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pubpol@exceptionalchildren.org

POSITION STATEMENT

Position on the Prevention of and Response to Maltreatment

CEC recognizes that all infants, toddlers, children, and youth with disabilities have the right to live and flourish in a safe environment where they are protected and supported against all forms of maltreatment, i.e., neglect as well as physical, sexual, and psychological abuse.

The Council for Exceptional Children (CEC) recognizes that all infants, toddlers, children, and youth with disabilities have the right to live and flourish in a safe environment where they are protected and supported against all forms of maltreatment, i.e., neglect as well as physical, sexual, and psychological abuse.

CEC acknowledges that maltreatment experienced by infants, toddlers, children, and youth with disabilities has a significant, lifelong, negative impact upon their ability to learn, communicate, interact and achieve at a level consistent with their potential (Morgart, Harrison, Hoon, & Floet, 2021; Perfect, Turley, Carlson, Yohanna & Saint Gilles, 2016; Wolpow, Johnson, Hertel & Kincaid, 2009).

CEC maintains that it should be the goal of all educators and policy makers to play an active role in both the prevention of, and response to, the maltreatment of all, with a particular focus on infants, toddlers, children, and youth with disabilities.

Infants, toddlers, children, and youth with disabilities experience a significantly higher rate of maltreatment in comparison to their nondisabled peers (Fang, Cerma-Tuoff, Zhang, Lu, Lachman, & Barlow, 2022; Sullivan & Knutson, 2000; Westcott & Jones, 1999). While the causes of maltreatment of multifactored and complex (Font & Maguire-Jack, 2021), some of the causes can be addressed by educators, i.e.:

- A. **Parents & Professionals may lack** awareness of the individual with disability's increased vulnerability for maltreatment (McGilloway, Smith, & Galvin, 2020); and the incorrect attribution of an infant, toddler, child, or youth's behavioral pattern to the characteristics of their disability vs. a maltreatment experience (Alvarez, Kenny, Donohue, Carpin, 2004; Balogh, Bretherton, Whibley, Berney, Craham, Richold, Worsley, & Firth, 2001);
- B. **Children with disabilities can lack:**
 - 1. understanding of what constitutes maltreatment (Lightfoot, 2014);
 - 2. understanding of their right to say "NO" and what to do if that right is not respected (Hibbard & Desch, 2007);
 - 3. the skills to effectively convey their full range of emotions, e.g., happy, scared, sad, afraid, excited, etc. (García, Díez, Wojcik, & Santamaría, 2020);
 - 4. the skills to effectively gain the attention of a trusted adult and express the who, what, when, and where of their experiences, including incidents of maltreatment (Bae, Kang, Hang, Cho, & Cho, 2017; Wetcott et al, 1999);
 - 5. the ability to recognize and avoid "risky" face-to-face and online situations (Briggs, 2006; Palusci, Datner, & Wilkins, 2015; Hershkowitz, Lamb, & Herowitz, 2007);
 - 6. age-appropriate friends which, in turn, increases their loneliness and tendency to accept any attention, including attention experienced during maltreatment (Palusci et al, 2015); and
 - 7. understanding concerning the changes that occur during/following puberty to both their body and their emotions and how to respond to those changes in a safe, age-appropriate manner (Guo, Chen, Yu, Jiang, Song, & Jin, 2019; Jemta, Fugl-Meyer, & Oberg, 2008).

CEC believes that these educationally accessible causes of maltreatment should be addressed within the student's educational planning documents, day-to-day instruction, educational policies, administrative oversight and support for students with disabilities, their parents, and the professionals who work with them.

Definitions:

- Maltreatment:
 - CEC supports the use of the definition of maltreatment prescribed in the 2009 Child Abuse Prevention and Treatment Act (CAPTA), i.e., (42 U.S.C.A. § 5106g) which defines child abuse and neglect as: “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.”
- Trauma:
 - CEC recognizes that children and youth with disabilities experience different types of trauma, i.e.,
 - a. “**Psychological trauma** includes experiences or events that are perceived as harmful, create intense distress, and affect an individual’s overall well-being (Substance Abuse and Mental Health Services Administration [[SAMHSA](#)], 2014).
 - b. **Complex trauma** is the result of consistent or repeated traumatic exposure over a period of time, generally resulting in significant dysfunction or reduced well-being (Wolpow, Johnson, Hertel, & Kincaid, 2009).
- Trauma Informed Care:
 - a. “...includes acknowledging the prevalence of trauma, recognizing the impact of these experiences on all individuals, utilizing trauma-sensitive practices and policies, and avoiding practices that may retraumatize” (Substance Abuse and Mental Health Services Administration, National Center for Trauma-Informed Care, 2015)
 - b. These practices and policies are grounded in the principle that “trauma informed care,” constitutes “...shifting the question from ‘what is wrong with you?’ to ‘what is happening with you?’” (p. 428, Thomas, Crosby & Vanderhaar, 2019)

Parameters and Beliefs:

Given the preceding information and the commitment to safe and positive school and community settings, CEC supports the following principles and practices concerning the prevention of, and response to, the maltreatment of students with disabilities in birth through 21 educational settings. Principles and practices are organized on three hierarchical levels:

1. Level 1: Maltreatment Awareness & Understanding:
 - a. General and special education professionals must be sufficiently aware of the incidence and impact of maltreatment experienced by students with disabilities. As a result, **additional preservice and inservice learning opportunities and resources are needed to inform and support educators concerning students with disabilities’ significantly higher risk of maltreatment and the impact of the maltreatment experience upon students’ ability to learn, communicate, interact, and achieve at a level consistent with their potential.**
2. Level 2: Maltreatment Observation & Reporting:
 - a. General and special education professionals experience significant difficulties differentiating between behavior attributable to a student’s disability and those manifested as a result of maltreatment (Thomas-Skaf & Jenney, 2020). As a result, **additional learning opportunities and resources are needed to inform and support educators concerning the effective observation and reporting of students with disabilities suspected of experiencing maltreatment.**
 - b. Instructional and administrative professionals are often uncertain regarding the type and depth of educational records that can be shared with Child Protective Service professionals investigating reported instances of suspected child maltreatment (TEA, 2017). This uncertainty is especially prevalent in relation to students with disabilities. As a result, **instructional and administrative professionals need federal guidance clarifying privacy laws concerning the type and depth of student records that can be shared with Child Protective Service professionals in their investigations of suspected maltreatment** [Note: Exemplary

guidance concerning this topic can be found on pp 19-21 of the WI Dept. of Public Instruction text entitled [“The School’s Role in Preventing Child Abuse and Neglect”](#)]

3. Level 3: Maltreatment Prevention & Response:

- a. Birth through age five represents the period of greatest risk for child maltreatment (Wallace & Manz, 2023; Wildeman, Emanuel, Leventhal, Putnam-Hornstein, Waldfogel, & Lee, 2014). As a result, **Early Intervention (EI) professionals should be prepared to enhance child safety by including “Family Protective Factors” into IFSP documents** (Sprague-Jones, Singh, Rousseau, Counts, & Firman, (2020). **Additionally**, EI professionals should provide parents with knowledge and resources concerning the following strategies: **1)** Establishing and monitoring “circles of trust,” i.e., individuals who are permitted to provide care for their child in the absence of the primary caregiver; **2)** Recognizing “grooming” attempts by individuals who seek to maltreat their child; **3)** recognizing the behavioral indicators that a child may have experienced a maltreatment experience; and **4)** Using face-to-face and online help, e.g., the ChildHelp Hotline (1-800-4-A-CHILD), if they are concerned about the safety of their child or themselves.
- b. School age children with behavior, communication, cognitive, and physical disabilities experience the greatest risk for maltreatment (Vanderminde, Finkelhor, Hamby, & Turner, 2023). Their difficulty in understanding what constitutes maltreatment, their overly compliant behavior, their difficulty to effectively gain the attention of a trusted adult (either face-to-face or online), to express their emotions and to convey the who, what, where, and when of their day-to-day experiences and frequent loneliness make them ideal targets for perpetrators. As a result, **student IEP assessments and documents should be designed to determine if a student possesses sufficient knowledge and skills to enhance their face-to-face and online safety.**
- c. The presence of a disability does not stop a child from experiencing the emotional and physical changes caused by puberty. Unfortunately, many students with disabilities do not understand those changes and how to respond in a safe, socially appropriate manner (Amborski, Bussi res, Vaillancourt-Morel, & Joyal, 2022).). This lack of understanding significantly increases their vulnerability for sexual abuse. [Erin’s Law](#) requires all public schools to implement a prevention-oriented child sexual abuse programs. As of 2024, this law has been adopted by 38 states and pending in 12 additional states **Students with disabilities should be effectively included in state mandated instruction designed to prevent sexual abuse.**
- d. It is impossible to prevent the maltreatment of all students with disabilities. As a result, **special education professionals should be both prepared and supported in their use of trauma-informed care.**
- e. During the provision of trauma-informed care, many educators will themselves experience differing levels of trauma as they strive to understand and respond to the trauma induced behaviors of their students. As a result, **programs should be designed and implemented for special education professionals to address their emotional states that occur during their use of trauma-informed care.**

Children, and youth with disabilities experience maltreatment at a significantly higher rate than their nondisabled peers. Unfortunately, there is insufficient research to establish a knowledge base of what works to prevent and to respond to maltreatment of students with disabilities. As a result, **CEC supports initiatives that prepare and support special education professionals to use evidence-based practices to prevent and respond to the maltreatment of students with disabilities.**

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