapon used

P3f) Do you feel like you were victimized because you have autism?

5. Yes

6. No

P3g) Did you report this incident?

If yes, to whom _____ (name role of person)

If no, what stopped you from reporting?

11. Self-doubt

12. Social Pressure

13. Embarrassment

14. Fear you would be blamed (victim blaming) or get in trouble for the incident

15. Other

a. Explain:

P4) At any time during school, did any kids, even a brother or sister, pick on you by chasing you or grabbing you or by making you do something you didn't want to do?

1 YES Go to P4a

2 NO Go to P5

P4a) Did this happen in the last year? Where? _____ (name location)

1 Yes

2 No

P4b) Were you physically hurt when this happened? *[If this is first time injury question is asked, read definition:]* "Hurt" means you could still feel pain in your body the next day. You are also hurt when you have a bruise, a cut that bleeds, or a broken bone.

1 Yes

2 No

P4c) Who did this?

1 A known / unknown classmate *(circle one)*

2 An older / younger student (*circle one)*

3 A teacher at school

4 A school administrator

5 A paraprofessional

6 My school caregiver

7 A bus driver or bus attendant

8 Stranger (a stranger is someone you don't know)

9 Other _____ *(write in who it was)*

P4d) Was this person a boy or a girl?

1 Boy

2 Girl

P4e) Do you feel like you were victimized because you have autism?

7. Yes

8. No

P4f) Did you report this incident?

If yes, to whom _____ (name role of person)

If no, what stopped you from reporting?

16. Self-doubt

17. Social Pressure

18. Embarrassment

19. Fear you would be blamed (victim blaming) or get in trouble for the incident

20. Other

a. Explain:

P5) At any time during school, did you get scared or feel really bad because kids were calling you names, saying mean things to you, or saying they didn't want you around?

1 YES Go to P5a

2 NO Go to P6

P5a) Did this happen in the last year? Where? _____ (name location)

1 Yes

2 No

P5b) Who did this?

1 A known / unknown classmate *(circle one)*

2 An older / younger student (*circle one)*

3 A teacher at school

4 A school administrator

5 A paraprofessional

6 My school caregiver

7 A bus driver or bus attendant

8 Stranger (a stranger is someone you don't know)

9 Other _____ *(write in who it was)*

P5c) Was this person a boy or a girl?

1 Boy

2 Girl

P5d) Did you report this incident?

If yes, to whom _____ (name role of person)

If no, what stopped you from reporting?

Write response here:

Note: P6 is only asked for youth aged 12 and over.

P6) At any time in during school, did a boyfriend or girlfriend or anyone you went on a date with slap or hit you?

YES Go to P6a

NO Go to P6

P6a) Did this happen in the last year? Where? _____ (name location)

1 Yes

2 No

P6b) Were you physically hurt when this happened? *[If this is first time injury question is asked, read definition:]* "Hurt" means you could still feel pain in your body the next day. You are also hurt when you have a bruise, a cut that bleeds, or a broken bone.

1 Yes

2 No

P6c) Who did this?

1 A known / unknown classmate *(circle one)*

2 An older / younger student (*circle one)*

3 A teacher at school

4 A school administrator

5 A paraprofessional

6 My school caregiver

7 A bus driver or bus attendant

8 Stranger (a stranger is someone you don't know)

9 Other _____ *(write in who it was)*

P6d) Was this person a boy or a girl?

1 Boy

2 Girl

P6e) Did the person who did this use any of these?

1 Gun

2 Knife

3 Stick, rock, bottle, pipe, or tool such as a hammer or wrench

4 Other (Specify _____)

5 No weapon used

P6f) Do you feel like you were victimized because you have autism?

Yes

No

P6g) Did you report this incident?

If yes, to whom _____ (name role of person)

If no, what stopped you from reporting?

1. Self-doubt
2. Social Pressure
3. Embarrassment
4. Fear you would be blamed (victim blaming) or get in trouble for the incident
5. Other

a. Explain:

Appendix F: Department of Children and Families: Definitions of Abuse

What is Abuse?

For children: "**Abuse**" means any willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

For adults: "**Abuse**" means any willful act or threatened act by a relative, caregiver, or household member which causes or is likely to cause significant impairment to a vulnerable adult's physical, mental, or emotional health. Abuse includes acts and omissions

What is Neglect?

For children: "**Neglect**" occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired.

For adults: "**Neglect**" means the failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, which a prudent person

would consider essential for the well-being of a vulnerable adult. The term "neglect" also means the failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect, or exploitation by others.

What is Exploitation?

"**Exploitation**" means a person who:

1. Stands in a position of trust and confidence with a vulnerable adult and knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, a vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive a vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult; or

2. Knows or should know that the vulnerable adult lacks the capacity to consent, and obtains or uses, or endeavors to obtain or use, the vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult.

Appendix G: Department of Children and Families Definitions for Reporting Abuse

Department of Children and Families: Definitions for Reporting Abuse

As described in Chapters 39 and 415, Florida Statutes, the Florida Department of Children & Families is charged with providing comprehensive protective services for children who are abused, neglected or at threat of harm and vulnerable adults who are abuse, neglected or exploited in the state by requiring that reports of abuse, neglect, threatened harm, or exploitation be made to the Florida Abuse Hotline.

Law enforcement is to take the lead in all criminal investigations and prosecution.

Child - any born, unmarried person less than 18 years old who has not been emancipated by order of the court.

Vulnerable Adult - a person age 18 years or older who has a disability or is suffering from the infirmities of aging.

A. The Florida Abuse Hotline will accept a report when:

2. There is reasonable cause to suspect that a **child**

3. who can be **located in Florida**, or is temporarily out of the state but expected to return in the immediate future,

4. has been **harmed or** is believed to be **threatened with harm**

5. from **a person responsible for the care of the child**.

OR

6. Any **vulnerable adult** who is a resident of Florida or currently located in Florida

7. who is believed to have been **abused or neglected** by a caregiver in Florida, or

8. suffering from the ill effects of **neglect by self** and is need of service, or

9. **exploited** by any person who stands in a position of trust or confidence, or any person who knows or should know that a vulnerable adult lacks capacity to consent and who obtains or uses, or endeavors to obtain or use, their funds, assets or property.

10. to consent.

Appendix H: 2010 Florida Statutes Including Special Session A

Title V: Chapter 39, Proceedings Related to Children

39.01 Definitions—When used in this chapter, unless the context otherwise requires:

(1) "Abandoned" or "abandonment" means a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, makes no provision for the child's support and has failed to establish or maintain a substantial and positive relationship with the child. For purposes of this subsection, "establish or maintain a substantial and positive relationship" includes, but is not limited to, frequent and regular contact with the child through frequent and regular visitation or frequent and regular communication to or with the child, and the exercise of parental rights and responsibilities. Marginal efforts and incidental or token visits or communications are not sufficient to establish or maintain a substantial and positive relationship with a child. The term does not include a surrendered newborn infant as described in s. 383.50, a "child in need of services" as defined in chapter 984, or a "family in need of services" as defined in chapter 984. The incarceration of a parent, legal custodian, or caregiver responsible for a child's welfare may support a finding of abandonment.

(2) "Abuse" means any willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or

omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

(3) "Addictions receiving facility" means a substance abuse service provider as defined in chapter 397.

(4) "Adjudicatory hearing" means a hearing for the court to determine whether or not the facts support the allegations stated in the petition in dependency cases or in termination of parental rights cases.

(5) "Adult" means any natural person other than a child.

(6) "Adoption" means the act of creating the legal relationship between parent and child where it did not exist, thereby declaring the child to be legally the child of the adoptive parents and their heir at law, and entitled to all the rights and privileges and subject to all the obligations of a child born to the adoptive parents in lawful wedlock.

(7) "Alleged juvenile sexual offender" means:

(a) A child 12 years of age or younger who is alleged to have committed a violation of chapter 794, chapter 796, chapter 800, s. 827.071, or s. 847.0133; or

(b) A child who is alleged to have committed any violation of law or delinquent act involving juvenile sexual abuse. "Juvenile sexual abuse" means any sexual behavior which occurs without consent, without equality, or as a result of coercion. For purposes of this paragraph, the following definitions apply:

1. "Coercion" means the exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.

2. "Equality" means two participants operating with the same level of power in a relationship, neither being controlled nor coerced by the other.

3. "Consent" means an agreement, including all of the following:

a. Understanding what is proposed based on age, maturity, developmental level, functioning, and experience.

b. Knowledge of societal standards for what is being proposed.

c. Awareness of potential consequences and alternatives.

d. Assumption that agreement or disagreement will be accepted equally.

e. Voluntary decision.

f. Mental competence.

Juvenile sexual offender behavior ranges from noncontact sexual behavior such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs to varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and various other sexually aggressive acts.

(8) "Arbitration" means a process whereby a neutral third person or panel, called an arbitrator or an arbitration panel, considers the facts and arguments presented by the parties and renders a decision which may be binding or nonbinding.

(9) "Authorized agent" or "designee" of the department means an employee, volunteer, or other person or agency determined by the state to be eligible for state-funded risk management coverage, which is assigned or designated by the department to perform duties or exercise powers under this chapter.

(10) "Caregiver" means the parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child's welfare as defined in subsection (47).

(11) "Case plan" means a document, as described in s. 39.6011, prepared by the department with input from all parties. The case plan follows the child from the provision of voluntary services through any dependency, foster care, or termination of parental rights proceeding or related activity or process.

(12) "Child" or "youth" means any unmarried person under the age of 18 years who has not been emancipated by order of the court.

(13) "Child protection team" means a team of professionals established by the Department of Health to receive referrals from the protective investigators and protective supervision staff of the department and to provide specialized and supportive services to the program in processing child abuse, abandonment, or neglect cases. A child protection team shall provide consultation to other programs of the department and other persons regarding child abuse, abandonment, or neglect cases.

(14) "Child who has exhibited inappropriate sexual behavior" means a child who is 12 years of age or younger and who has been found by the department or the court to have committed an inappropriate sexual act.

(15) "Child who is found to be dependent" means a child who, pursuant to this chapter, is found by the court:

(a) To have been abandoned, abused, or neglected by the child's parent or parents or legal custodians;

(b) To have been surrendered to the department, the former Department of Health and Rehabilitative Services, or a licensed child-placing agency for purpose of adoption;

(c) To have been voluntarily placed with a licensed child-caring agency, a licensed child-placing agency, an adult relative, the department, or the former Department of Health and Rehabilitative Services, after which placement, under the requirements of this chapter, a case plan has expired and the parent or parents or legal custodians have failed to substantially comply with the requirements of the plan;

(d) To have been voluntarily placed with a licensed child-placing agency for the purposes of subsequent adoption, and a parent or parents have signed a consent pursuant to the Florida Rules of Juvenile Procedure;

(e) To have no parent or legal custodians capable of providing supervision and care; or

(f) To be at substantial risk of imminent abuse, abandonment, or neglect by the parent or parents or legal custodians.

(16) "Child support" means a court-ordered obligation, enforced under chapter 61 and ss. 409.2551-409.2597, for monetary support for the care, maintenance, training, and education of a child.

(17) "Circuit" means any of the 20 judicial circuits as set forth in s. 26.021.

(18) "Comprehensive assessment" or "assessment" means the gathering of information for the evaluation of a child's and caregiver's physical, psychiatric, psychological or mental health, educational, vocational, and social condition and family

environment as they relate to the child's and caregiver's need for rehabilitative and treatment services, including substance abuse treatment services, mental health services, developmental services, literacy services, medical services, family services, and other specialized services, as appropriate.

(19) "Concurrent planning" means establishing a permanency goal in a case plan that uses reasonable efforts to reunify the child with the parent, while at the same time establishing another goal that must be one of the following options:

(a) Adoption when a petition for termination of parental rights has been filed or will be filed;

(b) Permanent guardianship of a dependent child under s. 39.6221;

(c) Permanent placement with a fit and willing relative under s. 39.6231; or

(d) Placement in another planned permanent living arrangement under s. 39.6241.

(20) "Court," unless otherwise expressly stated, means the circuit court assigned to exercise jurisdiction under this chapter.

(21) "Department" means the Department of Children and Family Services.

(22) "Diligent efforts by a parent" means a course of conduct which results in a reduction in risk to the child in the child's home that would allow the child to be safely placed permanently back in the home as set forth in the case plan.

(23) "Diligent efforts of social service agency" means reasonable efforts to provide social services or reunification services made by any social service agency that is a party to a case plan.

(24) "Diligent search" means the efforts of a social service agency to locate a parent or prospective parent whose identity or location is unknown, initiated as soon as the social service agency is made aware of the existence of such parent, with the search progress reported at each court hearing until the parent is either identified and located or the court excuses further search.

(25) "Disposition hearing" means a hearing in which the court determines the most appropriate protections, services, and placement for the child in dependency cases.

(26) "District" means any one of the 15 service districts of the department established pursuant to s. 20.19.

(27) "District administrator" means the chief operating officer of each service district of the department as defined in s. 20.19(5) and, where appropriate, includes any district administrator whose service district falls within the boundaries of a judicial circuit.

(28) "Expedited termination of parental rights" means proceedings wherein a case plan with the goal of reunification is not being offered.

(29) "False report" means a report of abuse, neglect, or abandonment of a child to the central abuse hotline, which report is maliciously made for the purpose of:

(a) Harassing, embarrassing, or harming another person;

(b) Personal financial gain for the reporting person;

(c) Acquiring custody of a child; or

(d) Personal benefit for the reporting person in any other private dispute involving a child.

The term "false report" does not include a report of abuse, neglect, or abandonment of a child made in good faith to the central abuse hotline.

(30) "Family" means a collective body of persons, consisting of a child and a parent, legal custodian, or adult relative, in which:

(a) The persons reside in the same house or living unit; or

(b) The parent, legal custodian, or adult relative has a legal responsibility by blood, marriage, or court order to support or care for the child.

(31) "Foster care" means care provided a child in a foster family or boarding home, group home, agency boarding home, child care institution, or any combination thereof.

(32) "Harm" to a child's health or welfare can occur when any person:

(a) Inflicts or allows to be inflicted upon the child physical, mental, or emotional injury. In determining whether harm has occurred, the following factors must be considered in evaluating any physical, mental, or emotional injury to a child: the age of the child; any prior history of injuries to the child; the location of the injury on the body of the child; the multiplicity of the injury; and the type of trauma inflicted. Such injury includes, but is not limited to:

1. Willful acts that produce the following specific injuries:

a. Sprains, dislocations, or cartilage damage.

b. Bone or skull fractures.

c. Brain or spinal cord damage.

d. Intracranial hemorrhage or injury to other internal organs.

e. Asphyxiation, suffocation, or drowning.

f. Injury resulting from the use of a deadly weapon.

g. Burns or scalding.

h. Cuts, lacerations, punctures, or bites.

i. Permanent or temporary disfigurement.

j. Permanent or temporary loss or impairment of a body part or function.

As used in this subparagraph, the term "willful" refers to the intent to perform an action, not to the intent to achieve a result or to cause an injury.

2. Purposely giving a child poison, alcohol, drugs, or other substances that substantially affect the child's behavior, motor coordination, or judgment or that result in sickness or internal injury. For the purposes of this subparagraph, the term "drugs" means prescription drugs not prescribed for the child or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II of s. 893.03.

3. Leaving a child without adult supervision or arrangement appropriate for the child's age or mental or physical condition, so that the child is unable to care for the child's own needs or another's basic needs or is unable to exercise good judgment in responding to any kind of physical or emotional crisis.

4. Inappropriate or excessively harsh disciplinary action that is likely to result in physical injury, mental injury as defined in this section, or emotional injury. The significance of any injury must be evaluated in light of the following factors: the age of the child; any prior history of injuries to the child; the location of the injury on the body of the child; the multiplicity of the injury; and the type of trauma inflicted. Corporal

discipline may be considered excessive or abusive when it results in any of the following or other similar injuries:

a. Sprains, dislocations, or cartilage damage.

b. Bone or skull fractures.

c. Brain or spinal cord damage.

d. Intracranial hemorrhage or injury to other internal organs.

e. Asphyxiation, suffocation, or drowning.

f. Injury resulting from the use of a deadly weapon.

g. Burns or scalding.

h. Cuts, lacerations, punctures, or bites.

i. Permanent or temporary disfigurement.

j. Permanent or temporary loss or impairment of a body part or function.

k. Significant bruises or welts.

(b) Commits, or allows to be committed, sexual battery, as defined in chapter 794, or lewd or lascivious acts, as defined in chapter 800, against the child.

(c) Allows, encourages, or forces the sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to:

1. Solicit for or engage in prostitution; or

2. Engage in a sexual performance, as defined by chapter 827.

(d) Exploits a child, or allows a child to be exploited, as provided in s. 450.151.

(e) Abandons the child. Within the context of the definition of "harm," the term "abandoned the child" or "abandonment of the child" means a situation in which the

parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, makes no provision for the child's support and has failed to establish or maintain a substantial and positive relationship with the child. For purposes of this paragraph, "establish or maintain a substantial and positive relationship" includes, but is not limited to, frequent and regular contact with the child through frequent and regular visitation or frequent and regular communication to or with the child, and the exercise of parental rights and responsibilities. Marginal efforts and incidental or token visits or communications are not sufficient to establish or maintain a substantial and positive relationship with a child. The term "abandoned" does not include a surrendered newborn infant as described in s. 383.50.

(f) Neglects the child. Within the context of the definition of "harm," the term "neglects the child" means that the parent or other person responsible for the child's welfare fails to supply the child with adequate food, clothing, shelter, or health care, although financially able to do so or although offered financial or other means to do so. However, a parent or legal custodian who, by reason of the legitimate practice of religious beliefs, does not provide specified medical treatment for a child may not be considered abusive or neglectful for that reason alone, but such an exception does not:

1. Eliminate the requirement that such a case be reported to the department;

2. Prevent the department from investigating such a case; or

3. Preclude a court from ordering, when the health of the child requires it, the provision of medical services by a physician, as defined in this section, or treatment by a

duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization.

(g) Exposes a child to a controlled substance or alcohol. Exposure to a controlled substance or alcohol is established by:

1. A test, administered at birth, which indicated that the child's blood, urine, or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant; or

2. Evidence of extensive, abusive, and chronic use of a controlled substance or alcohol by a parent when the child is demonstrably adversely affected by such usage.

As used in this paragraph, the term "controlled substance" means prescription drugs not prescribed for the parent or not administered as prescribed and controlled substances as outlined in Schedule I or Schedule II of s. 893.03.

(h) Uses mechanical devices, unreasonable restraints, or extended periods of isolation to control a child.

(i) Engages in violent behavior that demonstrates a wanton disregard for the presence of a child and could reasonably result in serious injury to the child.

(j) Negligently fails to protect a child in his or her care from inflicted physical, mental, or sexual injury caused by the acts of another.

(k) Has allowed a child's sibling to die as a result of abuse, abandonment, or neglect.

(l) Makes the child unavailable for the purpose of impeding or avoiding a protective investigation unless the court determines that the parent, legal custodian, or caregiver was fleeing from a situation involving domestic violence.

(33) "Institutional child abuse or neglect" means situations of known or suspected child abuse or neglect in which the person allegedly perpetrating the child abuse or neglect is an employee of a private school, public or private day care center, residential home, institution, facility, or agency or any other person at such institution responsible for the child's care.

(34) "Judge" means the circuit judge exercising jurisdiction pursuant to this chapter.

(35) "Legal custody" means a legal status created by a court which vests in a custodian of the person or guardian, whether an agency or an individual, the right to have physical custody of the child and the right and duty to protect, nurture, guide, and discipline the child and to provide him or her with food, shelter, education, and ordinary medical, dental, psychiatric, and psychological care.

(36) "Licensed child-caring agency" means a person, society, association, or agency licensed by the department to care for, receive, and board children.

(37) "Licensed child-placing agency" means a person, society, association, or institution licensed by the department to care for, receive, or board children and to place children in a licensed child-caring institution or a foster or adoptive home.

(38) "Licensed health care professional" means a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a nurse licensed under

part I of chapter 464, a physician assistant licensed under chapter 458 or chapter 459, or a dentist licensed under chapter 466.

(39) "Likely to injure oneself" means that, as evidenced by violent or other actively self-destructive behavior, it is more likely than not that within a 24-hour period the child will attempt to commit suicide or inflict serious bodily harm on himself or herself.

(40) "Likely to injure others" means that it is more likely than not that within a 24-hour period the child will inflict serious and unjustified bodily harm on another person.

(41) "Mediation" means a process whereby a neutral third person called a mediator acts to encourage and facilitate the resolution of a dispute between two or more parties. It is an informal and nonadversarial process with the objective of helping the disputing parties reach a mutually acceptable and voluntary agreement. The role of the mediator includes, but is not limited to, assisting the parties in identifying issues, fostering joint problem solving, and exploring settlement alternatives.

(42) "Mental injury" means an injury to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in the ability to function within the normal range of performance and behavior.

(43) "Necessary medical treatment" means care which is necessary within a reasonable degree of medical certainty to prevent the deterioration of a child's condition or to alleviate immediate pain of a child.

(44) "Neglect" occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by such person. A parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child may not, for that reason alone, be considered a negligent parent or legal custodian; however, such an exception does not preclude a court from ordering the following services to be provided, when the health of the child so requires:

(a) Medical services from a licensed physician, dentist, optometrist, podiatric physician, or other qualified health care provider; or

(b) Treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization.

Neglect of a child includes acts or omissions.

(45) "Next of kin" means an adult relative of a child who is the child's brother, sister, grandparent, aunt, uncle, or first cousin.

(46) "Office" means the Office of Adoption and Child Protection within the Executive Office of the Governor.

(47) "Other person responsible for a child's welfare" includes the child's legal guardian or foster parent; an employee of any school, public or private child day care center, residential home, institution, facility, or agency; a law enforcement officer employed in any facility, service, or program for children that is operated or contracted by the Department of Juvenile Justice; or any other person legally responsible for the child's welfare in a residential setting; and also includes an adult sitter or relative entrusted with a child's care. For the purpose of departmental investigative jurisdiction, this definition does not include the following persons when they are acting in an official capacity: law enforcement officers, except as otherwise provided in this subsection; employees of municipal or county detention facilities; or employees of the Department of Corrections.

(48) "Out-of-home" means a placement outside of the home of the parents or a parent.

(49) "Parent" means a woman who gives birth to a child and a man whose consent to the adoption of the child would be required under s. 63.062(1). If a child has been legally adopted, the term "parent" means the adoptive mother or father of the child. The term does not include an individual whose parental relationship to the child has been legally terminated, or an alleged or prospective parent, unless the parental status falls within the terms of s. 39.503(1) or s. 63.062(1). For purposes of this chapter only, when the phrase "parent or legal custodian" is used, it refers to rights or responsibilities of the parent and, only if there is no living parent with intact parental rights, to the rights or responsibilities of the legal custodian who has assumed the role of the parent.

(50) "Participant," for purposes of a shelter proceeding, dependency proceeding, or termination of parental rights proceeding, means any person who is not a party but who should receive notice of hearings involving the child, including the actual custodian of the child, the foster parents or the legal custodian of the child, identified prospective parents, and any other person whose participation may be in the best interest of the child. A community-based agency under contract with the department to provide protective services may be designated as a participant at the discretion of the court. Participants may be granted leave by the court to be heard without the necessity of filing a motion to intervene.

(51) "Party" means the parent or parents of the child, the petitioner, the department, the guardian ad litem or the representative of the guardian ad litem program when the program has been appointed, and the child. The presence of the child may be excused by order of the court when presence would not be in the child's best interest. Notice to the child may be excused by order of the court when the age, capacity, or other condition of the child is such that the notice would be meaningless or detrimental to the child.

(52) "Permanency goal" means the living arrangement identified for the child to return to or identified as the permanent living arrangement of the child. Permanency goals applicable under this chapter, listed in order of preference, are:

(a) Reunification;

(b) Adoption when a petition for termination of parental rights has been or will be filed;

(c) Permanent guardianship of a dependent child under s. 39.6221;

(d) Permanent placement with a fit and willing relative under s. 39.6231; or

(e) Placement in another planned permanent living arrangement under s. 39.6241.

The permanency goal is also the case plan goal. If concurrent case planning is being used, reunification may be pursued at the same time that another permanency goal is pursued.

(53) "Permanency plan" means the plan that establishes the placement intended to serve as the child's permanent home.

(54) "Permanent guardian" means the relative or other adult in a permanent guardianship of a dependent child under s. 39.6221.

(55) "Permanent guardianship of a dependent child" means a legal relationship that a court creates under s. 39.6221 between a child and a relative or other adult approved by the court which is intended to be permanent and self-sustaining through the transfer of parental rights with respect to the child relating to protection, education, care and control of the person, custody of the person, and decision making on behalf of the child.

(56) "Physical injury" means death, permanent or temporary disfigurement, or impairment of any bodily part.

(57) "Physician" means any licensed physician, dentist, podiatric physician, or optometrist and includes any intern or resident.

(58) "Preliminary screening" means the gathering of preliminary information to be used in determining a child's need for further evaluation or assessment or for referral for other substance abuse services through means such as psychosocial interviews; urine and breathalyzer screenings; and reviews of available educational, delinquency, and dependency records of the child.

(59) "Preventive services" means social services and other supportive and rehabilitative services provided to the parent or legal custodian of the child and to the child for the purpose of averting the removal of the child from the home or disruption of a family which will or could result in the placement of a child in foster care. Social services and other supportive and rehabilitative services shall promote the child's need for physical, mental, and emotional health and a safe, stable, living environment, shall promote family autonomy, and shall strengthen family life, whenever possible.

(60) "Prospective parent" means a person who claims to be, or has been identified as, a person who may be a mother or a father of a child.

(61) "Protective investigation" means the acceptance of a report alleging child abuse, abandonment, or neglect, as defined in this chapter, by the central abuse hotline or the acceptance of a report of other dependency by the department; the investigation of each report; the determination of whether action by the court is warranted; the determination of the disposition of each report without court or public agency action when appropriate; and the referral of a child to another public or private agency when appropriate.

(62) "Protective investigator" means an authorized agent of the department who receives and investigates reports of child abuse, abandonment, or neglect; who, as a result of the investigation, may recommend that a dependency petition be filed for the child; and who performs other duties necessary to carry out the required actions of the protective investigation function.

(63) "Protective supervision" means a legal status in dependency cases which permits the child to remain safely in his or her own home or other nonlicensed placement under the supervision of an agent of the department and which must be reviewed by the court during the period of supervision.

(64) "Relative" means a grandparent, great-grandparent, sibling, first cousin, aunt, uncle, great-aunt, great-uncle, niece, or nephew, whether related by the whole or half blood, by affinity, or by adoption. The term does not include a stepparent.

(65) "Reunification services" means social services and other supportive and rehabilitative services provided to the parent of the child, to the child, and, where appropriate, to the relative placement, nonrelative placement, or foster parents of the child, for the purpose of enabling a child who has been placed in out-of-home care to safely return to his or her parent at the earliest possible time. The health and safety of the child shall be the paramount goal of social services and other supportive and rehabilitative services. The services shall promote the child's need for physical, mental, and emotional health and a safe, stable, living environment, shall promote family autonomy, and shall strengthen family life, whenever possible.

(66) "Secretary" means the Secretary of Children and Family Services.

(67) "Sexual abuse of a child" means one or more of the following acts:

(a) Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.

(b) Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.

(c) Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that this does not include any act intended for a valid medical purpose.

(d) The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or the perpetrator, except that this does not include:

1. Any act which may reasonably be construed to be a normal caregiver responsibility, any interaction with, or affection for a child; or

2. Any act intended for a valid medical purpose.

(e) The intentional masturbation of the perpetrator's genitals in the presence of a child.

(f) The intentional exposure of the perpetrator's genitals in the presence of a child, or any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose.

(g) The sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to:

1. Solicit for or engage in prostitution; or

2. Engage in a sexual performance, as defined by chapter 827.

(68) "Shelter" means a placement with a relative or a nonrelative, or in a licensed home or facility, for the temporary care of a child who is alleged to be or who has been found to be dependent, pending court disposition before or after adjudication.

(69) "Shelter hearing" means a hearing in which the court determines whether probable cause exists to keep a child in shelter status pending further investigation of the case.

(70) "Social service agency" means the department, a licensed child-caring agency, or a licensed child-placing agency.

(71) "Social worker" means any person who has a bachelor's, master's, or doctoral degree in social work.

(72) "Substance abuse" means using, without medical reason, any psychoactive or mood-altering drug, including alcohol, in such a manner as to induce impairment resulting in dysfunctional social behavior.

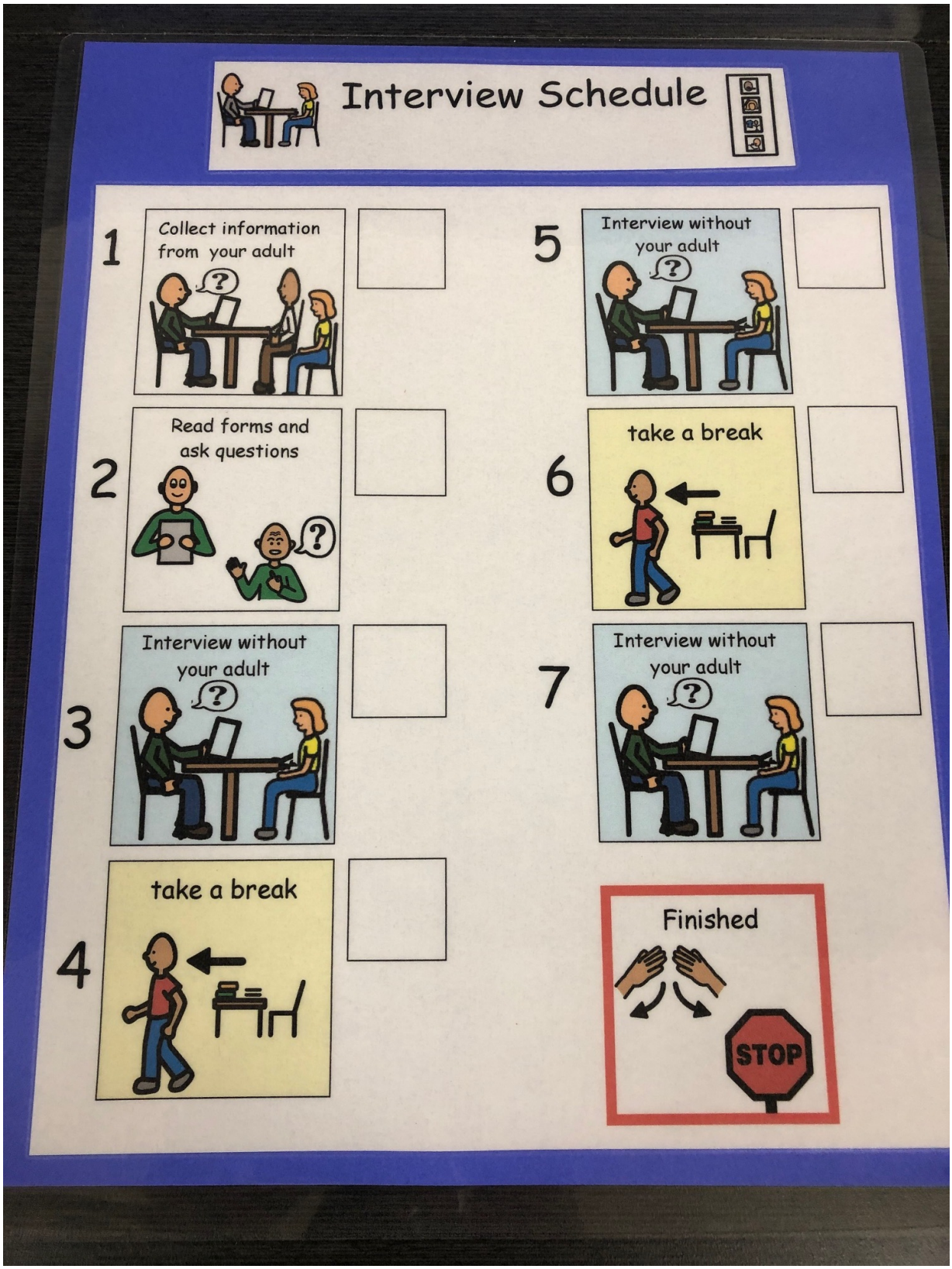
(73) "Substantial compliance" means that the circumstances which caused the creation of the case plan have been significantly remedied to the extent that the well-being and safety of the child will not be endangered upon the child's remaining with or being returned to the child's parent.

(74) "Taken into custody" means the status of a child immediately when temporary physical control over the child is attained by a person authorized by law, pending the child's release or placement.

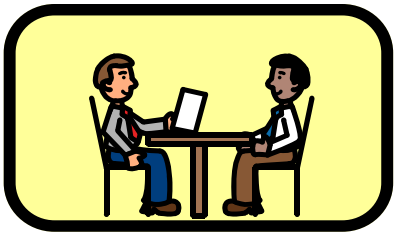
(75) "Temporary legal custody" means the relationship that a court creates between a child and an adult relative of the child, legal custodian, agency, or other person approved by the court until a more permanent arrangement is ordered. Temporary legal custody confers upon the custodian the right to have temporary physical custody of the child and the right and duty to protect, nurture, guide, and discipline the child and to provide the child with food, shelter, and education, and ordinary medical, dental, psychiatric, and psychological care, unless these rights and duties are otherwise enlarged or limited by the court order establishing the temporary legal custody relationship.

(76) "Victim" means any child who has sustained or is threatened with physical, mental, or emotional injury identified in a report involving child abuse, neglect, or abandonment, or child-on-child sexual abuse.

Appendix I: Examples of Visual Supports


Interview Schedule
1
Collect information from your adult
2
Read forms and ask questions
3
Interview without your adult
4
take a break
5
Interview without your adult
6
take a break
7
Interview without your adult
Finished
STOP

My Interview Rights



I have the right: