

Abuse and Neglect of Children with Disabilities

Kathleen Kendall-Tackett, Ph.D.

Family Research Laboratory, University of New Hampshire

In my work with the Committee on Disability Issues in Psychology (CDIP), I have examined the interface between disability and victimization. One of the most disturbing findings was that children with disabilities were at dramatically increased risk for abuse and neglect. While many of us suspected this, most of us were surprised at the magnitude of findings. Indeed, these findings have been troubling to everyone who has read them.

The Research (so far)

There have been four studies with large samples that have addressed the question of whether children with disabilities were at higher risk for child maltreatment. Even though these studies varied in methodology and sample, the results have been remarkably consistent: children with disabilities are at increased risk for abuse or neglect compared with their non-disabled peers.

Based on analysis of the second National Incidence Study of Child Abuse and Neglect (NIS-2), approximately 21.3 per 1,000 children without disabilities are maltreated each year, compared with 35.5 per 1,000 children with disabilities (Westat, 1993). The authors concluded that children with disabilities were 1.7 times more likely to be maltreated than children without disabilities. In examining these figures, Sullivan and Knutson (1998) estimate that these figures are probably low since Child Protective Workers were asked to make the diagnosis of disability, and they are generally not qualified to do so. Moreover, these findings do not include extra-familial abuse since information about abuse outside the family is in police records rather than in state child protective service records.

Embry (2001) conducted a retrospective study of 770 deaf adults who were also deaf as children. Forty-five percent of the sample reported some type of abuse, 19% reported caregiver physical abuse, 30% reported residential staff physical abuse, 18% reported sexual abuse, and 9% reported physical neglect. Interestingly, parent communication method did not predict any type of maltreatment. However, poor communication between parents and children increased the risk of neglect, and fair communication quality increased the risk for caregiver physical abuse.

Sullivan and Knutson (1998) merged hospital records for a local children's hospital with the records of the Department of Social Services, the child abuse Central Registry, the Foster Care Review board, and municipal and county law enforcement

agencies. From this, they drew a sample of 3001 maltreated children, 792 were current or former residents of a hospital that specialized in treating maltreated children. These children were compared to 880 non-abused controls. They found that disabilities were twice as prevalent in the maltreated hospital group, which is consistent with the hypothesis that disability increases the risk of maltreatment, and maltreatment increases the risk of disability (the study design did not allow them to determine whether disability or maltreatment came first). In almost all cases, physical abuse and neglect was intrafamilial regardless of disability type. The majority of children with disabilities were maltreated under the age of five. Children with more than one disability were at higher risk of physical and sexual abuse, and the severity and duration of both types of abuse was greatest for those children with multiple disabilities.

From a methodological standpoint, Sullivan and Knutson's (2000) recent study of 50,278 young- and school-age children in Omaha, Nebraska is perhaps the best. The sample was children who were enrolled in the public and Archdiocese schools in Omaha, Nebraska for grades K through 12. The sample also included children who were eligible for special education and early intervention programs (e.g., Zero to Three, Early Intervention Preschool). Therefore, the ages ranged from 0-21. The sample was 51.4% male, 48.6% female. The ethnicity of the sample was 67% Caucasian, 25% African American, 5% Hispanic, and 3% Asian American or Native American.

Sullivan and Knutson identified 4,503 maltreated children, 1,012 of whom also had an identified disability. The overall rate of maltreatment for children without disabilities was 11%. For children with disabilities, the overall rate was 31%. They found that children with disabilities were 3.4 times more likely to be neglected, and physically, emotionally, or sexually abused compared with children who do not have disabilities.

Sullivan and Knutson's study was the first that had sufficient numbers of children with disabilities that allowed for analysis by disability type. Risk was not equal for all types of disabilities. Each of these findings compared the children with disabilities to children in their sample that do not have disabilities. Deaf and hard of hearing children have twice the risk for neglect and emotional abuse, and almost four times the risk for physical abuse than non-disabled counterparts. Children with speech and language difficulties have five times the risk for neglect and physical abuse, and three times the risk for sexual abuse. Children who are mentally retarded have four times the risk for all four types of maltreatment. Children with learning or orthopedic disabilities have twice the risk for all types of maltreatment. The children at highest risk were those with behavioral disorders. Their risk is *seven times higher* for neglect, physical abuse and emotional abuse, and 5.5 times higher for sexual abuse than are children without disabilities.

A Failure to Protect Children with Disabilities

Unfortunately, there is an appalling gap in the states' ability to protect abused and neglected children with disabilities. The state of Oregon was one of the first attempting

to address this problem. The task force convened to address the issue indicated that there was a critical shortage in knowledge, even about such basics as the number of abused children with disabilities, and the risk factors unique to children with disabilities (Oregon Institute on Disability and Development, 2000).

They also identified critical gaps in the provision of services to maltreated children with disabilities. For example, out-of-home placements are often impossible for children with disabilities because foster homes are frequently not accessible. The child might also require specialized care that the foster parent is not equipped to give. Investigations into allegations of abuse or neglect are often hampered because the injury from abuse may be masked by the disability. The child may have difficulty communicating to investigators. Or, in the case of sexual abuse, the child may lack the requisite knowledge to know that the abuse is wrong.

CDIP's Response

Our first step to address this issue was to draft a council resolution for APA. In a previous council resolution, APA indicated that psychologists can and should contribute to a national strategy to prevent and treat child abuse and neglect (APA, 1991), and we wanted to reinforce that. Psychologists are in many key positions to influence policy on behalf of children with disabilities. They are principle investigators on research studies. They serve as reviewers for granting organizations. They run data clearinghouses, provide education and training to law enforcement and other agencies, and work directly with children and families. We believe that a council resolution from APA would carry sufficient weight to persuade psychologists in these various positions to act on behalf of these especially vulnerable children.

All policies pertaining to child abuse fall under CAPTA (the Child Abuse Prevention and Treatment Act). CAPTA is the sole federal program aimed specifically at child abuse prevention and treatment (Dodgen, 2001). Through a council resolution, we seek to influence policy that comes under the umbrella of CAPTA. Below are some examples.

- Under CAPTA, states are required to collect certain information on each child who comes into a state system. Disability status is not included in this required list, and only 19 states not have information about disability status in their Central Registries of Child Abuse & Neglect. We would like to add disability status to the list of required data items.
- CAPTA also makes funds available for research studies, including the National Incidence Studies (NIS) of Child Abuse & Neglect. NIS-2 found that children with disabilities were at higher risk of abuse and neglect than their non-disabled counterparts. Yet NIS-3 did not include data on disability status in their study. We want to encourage the inclusion of this variable in the next NIS.

- CAPTA also makes provisions for community-based parent-support programs. We ask that the needs of maltreated children be considered in these programs. Although we have limited our discussion to CAPTA, we see a potentially broader application to other laws that have an impact on children and families.

Where We Are Now

The draft of our council resolution was reviewed and approved at the October meeting of BAPPI, the oversight board for the Public Interest Directorate of APA. It will be on the cross-cutting agenda for the March consolidated meetings, which means that all the other standing committees of APA will be able to comment and offer feedback.

We will keep you updated on the progress of this council resolution as it moves through the governance of APA. Stay tuned!

References

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