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Dwayne

KEY TOPICS

Collaboration; Inclusion; Psychosocial

Dwayne is a 6-year-old boy who experienced *post-lingual deafness* at the age of 3 after having contracted *bacterial meningitis*. He has a *profound bilateral sensorineural hearing level*. While he has *digital hearing aids*, he often refuses to wear them at school and “misplaces” them when at home. Dwayne attends a self-contained classroom for students who are *d/Deaf* and *hard of hearing* (d/Dhh) at the local public school. He lives with his single mother who has had several unstable relationships during Dwayne’s childhood. Although Dwayne spoke prior to contracting meningitis, his current speech is nearly unintelligible, as he rarely uses speech to communicate at school or home and is learning *American Sign Language* (ASL) at school.

Midway through the school year, Dwayne’s mother acquired a boyfriend and invited him to live with them when he was looking for employment. Traditionally, Dwayne would attend after school care, but to save money, she started letting her boyfriend care for him instead. Although Dwayne’s mother knows basic vocabulary in ASL (e.g., eat, sleep, drink, bed, toilet, more), her boyfriend does not and often becomes frustrated with Dwayne. He yells at Dwayne when he doesn’t respond to his requests and physically grabs him when he wants him to go somewhere or do something such as clean up or go to bed. Dwayne’s mother returns after midnight and is regularly too tired to wake in the morning to get Dwayne to school. Dwayne has learned not to wake his mother because this angers her boyfriend. He has learned to get himself dressed and to the bus stop on most days.

Dwayne’s teacher began to notice a change in Dwayne’s overall appearance and behavior. He frequently arrives at school disheveled and hungry. He has been difficult toward the end of the school day, refusing to ride the bus home. She recalled from her *deaf education program* that the incidence rates of abuse to children with disabilities, including neglect, physical, emotional, and sexual abuse, is more than 25% higher than reported by the hearing population (Johnson, 2012; Jones et al., 2012). Abused children tend to withhold their trauma unless specifically asked; this is especially true for *deaf* children. Furthermore, children in general, are often conditioned to comply with authority, and they know that if they break the rules, they may be punished.

If abused, they may fear rejection, punishment, loss of parental love, or blame for the abuse. This problem can be complicated by the fact that approximately 95% of deaf children have hearing parents who often struggle to communicate with their child and may leave communication issues to the school and the teachers. Dwayne's teacher knew that she needed to respond to his behavioral changes, as they might be warning signs of child abuse and neglect.

Immediately, his teacher started to document Dwayne's situation, noting his clothing and hygiene, as well as the days he struggled to get on the bus. After three weeks of documentation, she noticed he had a bruise on his forearm, which at first glance she had mistaken for dirt. It was then that his teacher decided to call the authorities to report what she had observed over the last few weeks.

First, Dwayne's teacher went to the school principal who told her that she should continue to document the situation. If more bruises appeared or if Dwayne reported violence, then they should call the police. However, his teacher knew that she was a *mandatory reporter*, which means professionals who have frequent contact with children are obligated by law to report incidences or suspicion of abuse or neglect. She kindly informed her principal that if they were not going to make the call together, she would have to make the call herself. The principal conceded, and together they called the authorities.

DISCUSSION QUESTIONS

1. Do you think the teacher reacted professionally and appropriately? Why or why not?
2. What does it mean to be a mandatory reporter?
3. Who is considered an authority when reporting suspected or confirmed child abuse or neglect?
4. When you report abuse or neglect, does that mean the child will be taken away from his or her home?
5. When reporting abuse, can you remain anonymous?

ACTIVITIES

1. Use the Child Welfare Information Gateway website and search "state statutes" (<https://www.childwelfare.gov/topics/systemwide/laws-policies/state/>). Locate your state and local authority for reporting child abuse or neglect. Provide contact information, a link to their website, and any pdf documents they provide for parents and professionals.
2. Create an informative visual that you could handout to parents and/or post on your classroom website that defines the different types of abuse: neglect, physical, emotional, and sexual. List three to four signs of each abuse. Provide contact

information for reporting abuse. Utilize this resource “Recognizing Child Abuse and Neglect: Signs and Symptoms (2007)” as a starting point: <https://www.childwelfare.gov/pubPDFs/signs.pdf>

3. Does your school or school district use a prevention curriculum to keep children safe? If so, provide the name of the curriculum. If not, seek out a curriculum (e.g., *Good Touch & Bad Touch*, Monique Burr Foundation) used in another state. After identifying the curriculum, provide a citation and link (if possible) to the curriculum. Write a one-page summary that reviews the curriculum and its accessibility to children who are d/Dhh.
4. What local agencies in your area provide education to parents and/or training to teachers about child abuse and neglect prevention?
5. Watch the 7 Kidpower Strategies for Keeping Your Child Safe video at https://www.youtube.com/results?search_query=7+kidpower+strategies. How might you adapt these strategies for students who are d/Dhh?
6. Determine the possible reasons for the higher rates of abuse and neglect for deaf children as compared to hearing children. List the indicators, besides a deaf child’s overall appearance (bodily marks), that indicate abuse or neglect might be occurring to the child.
7. Create an artifact (e.g., presentation, brochure, poster) that describes the communication difficulties children who are d/Dhh encounter. Describe at least three ways we can help d/Dhh children become more empowered and feel safe reporting the abuse that is happening to them. Discuss the impact that child abuse and neglect may have on their mental health functioning.

ADDITIONAL RESOURCES

Child Abuse and Neglect: Recognizing the Signs and Making a Difference <https://www.helpguide.org/articles/abuse/child-abuse-and-neglect.htm>

ChildHelp Hotline 1-800-4-A-CHILD and reporting information at <https://www.childhelp.org/hotline/>

Crosson-Tower, C. (2003). The Role of Educators in Preventing and Responding to Child Abuse & Neglect. <https://www.childwelfare.gov/pubPDFs/educator.pdf>

Johnson, H. (2012). Protecting the Most Vulnerable from Abuse. <http://leader.pubs.asha.org/article.aspx?articleid=2280650>

Johnson, H. (2015). Prevention of abuse as experienced by children with disabilities: A U.S. model for policy, planning, professional development and collaboration. <http://www.deafed.net/Forms/HJohnsonUSModel.pdf>

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. DOI: 10.1016/S0140-6736(12)60692-8

Protective Factors to Promote Well-Being <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/?hasBeenRedirected=1>
 Safety Checklist http://www.deafed.net/Forms/03_22_16_Safety_Checklist_Document.pdf
 The Risk and Prevention of Maltreatment of Children with Disabilities (2012) <https://www.childwelfare.gov/pubPDFs/focus.pdf>

SUPPORTING DOCUMENT

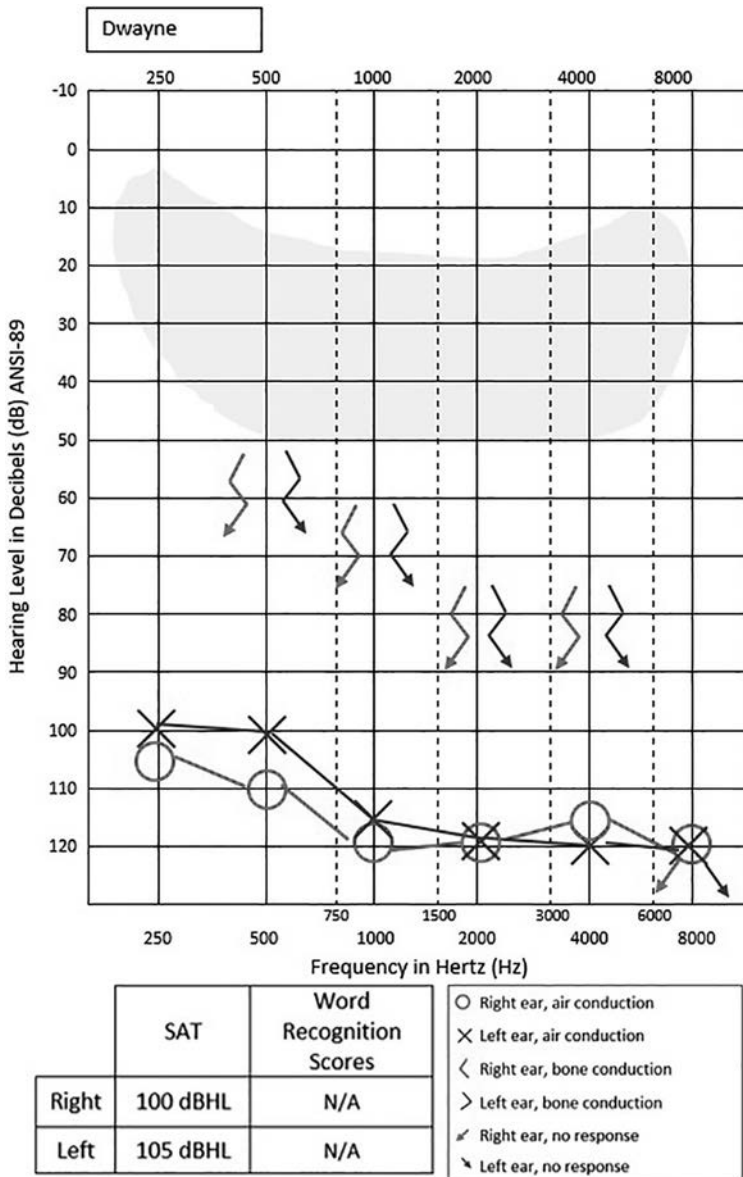


Figure 12.1. Dwayne’s audiogram.