

Interpersonal Safety & Academic Success for Children with Disabilities

Dr. Harold Johnson/Emeritus Professor
Kent State University

11/8/17

University of North Carolina at Greensboro

Sponsoring Faculty: Dr. Claudia Pagliaro/Professor School of Education –
Specialized Education Services Department

Note

- We will be discussing emotionally charged topics today.
- If you need to take a break and leave the room for a few minutes, you have permission to do so.
- If you have knowledge of a specific individual who you suspect, or know, has experienced maltreatment, please do not share that information during this class.
- Instead, please call the [NC Social Service Agency in your county](#), or the ChildHelp Hotline at 1-800-4-A-CHILD.

Presentation Outline

- “Flip” Assignment
- Levels of Knowledge & Action
 - Level 1: Awareness & Understanding
 - Level 2: Recognition & Reporting
 - Level 3: Prevention & Response
- Summary

**You are encouraged to ask questions throughout
the presentation today**

Flip Assignment

- Assignment:
 - 1. **Watch:** [Childhelp National Abuse Hotline 1-800-4-A-CHILD YouTube video](#)
 - 2. **Review:** [Safety Motion, Knowledge & Action Document](#)
 - 3. **Discuss:** the topic of child maltreatment with a friend
 - 4. **Question:** Identify 1-3 questions you would like me to address during the presentation.
- Tasks:
 - *Turn to the person next to you, discuss the questions you would like me to discuss and then agree upon the one to two questions that are most important to both of you.
 - *If you are “online,” share via WebX text messages

- Student Questions?
- Prior knowledge of the ChildHelp Hotline, i.e., 1-800-4-A-CHILD?
- “Safety Motion” document explanation:
 - Partner organizations;
 - Levels of Knowledge & Action; and
 - Key Concept:
 - **We must work to prevent, not simply report the maltreatment of our students.**

Level 1: Awareness & Understanding

- Knowledge Questions:

1. What are the types and basic definitions of maltreatment, i.e., neglect & abuse?
2. At what age are children at the greatest risk for maltreatment, i.e., neglect & abuse?
3. Does the type of maltreatment change as the child grows older?
4. Who are the individuals maltreating children?
5. How frequently are children with disabilities maltreated?
6. What are the factors that contribute to a child's risk for maltreatment?
7. What impact does maltreatment have upon children's health and well being?

1. What are the types and basic definitions of maltreatment, i.e., neglect & abuse?

a. Types:

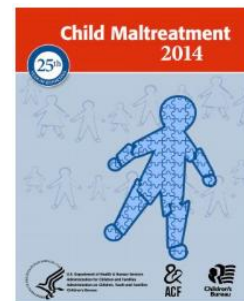
- Neglect:
- Physical Abuse:
- Sexual Abuse:
- Psychological Maltreatment:



1. What are the basic definitions of maltreatment, i.e., neglect & abuse?

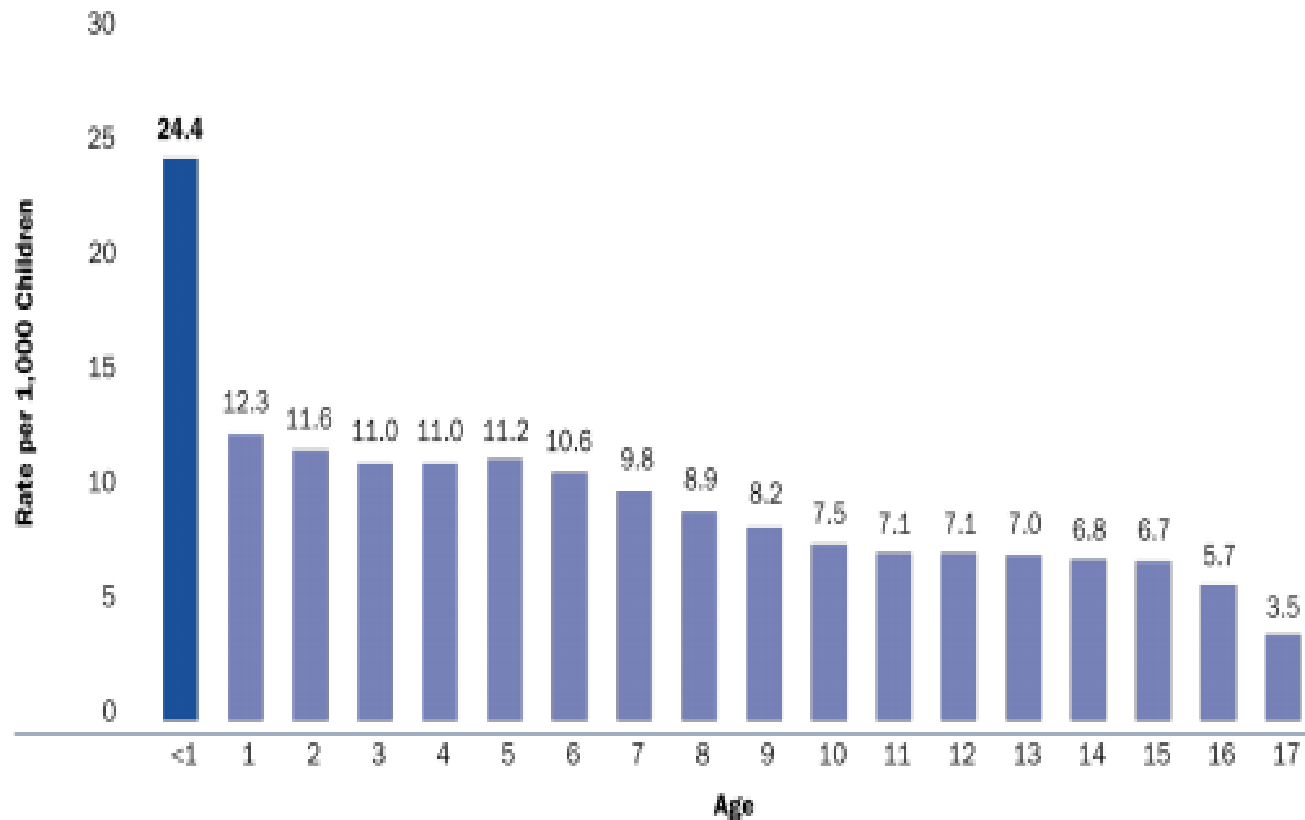
b. Definition:

- Each state has its own definitions of child abuse and neglect that are based on standards set by federal law.
 - [Search](#) of North Carolina statues and definitions
- The Child Abuse Prevention and Treatment Act (CAPTA)...definition of child abuse and neglect as, at a minimum:
 - “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.”

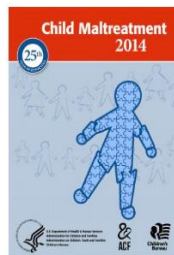


2. At what age are children at the greatest risk for maltreatment, i.e., neglect & abuse?

Exhibit 3-G The youngest children were the most vulnerable to maltreatment



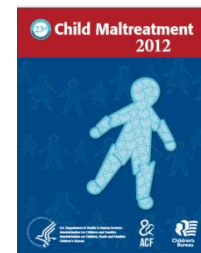
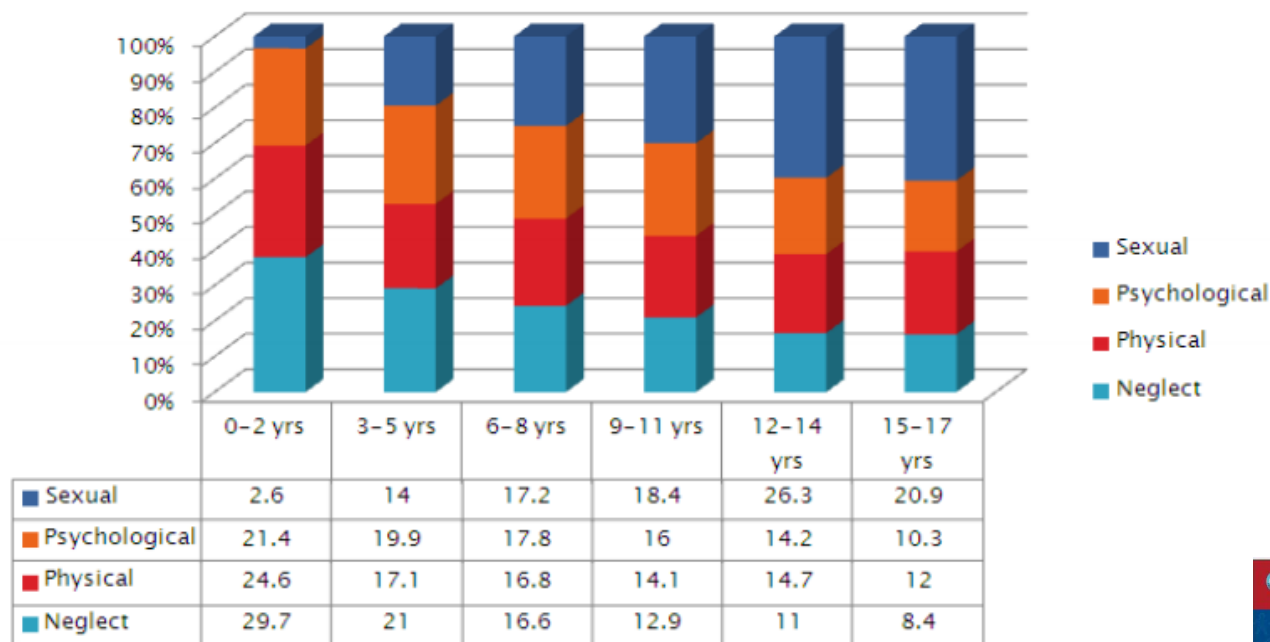
Based on data from [table 3-4](#).



3. Does the type of maltreatment change as the child grows older?

Child Maltreatment 2012: U.S. Dept. of Health & Human Services – Administration for Children & Families – Administration on Children, Youth and Families – Children’s Bureau

Exhibit 3-E Selected Maltreatment Types of Victims by Age, 2012
Types of Maltreatment by Age

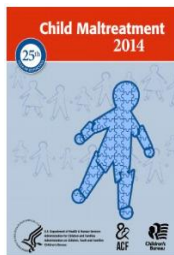


4. Who are the individuals maltreating children?

- One or both parents = 91.6%
- Known by parents = 12.6%
- Unknown by parents = 3.5%

“FFY 2014, one or both parents maltreated 91.6 percent of victims. The parent(s) could have acted together, acted alone, or acted with up to two other people to maltreat the child.”

“A perpetrator who was not the child’s parent maltreated nearly 13 percent (12.6%) of victims. The largest categories in the nonparent group were male relative, male partner of parent, and “other.””



5. How frequently are children with disabilities maltreated?

- 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).

6a. What are the factors that contribute to a child's risk for maltreatment?

- **“Parent or caregiver risk factors**
 - Low self-esteem, poor impulse control, depression, anxiety or antisocial behavior.
 - Experiencing or witnessing violence as a child, which teaches violent behavior or justifies it as proper behavior.
 - Substance abuse, which interferes with mental functioning, judgment, self-control, ability to be protective of one's child and making the child's needs a priority.
 - Lack of knowledge about normal child development and unrealistic expectations, frustration and/or inappropriate methods of discipline.”



- **“Family risk factors**

- Children living with single parents are more likely to live in poverty with fewer social supports, which may contribute to stress and increase risks of maltreatment.
- Children in violent homes may witness intimate partner violence, may be victims of physical abuse themselves and may be neglected by parents or caregivers who are focused on their partners or unresponsive to their children due to their own fears.
- Stressful life events, parenting stress and emotional distress (e.g., losing a job, physical illness, marital problems or the death of a family member) may worsen hostility, anxiety or depression among family members and increase the level of family conflict and maltreatment.
- Maltreating parents or caregivers are less supportive, affectionate, playful and responsive with their children and are more likely to use harsh discipline and verbal aggression than positive parenting strategies (e.g., using time outs, reasoning, and recognizing and encouraging the child's successes).”



6b. What are the factors that contribute to children with disabilities risk for maltreatment?

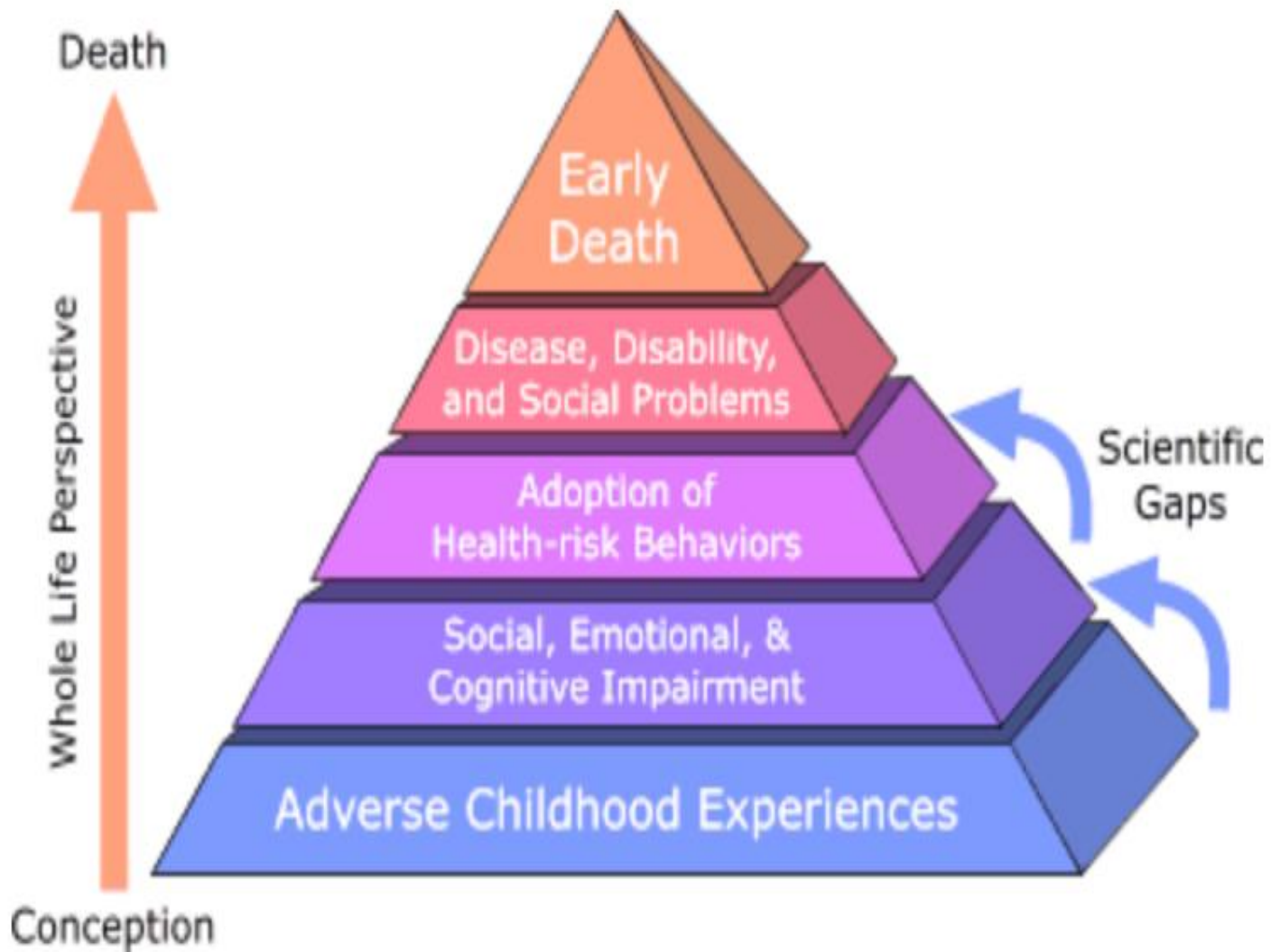
- ...do not understand what constitutes maltreatment;
- ...do not know they have the right to say “NO!”
- ...are socially isolated and lonely;
- ...lack the language, knowledge and communication skills to tell others that they have been maltreated.
- ...do not know how to recognize or protect themselves in “risky situations.”
- ...do not understand their own emerging sexuality.
- ...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

7. What impact does maltreatment have upon children's health and well being?

- **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

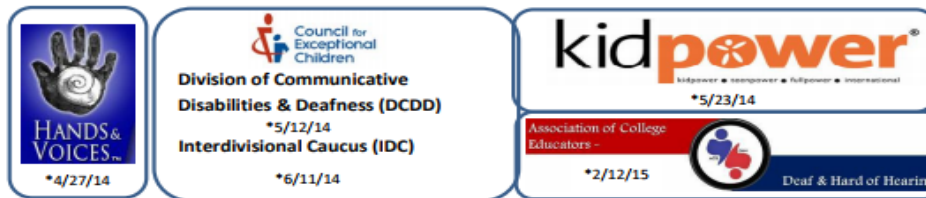


CDC: [The Adverse Childhood Experience Study \(ACE\)](#)

- Action Steps:

1. Share the “Safety Motion, Knowledge & Action” document with a friend/colleague.

The Following Organizations Support the Inclusion...



“...of IFSP safety statements and IEP safety objectives in the educational planning documents of children with exceptionalities.” *Date the organization adopted motion.

*Needed Levels of Knowledge & Action: September 5, 2017

By Harold A. Johnson, Ed.D./Emeritus Professor/Kent State University

Level 1 = Awareness & Understanding: *You must be aware of a problem before you can address it...*

Knowledge: Children with exceptionalities are among the most vulnerable members of society (UNICEFF, 2013). It is currently estimated that 25+% of children with exceptionalities will experience maltreatment (i.e., neglect & abuse) between birth and 18 years of age (Jones et al, 2012). Children between the ages of birth and five years are the most likely to experience maltreatment (Child Maltreatment, 2015). Maltreatment perpetrators are most often individuals with the greatest access to a child, i.e., members of the child’s family, relatives, neighbors, friends and trusted community individuals (e.g., church officials, coaches, teachers, etc.). The maltreatment experience often results in significant health, social, learning, behavioral and achievement problems (Crowley, 2016; Fisher, 2016) that can persist through an individual’s life (CDC, 2016).

Action: a) Share this document with a friend/colleague; b) Consistently “check in” with your children/students (i.e., what they are doing and how they are feeling); c) Trust your gut, when you think a child/student may be experiencing maltreatment – **ACT!** See below “Level 2” for guidance on what to do when taking action.

Suggested Resource:

- Child Welfare Information Gateway “The Risk and Prevention of Maltreatment of Children with Disabilities” (www.childwelfare.gov/pubPDFs/focus.pdf);
- Protecting the Most Vulnerable from Abuse (<http://leader.pubs.asha.org/article.aspx?articleid=2280650>); &
- Videos: “7 Kidpower Strategies for Keeping Your Child Safe” (<https://www.youtube.com/watch?v=KMy-igZAYA0>).

2. Consistently “check in” with your children/students (i.e., what they are doing and how they are feeling).



3. Trust your gut, when you think a child/student may be experiencing maltreatment – ACT!



Note: Information will be provided on the next section of the presentation re. how to recognize and report suspected child maltreatment.

Student Discussion & Sharing

- Student Interactions:
 - *Turn to the person next to you and...
 - ...share insights you gained from the preceding information;
 - ...discuss if you could do the suggested actions;
 - ...identify one to two questions and/or insights that the information raised for you;
 - ...select one individual to share with the class the resulting information with the class.
- Student Sharing

*Note: If you are “online,” complete the tasks via WebX text messages

Level 2: Recognition & Reporting

- Knowledge Questions:
 1. What are the behavioral indicators that a child is experiencing maltreatment?
 2. What should you do and NOT do if a child tells you they are being maltreated?
 3. How do you report a suspicion of child maltreatment?

1. What are the general behavioral indicators that a child is experiencing maltreatment?

- “The Child:
 - Shows sudden changes in behavior or school performance.
 - Has not received help for physical or medical problems brought to the parents’ attention.
 - Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes.
 - Is always watchful, as though preparing for something bad to happen
 - Lacks adult supervision.
 - Is overly compliant, passive, or withdrawn.
 - Comes to school or other activities early, stays late, and does not want to go home.
 - Is reluctant to be around a particular person.
 - Discloses maltreatment.”



- “The Parent:
 - Denies the existence of—or blames the child for—the child’s problems in school or at home.
 - Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves.
 - Sees the child as entirely bad, worthless, or burdensome.
 - Demands a level of physical or academic performance the child cannot achieve.
 - Looks primarily to the child for care, attention, and satisfaction of the parent’s emotional needs.
 - Shows little concern for the child.”



- “The Parent and Child:
 - Rarely touch or look at each other.
 - Consider their relationship entirely negative.
 - State that they do not like each other.”



Note: More specific descriptors for neglect, physical abuse, sexual abuse and psychological abuse are provided in this reference document



pages 5-7

2. What should you do and NOT do if a child tells you they are being maltreated?

- **Note:** *“Abused and neglected children may be unaware that their situation is unusual and while the outlet of talking with a sympathetic adult may relieve some children, others may feel threatened and withdraw.”*
- It is often difficult for a child to disclose that they are experiencing maltreatment for the following reasons:
 - “The fear of being hurt further by the abuser.
 - The belief that the abuser may go to jail.
 - The fear that something will happen to him/her, such as removal from home.
 - The fear that other people in the family will blame them.
 - Loyalty to the caregiver and the family – no matter how bad the situation may be.
 - The fear that you may think that the abuse is deserved.”

Guidelines for Teachers Handling
Disclosures of Child Abuse



- “One way to approach the child about your concerns is to tell him/her that you are concerned that they are looking unhappy/angry/withdrawn or that you have noticed a bruise/burn/cut etc.
- This may lead you to asking if there is anything they want to tell you about this observation.
- Do not, however, pressure the child to respond.
- Assure the child that you can be approached when he or she needs to talk.
- If the child does disclose, listen carefully and immediately make notes once the child has left your company.”



Guidelines for Teachers Handling
Disclosures of Child Abuse



- **When you talk with child:**

- “Actively listen to the child (stop what you are doing, look at her/him, respond by nodding and making supportive sounds).
- Control your expression of panic, shock or horror.
- Express your belief that the child is telling the truth.
- Use the child’s language and vocabulary.
- Tell the child that this has happened to other children and that they are not unusual.
- Reassure the child that to disclose was the right thing to do, emphasizing that, whatever happened, it was not their fault and they are not bad.
- Tell the child that you will do your best to support and protect them.
- Indicate that you will have to make a report of the incident to the head teacher/warden and that they will help to stop the abuse.”

“On average a child who has been abused attempts to tell adults on eight different occasions before any action is taken.”

Guidelines for Teachers Handling
Disclosures of Child Abuse



- **“You will not be helping the child if you:**
 - Look or act shocked/disgusted or become angry or distressed yourself.
 - Make any judgmental statement about the alleged perpetrator. The child may well love this person and only want the abuse to stop.
 - Make promises you cannot keep, such as promising not to tell anyone.
 - Seek details beyond those the child freely wants to tell you. **Your role is to listen to the child, not to conduct an investigation.**
 - Ask any direct questions or name behavior and body parts in language different to that of the child (this may prejudice and subsequent investigation).”

Guidelines for Teachers Handling
Disclosures of Child Abuse



3. How do you report a suspicion of child maltreatment?

- North Carolina Division of Social Services
 - “If you suspect that a child is being abused or neglected, or if you think a child may have died from being mistreated, you must report what you know to the [county Department of Social Services](#). This is the law ([N.C.G.S. § 7B-301](#)). Do not be afraid to report. As long as you are acting in good faith, you cannot be held liable ([N.C.G.S. §7B-309](#)).”
 - If the child is in imminent danger, call 911
 - If you would like to talk with someone about your concerns, but are not ready to call Social Services, or 911, call the [ChildHelp Hotline](#) at 1-800-4-A-CHILD



- 3. How do you report a suspicion of child maltreatment? (cont.)
 - Usually Requested Information:
 - “The reason for reporting;
 - The child’s name and name of other siblings living in the household;
 - Present location of the child;
 - The suspected perpetrator’s name (if known);
 - A description of what you have seen or heard including the date of occurrence, your observations and witnesses to the abuse;
 - Any agencies that you know that are already involved with the family; and
 - Your name and phone number (can be anonymous).”



- Prevention Learning Center
 - Recognizing Child Abuse and Neglect
 - Child abuse and neglect indicators
 - Emotional abuse
 - Reporting
 - Mandatory reporting
 - Daniel's Law: Safe Haven for Abandoned Babies Act
 - South Carolina law
 - Preventing Child Abuse and Neglect
 - Child Abuse and Neglect Data
 - Adverse Childhood Experiences (ACEs)

If you suspect child abuse or neglect, report it.

Home • Prevention Learning Center • Recognizing Child Abuse and Neglect • Reporting

Where to report suspected child abuse or neglect

Whether a mandatory reporter makes the report to the Department of Social Services or to law enforcement depends upon the identity of the alleged perpetrator of the abuse or neglect, according to The Children's Law Center.

When the alleged perpetrator of the abuse or neglect is the child's parent, guardian, or a person responsible for the child's welfare, mandated reporters must report to the county DSS office or to law enforcement in the county where the child resides or is found.

When the alleged perpetrator of the abuse or neglect is not the child's parent, guardian, or other person responsible for the child's welfare, the law requires that a report be made to law enforcement.

All law enforcement officers are authorized to exercise emergency protective custody to protect a child who may be in imminent and substantial danger. However, only the law enforcement agency where the incident occurred has the authority to conduct an investigation.

- “Tips for reporting:
 - Make the report as soon as possible after receiving the information that causes you to suspect abuse or neglect.
 - Do not wait for proof. The law requires you to report when you have reason to believe abuse or neglect has occurred.
 - Do not try to investigate yourself or excessively question the child. Ask only basis questions, such as **what** happened, **who** did it and **where** did it happen. Leave the investigation for professionally trained caseworkers or law enforcement officers. You can request notification of the investigations’ outcome if you wish.
 - Document the name of the person you reported to at DSS or law enforcement; the date and time of your report; the information you reported; any disclosures made by the child, in his own words if possible; and the child’s demeanor at the time of disclosure.”



- Action Steps:

1. Review and discuss suggested resources with at least one friend/colleague;



2. Call the 24/7 free and confidential National Child Abuse Hotline (1-800-4-A-CHILD) to discuss any maltreatment concerns with a counselor who will help you to understand what you are seeing and then decide if and how to call the child protective services or the police



3. Communicate with the possible maltreated child/student to let him/her know that you care for them, that he/she is safe with you and you will do all you can to help him/her.



Student Discussion & Sharing

- Student Interactions:
 - *Turn to the person next to you and...
 - ...share insights you gained from the preceding information;
 - ...discuss if you could do the suggested actions;
 - ... identify one to two questions and/or insights that the information raised for you;
 - ...select one individual to share with the class the resulting information with the class.
- Student Sharing

*Note: If you are “online,” complete the tasks via WebX text messages

Level 3: Prevention & Response

- Knowledge Questions:

- A. Early Intervention:

1. What factors serve to enhance the safety and well being of very young children and their families?
2. How would such factors enhance the parent/child interactions?
3. How can these factors be incorporated into the Individual Service Plans (IFSPs) of the families of children with disabilities?

- B. K-12 Education:

1. What are the child maltreatment risk factors that educators can not control?
2. What are the child maltreatment risk factors that educators can control?
3. How can those risk factors be incorporated in the design of the IEPs of children with disabilities?

A. Early Intervention:

1. What factors serve to enhance the safety and well being of very young children and their families?

- Six Factors that Promote Well Being

- Nurturing & Attachment
- Knowledge of Parenting & Child Development
- Parental Resilience
- Social Connections
- Concrete Support for Parents
- Social and Emotional Competence of Children

- Addressing these six factors within the educational programming of students enhances both their safety and success.



2. How would such factors enhance the parent/child interactions?

- The parent...
 - ...enjoys interacting with her child.
 - ...is a sensitive observer of her child, reads his behavioral cues accurately, and is responsive to them.
 - ...engages in a quality of interaction with her child that is mutually satisfying and that provides opportunity for the development of attachment.
 - ...demonstrates an awareness of materials, activities, and experiences suitable for her child's current stage of development.

Bromwich, R. (1981). Working with parents and infants: An interactional approach. University Park Press: Baltimore, MD.

- The parent... (cont.)
 - ...uses an array of successful coping strategies to deal with the day to day stresses of being a parent.
 - ...as an effective support network of family and friends to share information with and receive help from.
 - ...has the necessary resources to provide the essential needs of the family.



3. How can these factors be incorporated into the Individual Service Plans (IFSPs) of the families of children with disabilities?

- Nurturing & Attachment
 - e.g., The parents will be able to observe, understand and responds to the child's behavior, emotional needs and communication requests.
- Knowledge of Parenting & Child Development
 - e.g., The parents will be able to encourage the child's positive behavior through praise and modeling.
- Parental Resilience
 - e.g., The parent will be able to identify everyday stressors, problem solving skills and the impact of stress on parenting.
- Social Connections
 - e.g., The parent has the social skills and capacity to make and keep friends.
- Concrete Support for Parents
 - e.g., The parent demonstrates the desire and capacity to receive new services, including completing applications, keeping appointments, and committing to the solution process.
- Social and Emotional Competence of Children
 - e.g., The parent provides a safe and stable home and family environment that supports healthy social and emotional development.

B. K-12 Education:

1. What are the child maltreatment risk factors that educators can not control?
 - Parental alcohol and drug abuse;
 - Spousal Abuse;
 - Housing insecurity;
 - Criminality; and
 - Parental mental health and experience of maltreatment as a child.

2. What are the child maltreatment risk factors that educators can control?

- Students can learn:
 - ...what constitutes a loving and supportive family;
 - ...they have the right to say “NO!” and what to do if that right is not respected;
 - ...how to make and keep age appropriate friends;
 - ...the language and communication skills to tell others the who, what, where, how and when of the daily lives;
 - ...how to recognize and protect themselves in “risky situations;” and
 - ...about their emerging sexuality.

3. How can those risk factors be incorporated in the design of the IEPs of children with disabilities?

- Six IEP meeting questions: **Can the student identify...**
 - ...positive, age appropriate interactional behaviors they have with family, friends and adults in their lives?
 - ... scenarios where they have the right to say “No” and describe or demonstrate what to do if that right is not respected?
 - ... their age appropriate friends and what they do together?
 - ...how to effectively gain others attention, share their feelings and the details of their day-to-day experiences?
 - ... and share how to avoid and react within unsafe, or “risky” situations?
 - ... how changes in their body affect their health, decisions and emotional wellbeing?
- If the answer is “no,” or “unsure,” to any of the questions, then incorporate the appropriate objective into the student’s IEP.
- **See the [CEC/IDC “IFSP & IEP Safety Checklist” document](#)** for suggested objectives and resources.

- Action Steps:

1. Share and discuss the “Safety Motion, Knowledge & Action Document” at IFSP and IEP meetings.



“...of IFSP safety statements and IEP safety objectives in the educational planning documents of children with exceptionalities.” *Date the organization adopted motion.

***Needed Levels of Knowledge & Action: September 5, 2017**

By Harold A. Johnson, Ed.D./Emeritus Professor/Kent State University

Level 1 = Awareness & Understanding: *You must be aware of a problem before you can address it...*

Knowledge: Children with exceptionalities are among the most vulnerable members of society (UNICEFF, 2013). It is currently estimated that 25+% of children with exceptionalities will experience maltreatment (i.e., neglect & abuse) between birth and 18 years of age (Jones et al, 2012). Children between the ages of birth and five years are the most likely to experience maltreatment (Child Maltreatment, 2015). Maltreatment perpetrators are most often individuals with the greatest access to a child, i.e., members of the child’s family, relatives, neighbors, friends and trusted community individuals (e.g., church officials, coaches, teachers, etc.). The maltreatment experience often results in significant health, social, learning, behavioral and achievement problems (Crowley, 2016; Fisher, 2016) that can persist through an individual’s life (CDC, 2016).

Action: a) Share this document with a friend/colleague; b) Consistently “check in” with your children/students (i.e., what they are doing and how they are feeling); c) Trust your gut, when you think a child/student may be experiencing maltreatment – **ACT!** See below “Level 2” for guidance on what to do when taking action.

Suggested Resource:

- Child Welfare Information Gateway “The Risk and Prevention of Maltreatment of Children with Disabilities” (www.childwelfare.gov/pubPDFs/focus.pdf);
- Protecting the Most Vulnerable from Abuse (<http://leader.pubs.asha.org/article.aspx?articleid=2280650>); &
- Videos: “7 Kidpower Strategies for Keeping Your Child Safe” (<https://www.youtube.com/watch?v=KMMy-jgZAYA0>).

Level 2 = Recognition & Reporting: *You must act for the safety and wellbeing of the child above all other concerns...*

Knowledge: Educators know they are mandatory reporters of suspected instances of child maltreatment. Unfortunately many do not know the physical or behavioral indicators of maltreatment, school vs. state mandated reporting protocols, or that children with exceptionalities experience significantly higher rates of maltreatment than their nondisabled peers (Crowley, 2016). Additionally, when educators do report their maltreatment suspicions, they often face substantial reporting barriers (e.g., fear of being wrong, a concern of how parents might respond to a report, lack of administrative support for the report, etc.) (Kenny, 2001).

Action: a) Review and discuss suggested resources with at least one friend/colleague; b) Call the 24/7 free and confidential [National Child Abuse Hotline](http://www.nationalchildabusehotline.org) (1-800-4-A-CHILD) to discuss any maltreatment concerns with a counselor who will help you to

2. Use information in the “IFSP & IEP Safety Checklist” document to build safety and success into educational programming.

Individualized Educational Plans

Risk Factor #1: The student does not understand what constitutes maltreatment:

Key Question: Can the child identify positive, age appropriate interactional behaviors they have with family, friends and adults in their lives?

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: Social Competence

- 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.

Suggested Resources:

Childhelp National Child Abuse Hotline – A Resource to call whenever you have a question about possible child abuse or maltreatment. This is not a reporting hotline but a way to discuss any questions that teachers, children and parents may have about keeping children safe.

The Childhelp National Child Abuse Hotline 1-800-4-A-CHILD (1-800-422-4453) is dedicated to the prevention of child abuse. Serving the United States, its territories, and Canada, the hotline is staffed 24 hours a day, 7 days a week with professional crisis counselors who, through interpreters, can provide assistance in over 200 languages. The hotline offers crisis intervention, information, literature, and referrals to thousands of emergency, social service, and support resources. All calls are confidential. [click here](#)

3. Identify and nominate an individual as a “Bright Spot”, e.g.,

Janet DesGeorges, Director of Outreach, Hands & Voices



janet@handsandvoices.org
Director of Outreach, Hands & Voices
Boulder, Colorado

Video Segments: 1/27/2011 (captions yet to be added)

- **Introduction** (1.05 min.)
- Frequently Encountered Problems & Solutions
 - **Moving from theory to practice** (1.49 min.)
 - **How to raise the topic of child abuse and neglect at a meeting** (1.41 min.)
- **Key Resources** (1.22 min.)
 - **Moving from theory to practice** (1.49 min.)
 - **ChildHelp**
 - **Hotline Services** (Deaf & Hard of Hearing Children Helpline 1-800-222-4453)
 - **Dealing with Personal Disclosures of Child Abuse**
- **Areas of Topical Resource** (1.33 min.)
 - How to sustain your work on the topic of child abuse and neglect

Note: If you have any difficulty in viewing the video segments, please "click" on this URL "[Flash Video Difficulties](#)".

Student Discussion & Sharing

- Student Interactions:
 - *Turn to the person next to you and...
 - ...share insights you gained from the preceding information;
 - ...discuss if you could do the suggested actions;
 - ... identify one to two questions and/or insights that the information raised for you;
 - ...select one individual to share with the class the resulting information with the class.
- Student Sharing

*Note: If you are “online,” complete the tasks via WebX text messages

Summary

- You now...
 - ...are aware of the incidence and impact of child maltreatment;
 - ...are informed re. the parental, family and child based risk factors that increase the risk for maltreatment;
 - ...know how to observe, gather information and report children suspected of experiencing maltreatment;
 - ...have been provided with strategies and resources to configure IFSP and IEP documents so that they enhance the safety and success of children with disabilities;
- You have also been given specific “action” steps to apply what you have learned here today.

The question is, what will you do...?

Thanks & Contact Information

- Thank you for the time, questions and insights that you have shared with me today
- My contact information is on the bottom of every slide
- If you are interested in becoming involved with this national effort to enhance the safety and success of children with disabilities, please contact me.

References

- Durity, R., & Oxman, A. (2006). *Addressing the trauma treatment needs of children who are deaf or hard of hearing and the hearing children of deaf parents*. Retrieved from www.nctsn.org/nctsn_assets/pdfs/edu_materials/Trauma_Deaf_Hard-of-Hearing_Children.pdf [PDF].
- Hibbard, R., & Desch, L. D. (2007). *Clinical report: Maltreatment of children with disabilities*. *Pediatrics*, 119(5), 1018–1025.
- Jones, L., Bellis, M., Wood, S., Huges, K., McCoy, E., Eckley, L., Officer, A. (2012). Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies. *Lancet*, published online July 12.
- Kendall-Tacke, K., Lyon, T., Tailferro, G., & Little, L. (2005). Why child maltreatment researchers should include children's disability status in their maltreatment studies. *Child Abuse & Neglect*, 29, 147–151.

- MacDougall, J. C. (2000). *Family violence and the deaf: Legal education and information issues: A national needs assessment*. Retrieved from www.justice.gc.ca/eng/pi/fv-vf/rep-rap/deaf-sourd.pdf [PDF].
- Shakeshaft, C. (2004). Educator sexual misconduct: A synthesis of existing literature. Retrieved Jan. 11, 2009, from www.ed.gov/rschstat/research/pubs/misconductreview/report.pdf [PDF].
- **Shelton, K., Bridenbaugh, H., Farrenkopf, M., & Kroeger, K.** (2008). Oregon Project Ability: Demystifying disability in child abuse interviewing. Retrieved from www.oregon.gov/DHS/children/committees/cja/proj-abil.pdf [PDF].
- Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24(10), 1257–1273.
- Sullivan, P. M., Vernon, M., & Scanlan, J. M. (1987). Sexual abuse of deaf youth. *American Annals of the Deaf*, 32(4), 256–262.
- UNICEF (2013). The state of the world's children: children with disabilities. Retrieved from: <http://www.unicef.org/sowc2013/>
- Wang, C-T., & Holton, J. (2007). *Total estimated cost of child abuse and neglect in the United States*. Retrieved from www.preventchildabuse.org/about_us/media_releases/pcaa_pew_economic_impact_study_final.pdf[PDF].
- Willis, R. G., & Vernon, M. (2002). Residential psychiatric treatment of emotionally disturbed deaf youth. *American Annals of the Deaf*, 147(1), 31–37.