

Fact Sheet: Maltreatment of Children with Disabilities

It is generally believed that children with disabilities are abused more frequently than children in the general population. Currently, studies are underway to determine more precisely the association between maltreatment and disability. The following is up-to-date information on the subject of child abuse and children with disabilities.

How common is abuse among children with disabilities in the United States?

Researchers have not been able to gather precise information to determine the extent of abuse among children with disabilities. However, recent (1993) National Center on Child Abuse and Neglect (NCCAN) research found that children with disabilities are maltreated at 1.7 times the rate of other children.¹ All research studies indicate that underreporting is a major concern. Even if a case is reported to the state central registry, most state child protective service reporting agencies do not gather information on children with disabilities as part of the data collection process for abused children.¹¹

Some researchers suggest that children with disabilities may have increased vulnerability to abuse because of society's response to the disability, rather than the disability itself.^{3 4} Children with disabilities may be perceived as less valuable than other children. Their reports may not be considered trustworthy. Discipline may be more punitive and accompanied by a lack of respect. Other factors leading to abuse among children with disabilities are the same as those found in the general population, i.e., single parents, teen parents, various levels of stress. Families with children with disabilities can experience additional stressors including: (1) feeling unprepared to handle the care of a disabled child, including acceptance of that child as being "different," (2) having financial or time limits stretched as additional medical/educational activities are suggested, and (3) lacking necessary social supports or networks to work through the many concerns and situations that arise in providing care for this child and the rest of the family. All of these can result in increased vulnerability to abuse. A child with difficulty handling behavior patterns, or communication difficulties, may become a target for physical abuse. Children who are unable to communicate their needs may experience greater instances of neglect. The disabled child also can develop more extensive relationships of trust with greater numbers of people, and be unable to distinguish when boundaries are being crossed, resulting in potential sexual abuse.

There is no research available that clearly documents the greater prevalence of one form of abuse compared to others involving children with disabilities. However, studies continue to document high counts of sexual abuse involving individuals with disabilities.⁵ Individuals diagnosed with behavior or adjustment problems are often found to have associated traumatic sexual abuse incidents in their childhood.⁶ An inability to discuss those events can often lead to diagnoses which may only partially explain their behavior.⁷ On-going work needs to be done to identify at-risk factors for the various types of abuse.

Who is the perpetrator?

The perpetrator of abuse to the child with disabilities, like the perpetrator in the general population, is known to the victim in almost all cases. Persons who abuse children range from family members, to professionals, to paraprofessionals.

Prosecuting abusers of children in general can be difficult in the best of circumstances. Societal influences are clearly at play when cases involve children with disabilities. The degree to which a child will be viewed as "credible" or "reliable" in court is often based on whether the physical,



intellectual, or communication abilities are perceived to match the expectations of the court. Communication in non-standard forms (e.g., interpreters, facilitated communication, communication boards) is often questioned as reliable, not necessarily because of the person responding, but because of the person who is witnessing it, who may have limited experience with individuals with disabilities. Convictions in these cases, no different from others, also must involve corroborating evidence, beyond child testimony, for successful prosecution.

Is it more difficult to identify abuse in the child with disabilities?

Indicators of abuse for children with disabilities are the same as indicators of abuse for their peers in the general population. Along with physical signs, two of the primary ways of identifying abuse are the child's reports and behavioral indicators. Children with disabilities may exhibit behavioral indicators of abuse that are not recognized as abusive by their caregivers. Changes in behavior may be attributed to their on-going problems, or inability to communicate appropriately. Injuries resulting from physical abuse may be ignored if a child has visual or physical limitations. If a child has intellectual limitations, responsible adults may wrongly assume that the child is untrustworthy or easily suggestible, especially if the report involves instances of abuse that seem unbelievable or improbable considering the circumstances of the child. Unless a child can communicate what happened, and "be believed," indicators of abuse for children with disabilities can be more difficult to recognize.

In the general population, child victims of abuse are at high risk for multiple problems, including depression, anxiety and low self-esteem. Consequences of abuse may be more pronounced in children with disabilities because of their already vulnerable physical and psychological state. Research has shown that the longer abuse has gone on the more damage may result. Since the child with disabilities who is abused is less likely to be identified, he or she is likely to suffer more damage because of long term abuse. Abuse may exacerbate existing disabilities and cause additional permanent disabilities.

How can abuse be prevented?

One of the major ways to prevent abuse is for society to believe that abuse can occur with all populations of children. The goal of prevention is to intervene before abuse and neglect can occur. Several approaches have proven helpful. Teaching children personal safety skills to discourage abuse, and making others aware of the child's knowledge, can greatly reduce the risk of abuse. Recognizing that the child is very dependent on the caregiver, parents should get to know all persons working with the child, and observe interactions. The caregiver is in a position to provide or withhold daily necessities, and the child may have trouble communicating this information to the parent. Since parents as well as other caregivers may be perpetrators of abuse, everyone who has a role in caring for the child with disabilities can participate in prevention training programs as well as programs for early identification and intervention. Forming relationships with local Developmental Disability Councils and other local schools and agencies serving individuals with disabilities can strengthen the network of those who can provide assistance to families. If abuse does occur, early detection is most helpful. Encouraging the child to report and learning to recognize indicators of abuse can result in early intervention and treatment.

A parent's response upon learning about abuse has a profound impact on the child. A parent, caregiver, or other supportive adult can best help the child if he or she remains calm, believes the child, assures the child that he or she did nothing wrong, and encourages the child to talk about his or her feelings. Family participation in a recommended treatment program is very helpful. The goal of treatment is that the child regains his/her prior state of mental and psychological health, and that the family members recover together.

Who can I call for educational materials and further information?

National Clearinghouse on Child Abuse and Neglect Information (800) 394-3366

Prevent Child Abuse America (312) 663-3520

National Resource Center on Child Abuse & Neglect (800) 227-5242



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Sources

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