

Guest Speaker: Dr. Harold Johnson
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AWARENESS TO PREVENTION



The risk...

- Children with disabilities are...
 - ...“among **the most vulnerable** members of society” (UNICEF, 2013)
 - ...**three times more likely** to experience maltreatment than their nondisabled peers (Sullivan & Knutson, 2000).
- It is currently estimated that **25+% of children** with disabilities will experience one or more forms of maltreatment between birth and 18 years of age (Jones et al, 2012).
 - **Note:** Prior to the 1980s, most studies of child abuse did not include children with disabilities (Westcott & Jones, 1999).

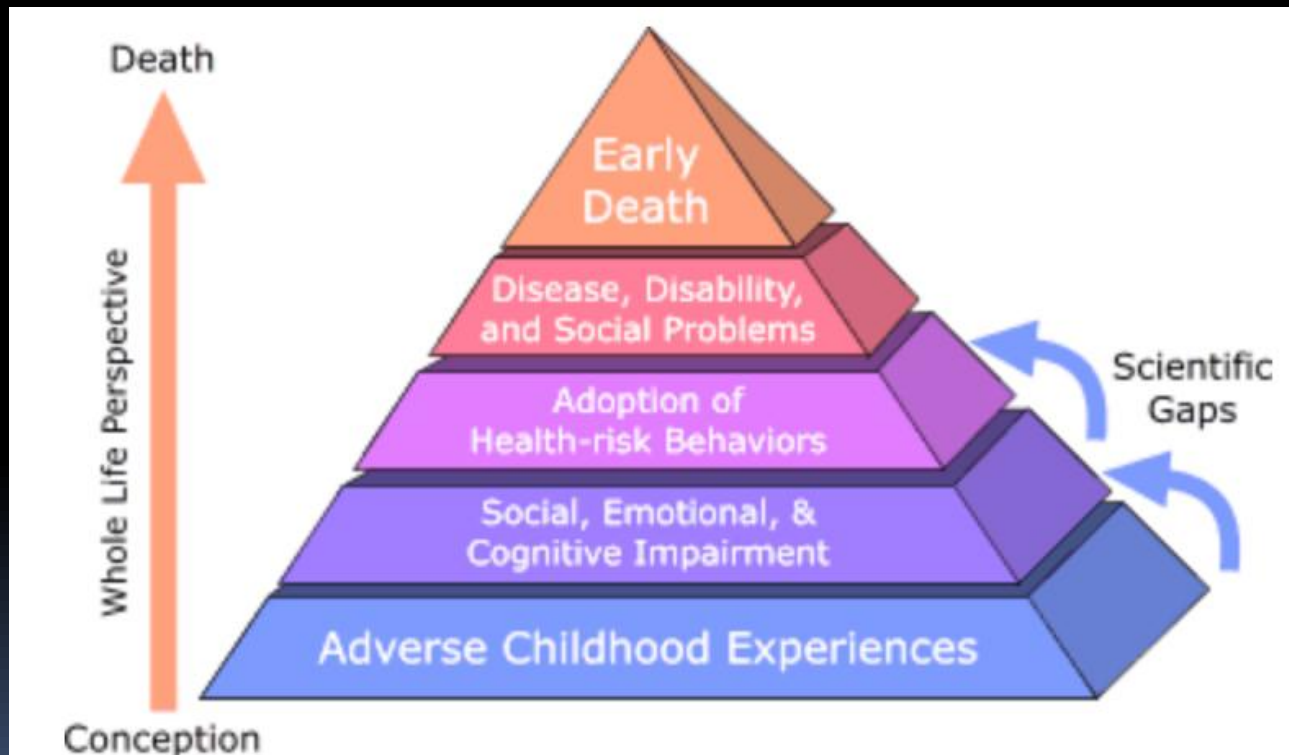
The impact...

- During school age...
 - **...Poor physical health:** chronic fatigue, altered immune function, hypertension, sexually transmitted diseases, obesity.
 - **...Social difficulties:** insecure attachments with caregivers, which may lead to difficulties in developing trusting relationships with peers and adults later in life.
 - **...Cognitive dysfunctions:** deficits in attention, abstract reasoning, language development, and problem-solving skills, which ultimately affect academic achievement and school performance.
 - **...Behavioral problems:** aggression, juvenile delinquency, adult criminality, abusive or violent behavior.

Shakeshaft, 2004; Sullivan & Knutson, 2000; Wang & Holton, 2007; Willis & Vernon, 2002

Impact (cont.)

- Throughout life...



CDC: [The Adverse Childhood Experience Study](#) (ACE)

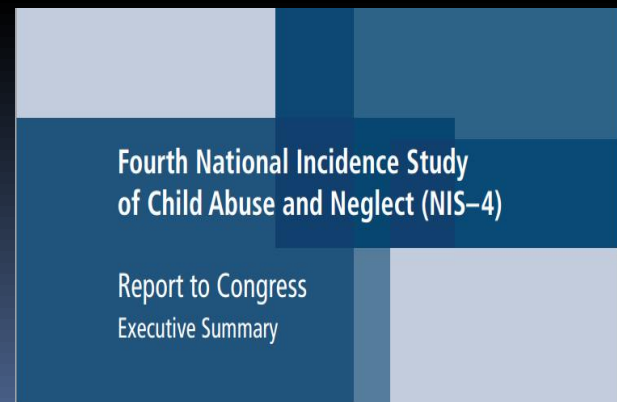
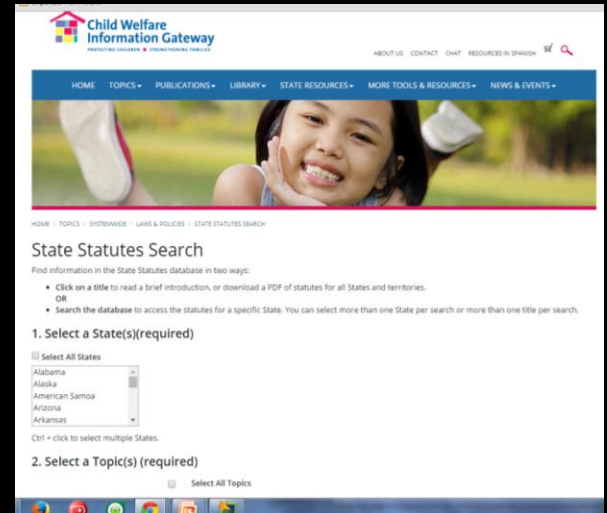
Risk factors...



- **Children with disabilities experience a significantly higher rate of maltreatment because they frequently...**
 1. ...do not understand what constitutes maltreatment;
 2. ...do not know they have the right to say "NO!"
 3. ...are socially isolated and lonely;
 4. ...lack the language, knowledge and communication skills to tell others that they have been maltreated.
 5. ...do not know how to recognize or protect themselves in "risky situations."
 6. ...do not understand their own emerging sexuality.
 7. ...are not recognized to be at higher risk for maltreatment

Durity & Oxman, 2006; Hibbard & Desch, 2007; Kendall-Tacke, Lyon, Tailferro, & Little, 2005; MacDougall, 2000; Shelton, Bridenbaugh, Farrenkopf, & Kroeger, 2008; Sullivan, Vernon & Scanlon, 1987

The current U.S. model...


- State, vs. national, based system of statutes, reporting protocols, investigative procedures and support systems, with very limited knowledge of students with disabilities.
- National child abuse data collection system that did not identify children with disabilities until 2009. The resulting data collection process was significantly flawed.
- **Very** limited interactions between child maltreatment and special education professionals.




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- Professionals are mandatory reporters of child maltreatment.
 - Educators represent the single largest category of professionals reporting suspected cases of maltreatment.
 - When educators do report their maltreatment suspicions, they most often (87%) report to their administrators services (Crosson-Tower, 2003), with less than 30% of resulting reports being passed on to child protective (Kenny, 2001; 2004). This is in direct conflict with state statutes.



Key points...

- Children with disabilities experience maltreatment at a significantly higher rate than their nondisabled peers.
 - The maltreatment experience can radically impact the children's health, learning and behavior throughout their life.
 - Their increased risk for maltreatment is largely due to a lack of awareness, knowledge and skills by the children, their parents and the professionals who work with them.
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- The current U.S. model of state statutes and educational professional preparation are inadequate to effectively document and respond to instances of maltreatment, as experienced by children with disabilities.
 - These inadequacies, combined with the potentially life long impact of maltreatment, dictates a focus upon prevention vs. reporting, i.e., we can not wait until children are harmed to act.

A possible prevention model...

- U.S. children with disabilities receive specialized education as guided by IFSP/IEP documents.
- The documents are designed to support the children's learning and performance by addressing family needs (IFSP) deficits caused by the children's disabilities (IEP).
- The U.S., the Individuals with Disabilities Act (IDEA) requires schools to develop and implement an "Individualized Education Plan" (IEP) for each child with a disability.


- Sec. 300.324 Development, review, and revision of IEP states that “In developing each child's IEP, the IEP Team must consider--
 - (i) The strengths of the child;
 - (ii) **The concerns of the parents for enhancing the education of their child;**
 - (iii) The results of the initial or most recent evaluation of the child; and
 - (iv) The academic, developmental, and functional needs of the child.

- A growing coalition of U.S. professional, parent, and community organizations are using the “parent concern” requirement to build safety into student’s IEP documents via a **“Safety Motion,”** e.g.,
 - **“The Association of College Educators – Deaf & Hard of Hearing (ACE DHH) supports the inclusion of safety objectives in the educational planning documents of children with disabilities.”** (approved 2/12/15)

- The “**safety motion**” has also been endorsed by:
 - Hands & Voices, the largest U.S. organization of parents of children who are deaf/hard of hearing [4/27/14];
 - “The Council for Exceptional Children (CEC)/Division of Communicative Disabilities and Deafness (DCDD) supports the inclusion of safety...IEP objectives in the educational planning documents of children with disabilities.” [approved 5/12/14)
 - Kidpower Teenpower Full Power International, a global, nonprofit organization that has served more than 3 million children, teens, and adults, including those with special needs, through our free online library, affordable publications and K-12 curriculum, in-person workshops, and professional consulting [5/23/14];
 - CEC/Interdivision Caucus (IDC), a council composed of the leaders of CEC’s 17 Special Interest Divisions, representing 24,000+ special education professionals [6/11/14]; and

- Support of the “**safety motion**” encourages parents and professionals to address the children’s maltreatment risk factors within their I.E.P. documents, *e.g.,
 - **Factor #1**: Does not understand what constitutes maltreatment
 - **IEP Objective**: Student can identify (e.g., draw, tell, write, or role play) 3-5 positive behaviors that “x’ (e.g., a parent, sibling, relative, adult, friend, etc.) demonstrates when interacting with them.

*Note: See the “Appendix A” for more examples

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- The **safety motion** serves to initiate a focus upon preventing maltreatment by...
 - ...breaking the “taboo” of talking about child maltreatment;
 - ...generating questions concerning the incidence, indicators, reporting and response to child maltreatment;
 - ...raising awareness of the need for additional professional preparation and enhanced school policies; and
 - ...generating the need to identify, develop and use interpersonal, organizational and information resources to implement and sustain safety programs.

*Note: See the “Appendix B” for supporting documents

- The U.S. Council for Exceptional Children (CEC) Interdivisional Caucus/Maltreatment Work Group conducted research in 2015 concerning the “safety motion.” The Group found that:
 - 71% of the responding CEC members supported the motion;
 - 80% indicated a need for more training to incorporate safety statements into their student’s IEP documents; and
 - 88% agreed to the need for additional research related to the maltreatment of children with disabilities.

- The investigation findings are now being used to identify needed revisions in CEC professional standards, policy and professional development.

Summary...

- Children with disabilities have a significantly higher risk for maltreatment.
- The U.S. and the U.K. use IEP documents to guide the education of children with disabilities.
- Seeking organizational and professional support for the “**safety motion**” can serve to initiate a process of awareness, understanding and action.
- The inclusion of safety objectives in IEP documents can serve to prevent the maltreatment of children with disabilities by proactively addressing some of the root causes (i.e., factors) of that maltreatment.

I look forward to working with you.

Topic of Child Maltreatment



Harold Johnson: 1971-2006

A journey of awareness,
understanding and action



Harold Johnson: 2006-present

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- URL: <http://deafed-childabuse-neglect-col.wiki.educ.msu.edu/Home>

I hope you will join me in this effort to enhance the safety and success of children w/ disabilities.

Suggested Resources...

- Division of Communicative Disabilities and Deafness ([DC DD](#)): Special Project "Prevention of Maltreatment"
- Hands & Voices: [O.U.R. Children Project](#) & [Wiki site](#)
- "[Silence is NOT an Option](#)" documents
- [Kidpower Full Power, Teen Power International](#) Web site & "[7 Kidpower Strategies for Keeping Your Child Safe](#)" YouTube Videos
- [Childhelp National Child Abuse Hotline](#) = 24/7, accessible, free, confidential counselors to discuss your suspicions or experience of maltreatment.
- Child Welfare Information Gateway: [The Risk and Prevention of Maltreatment of Children with Disabilities](#)
- [Child Abuse and Children with Disabilities](#) Web site



- **Videos:**

- **Types of maltreatment - The Eleventh Commandment (Accessible Version with Captions and Description"**
[<https://www.youtube.com/watch?v=7icgPX88Q6Q>]
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- **Who to call if you suspect/experience maltreatment "Childhelp National Child Abuse Hotline 1-800-4-A-CHILD"**
[<https://www.youtube.com/watch?v=tQ5uzupV-q8>]
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- **Long term impact of child maltreatment - "Wounds That Won't Heal - The ACE Study (Preview)"**
[<https://www.youtube.com/watch?v=tMXtOxXBCRo>]



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Appendixes

- A: IEP Objective Examples
- B: Supporting Documents
- C: Indicators of Maltreatment
- D: State Statues

Appendix A: IEP Objective Examples

- **Risk Factor:**
 - #1. Do not understand what constitutes maltreatment

- **Background Information:**
 - It is **NOT** necessary for teachers to define, show, or explicitly discuss maltreatment for student safety to be enhanced.
 - It is necessary for children to know what loving, supportive family and friends do/looks like.

Note: Maltreatment children often think that what they are experiencing is normal. They often feel confused, embarrassed and even guilty, thinking that somehow what they are experiencing is their fault. Perpetrators “groom” their victims to feel this way.



- **Instructional Goal:**

- Student can identify (e.g., draw, tell, write, or role play) 3-5 positive behaviors that “x’ (e.g., a parent, sibling, relative, adult, friend, etc.) demonstrates when interacting with them.

- **Instructional Strategies:**

- ?

- **Match with existing instructional work:**

- ?



- **Risk Factor:**

- #2. Do not know they have the right to say “NO!”

- **Background Information:**

- Children are expected to be compliant, i.e., to do what they are told. As they grow older, they gradually learn when, how and to whom they can say “No.” This knowledge represents a critical component of the children’s self advocacy and safety skills.
- Many times, children with disabilities are expected to be compliant without really understanding what, or why they are being asked to do. Additionally, some children’s language skills, behavioral patterns, and/or physical limitations may increase their difficulty in effectively expressing “No.” Overly compliant behavior, combined with communication/behavioral challenges represents a major risk factor for maltreatment.



- **Instructional Goals:**

- Student can identify 3-5 contexts (i.e., place, time, individuals, and actions) in which they have the right to say “No.”
- Students can identify 2-3 actions they can take if their right to say “No” is not respected.

- **Instructional Strategy:**

- ?

- **Match with existing instructional work:**

- ?



□ **Risk Factor:**

- #3. Are socially isolated and lonely.

□ **Background Information:**

- The greatest risk for maltreatment occurs **not** from strangers (12%), but from parents, siblings, and other adults who are known and trusted by the family (88%). The greatest period of risk occurs from birth to age 3 yrs. A period when children are most dependent upon their parents and most isolated from the rest of society. Perpetrators work to keep their maltreatment a secret by strictly controlling who, when and how their “victims” interact. As such, the more age appropriate interactions a child experiences, the more diverse their social network, the greater their safety, social and linguistic competence.



- **Instructional Goal:**

- Student can identify (e.g., draw, tell, write, or role play) 2-3 age appropriate individuals (i.e., friends) they interact with each week.
- Student can identify 3-5 age appropriate activities that they do on a weekly basis with these individuals.

- **Instructional Strategies:**

- ?

- **Match with existing instructional work:**

- ?



- **Risk Factor:**

- #4. Lack the language, knowledge and communication skills to tell others that they have been maltreated

- **Background Information:**

- If you do not have the vocabulary to express what you are feeling, **you are at risk...**
- If you do not know the names of your body parts, family members, teachers, etc., **you are at risk...**
- If you can not effectively convey who, when, where, and how, **you are at risk...**
- If you do not know who and how to tell when you are scared, afraid, hurt, hungry, etc., **you are at risk...**
- The language deficits of many of our students with disabilities increase their risk for maltreatment.



- **Instructional Goals:**

- Student demonstrates (e.g., draw, tell, write, or role play) the ability to use critical vocabulary, language skills , and communication competencies (see below) with 2-3 adults with whom they interact on a weekly basis.
 - Vocabulary: emotions, physical states (e.g., hunger, pain, etc.), names of body parts & individuals w/ whom they interact, & “secrets” vs. “surprises” & “telling” vs. “tattling”
 - Language Skills: effectively convey who, when, where, and how info.
 - Communication Competence: knowing who to communicate with and how to effectively get their attention.



- **Instructional Strategies:**

- ?

- **Match with existing instructional work:**

- ?

B: Supporting Documents

- ...breaking the “taboo” of talking about child maltreatment;
 - “The Eleventh Commandment” YouTube video
 - “Rethinking Child Abuse and Neglect in the Lives of Young Children with Disabilities and Special Needs”
 - “Child Abuse & Neglect: Three Questions, One Answer”



C: Indicators of Maltreatment

*Indicators of Maltreatment:

- Neglect:
 - Neglect is frequently defined as the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision such that the child's health, safety, and well-being are threatened with harm.

*Child Welfare Information Gateway:

[Identification of Child Abuse & Neglect](#)





- Neglect:

- Child indicators

- Is frequently absent from school
 - Beggars or steals food or money
 - Lacks needed medical or dental care, immunizations, or glasses
 - Is consistently dirty and has severe body odor
 - Lacks sufficient clothing for the weather
 - Abuses alcohol or other drugs
 - States that there is no one at home to provide care



- Neglect (cont.)

- Parent indicators:

- Appears to be indifferent to the child
 - Seems apathetic or depressed
 - Behaves irrationally or in a bizarre manner
 - Is abusing alcohol or other drugs

- Physical Abuse:

- Physical abuse is generally defined as "any non-accidental physical injury to the child" and can include striking, kicking, burning, or biting the child, or any action that results in a physical impairment of the child



Harold Johnson - Awareness to Prevention



- Physical Abuse:


- Child Indicators:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
 - Has fading bruises or other marks noticeable after an absence from school
 - Seems frightened of the parents and protests or cries when it is time to go home
 - Shrinks at the approach of adults
 - Reports injury by a parent or another adult caregiver



- Physical Abuse: (cont)

- Parent Indicators:

- Offers conflicting, unconvincing, or no explanation for the child's injury
 - Describes the child as "evil," or in some other very negative way
 - Uses harsh physical discipline with the child
 - Has a history of abuse as a child
- 

- *Sexual Abuse/Exploitation: [1 per 1,000][9%]
 - "The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct





- Sexual Abuse:

- Child Indicators:

- Has difficulty walking or sitting
 - Suddenly refuses to change for gym or to participate in physical activities
 - Reports nightmares or bedwetting
 - Experiences a sudden change in appetite
 - Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
 - Becomes pregnant or contracts a venereal disease, particularly if under age 14
 - Runs away
 - Reports sexual abuse by a parent or another adult caregiver



- Sexual Abuse: (cont.)

- **Parent Indicators:**

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members


- Emotional Abuse: [1 per 1,000][7%]
 - "injury to the psychological capacity or emotional stability of the child as evidenced by an observable or substantial change in behavior, emotional response, or cognition," or as evidenced by "anxiety, depression, withdrawal, or aggressive behavior."





- Emotional Abuse:

- Child Indicators:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
 - Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
 - Is delayed in physical or emotional development
 - Has attempted suicide
 - Reports a lack of attachment to the parent
- 



- Emotional Abuse:

- Parent Indicators:

- Constantly blames, belittles, or berates the child
 - Is unconcerned about the child and refuses to consider offers of help for the child's problems
 - Overtly rejects the child

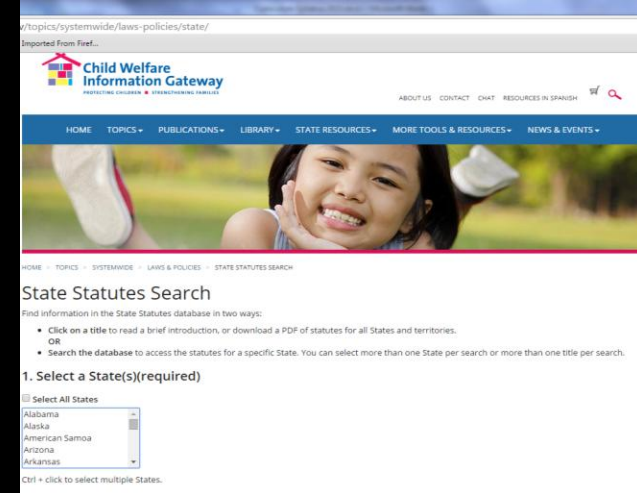


D: State Statues

Law

- Ohio statue:
 - **Standards for Making a Report Citation: Rev. Code § 2151.421**

A report is required when a mandated person is acting in an official or professional capacity and knows or **suspects** that a child has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child.



- **Inclusion of Reporter's Name in Report**
Citation: Rev. Code § 2151.421

The reporter is not required to provide his or her name in the report, but if he or she wants to receive information on the outcome of the investigation, he or she must provide his or her name, address, and telephone number to the person who receives the report.

Disclosure of Reporter Identity

Citation: Rev. Code § 2151.421

The information provided in a report made pursuant to this section and the name of the person who made the report shall not be released for use and shall not be used as evidence in any civil action or proceeding brought against the person who made the report.

- **Failure to Report**
Rev. Code § 2151.99

Any person who fails to report suspected child abuse or neglect, as required by § 2151.421, is guilty of a misdemeanor of the fourth degree. Any person required to report by § 2151.421(A)(4) [requiring reports by clergy] who fails to report when knowing that a child has been abused or neglected and knowing that the person who committed the abuse or neglect was a cleric or another person other than a volunteer, designated by a church, religious society, or faith to act as a leader, official, or delegate on behalf of the church, religious society, or faith, is guilty of a misdemeanor of the first degree if the person who has failed to report and the person who committed the abuse or neglect belong to the same church, religious society, or faith.

- The person who fails to report is guilty of a misdemeanor of the first degree if the child suffers or faces the threat of suffering the physical or mental wound, injury, disability, or condition that would be the basis of the required report when the child is under the direct care or supervision of another person over whom the offender has supervisory control.

- Immunity for Reporters of Child Abuse and Neglect

- **Citation:** Ohio Rev. Code Ann. § 2151.421(G)(1)(a) & (2)(b) (LexisNexis through 9-19-11)

- **Statute:**

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Except as provided in the law regarding false reports, anyone or any hospital, institution, school, health department, or agency participating in the making of reports under § 2151.421(A); anyone or any hospital, institution, school, health department, or agency participating in good faith in making reports under § 2151.421(B); and anyone participating in **good faith** in a judicial proceeding resulting from the reports, **shall be immune from any civil or criminal liability** for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of making the reports or the participating in the judicial proceeding. In any civil or criminal action or proceeding in which it is alleged and proved that participation in making a report under this section was not in good faith, or that participation in a judicial proceeding resulting from a report made under this section was not in good faith, the court shall award the prevailing party reasonable attorney's fees and costs, and if a civil action or proceeding is voluntarily dismissed, the court may award reasonable attorney's fees and costs to the party against whom the civil action or proceeding is brought.