EVERY CHILD SPECIAL - EVERY CHILD SAFE:

Protecting Children With Disabilities From Maltreatment

A CALL TO ACTION

2000

Oregon Health Sciences University
Child Development and Rehabilitation Center
Oregon Institute on Disability and Development/UAP

and

Department of Human Services
Oregon Health Division

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G.L. Krahn, V.A. Thom, K. Sokoloff, J. Hylton, and M. Steinberg
Every Child Special, Every Child Safe: Protecting Children with Disabilities from Maltreatment.
Portland, OR: Oregon Health Sciences University, 2000.

The development of this publication was supported in part by the U.S. Administration on Developmental Disabilities through grant number 90DN0027. The content and opinions expressed within this report do not necessarily reflect those of the US Administration on Developmental Disabilities, the Oregon Health Division, or the Oregon Health Sciences University and no official endorsement should be inferred.

Graphic Design: Buckner Winston

Who We Are

This is a report of the Oregon Alliance for Kids with Special Needs (OAKS), a coalition of organizations and families dedicated to preventing maltreatment and supporting families of children with disabilities. Alliance members are:

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"Let us put our heads together and find what kind of good life we can make for our children."

Tatanka Ohitica (Sitting Bull)

* Designates a member of the Steering Committee for the Alliance

We gratefully acknowledge the visionary contribution of Judith Hylton to this report.
Her leadership and expertise in the field of child maltreatment and disability have already changed children's lives for the better.
Thank you, Judith!

Executive Summary

The Oregon Alliance for Kids with Special Needs

Child maltreatment has received increased attention in Oregon in the last few years for good reason. Each year there are eight to ten thousand confirmed cases of child abuse and neglect in this state. Nationally, Oregon ranks second highest in rate of child maltreatment fatalities. Family members are most frequently identified as the perpetrators of the maltreatment.

While all children are vulnerable to maltreatment, children with disabilities are particularly vulnerable to abuse and neglect. Compared to other children, children with disabilities face:

- Increased risk for maltreatment;
- Longer duration of maltreatment;
- Potentially more severe and long-lasting effects of maltreatment; and,
- Reduced likelihood of intervention.

Recognizing the problem of maltreatment of children with disabilities, representatives from child protective and disabilities organizations and diverse families began to meet as the OAKS coalition – the Oregon Alliance for Kids with Special Needs. With grant funding from the U.S. Administration on Developmental Disabilities, they established their mission to examine how the abuse and neglect of children with disabilities could be prevented and treated within a community context.

The purpose of this Call to Action is to raise awareness about the relationship between childhood disability and maltreatment, provide resource information, identify service gaps and opportunities for improvement, and stimulate community-based change to prevent and respond to maltreatment.

Understanding Child Maltreatment and Disability

Societal, community and family environments all combine to cause or prevent maltreatment. The presence of a disability can magnify common risk factors for child maltreatment such as poverty, social isolation, and stress. Other unique circumstances such as limited

parent understanding of the child's disability, long-term child care needs and inadequate child care or respite care for children with special needs add to the potential for child maltreatment. Children who suffer maltreatment face short- and long-term physical and emotional effects. For children with disabilities, these consequences can be greater and last longer. Injuries can be harder to diagnose and treat when they are confused or masked by features of the disability itself. There are fewer appropriate out-of-home placement options. Further, children with mental or emotional disabilities may be less likely to recognize the abuse as wrong. This results in fewer reports, fewer convictions, and delayed or no intervention for the child.

Historically, the system for child protection in Oregon has been separate from those systems that serve children with disabilities. As a result, there has been too little awareness of the vulnerability of children with disabilities to maltreatment. Services for children with disabilities and their families include special education, health care, family support, and respite care. The child protective system includes identification, investigation, treatment, placement, and prosecution.

Despite their higher risk, higher incidence, and greater vulnerability to maltreatment, children with disabilities do not receive the same level of protection as other children within the child protection system. They are less likely to:

- Have their stories believed,
- Their cases investigated, and
- Their abusers prosecuted.

This results in:

- Fewer reports,
- Fewer convictions, and
- Delayed or no treatment for the child.

Goals for Protecting Children from Maltreatment

The Alliance identified five goals and results to achieve a vision where *all children live in safe, caring communities where their development is nurtured and their families are supported.*

Goal I: STRONG, RESILIENT CHILDREN who use safety skills, disclose maltreatment if it occurs, seek help when needed, and recover quickly.

Goal II: NURTURING, SUPPORTED AND RESPONSIBLE FAMILIES who recognize and respond to maltreatment and who are supported through appropriate, accessible services.

Goal III: COORDINATED and COMPREHENSIVE SERVICES that are culturally appropriate and address the relationship between child maltreatment and disability.

Goal IV: SUPPORTIVE COMMUNITIES that are accountable for the well-being of *all* children.

Goal V: A SOCIETY THAT VALUES AND PROTECTS ALL CITIZENS through public support for maltreatment prevention and protection, and zero-tolerance for discrimination or violence.

Next Steps for Oregon

The Alliance also identified six key actions for Oregon's state-level service systems:

- **Screen for disability** in children suspected of having been maltreated;
- **Collect and analyze data** on disability status among maltreated children;
- **Develop culturally competent** systems and services;
- **Improve support services** for families of children with disabilities so they are individualized, comprehensive, seamless, and coordinated across agencies;
- **Share expertise** between child protection and disability professionals; and,
- **Train professionals** in law enforcement, the judicial system, human services, education, and health care to recognize maltreatment of children with disabilities and to address it through prevention, identification, intervention and treatment.

A community action guide accompanies the Call To Action. It is designed to encourage development of community-level coalitions and to assist communities with their local planning efforts.

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Quotes on divider pages (13, 19, 29 and 37) are from "Family Stories" in the companion document entitled, *Community Implementation Guide to Prevent Maltreatment of Children with Disabilities*

Background

Each year there are eight to ten thousand confirmed cases of child abuse and neglect in Oregon. Over the last four years, child maltreatment fatalities have ranged from seventeen to thirty-four annually.[1]

While all children are vulnerable to maltreatment, children with disabilities are abused and neglected more than other children. In fact, children with disabilities are maltreated and sexually abused almost twice as often as other children.[2] However, they are less likely to have their stories believed, their cases investigated, and their abusers prosecuted. Further, children with mental or emotional disabilities may be less likely to recognize the abuse as wrong. This results in fewer reports, fewer convictions, and delayed or no treatment for the child.

With a growing recognition of the maltreatment of children with disabilities, a group of concerned agency representatives and family members from Oregon's diverse cultural communities began meeting in the Fall of 1996 as the Oregon Alliance for Kids with Special Needs (OAKS). Agencies included representatives from child protective and disabilities organizations. Family members represented five culturally diverse communities – Hispanic, African American, Native American, Vietnamese and European American. With support from the US Administration on Developmental Disabilities, their mission was to examine how the abuse and neglect of children with disabilities could be prevented and treated within a community context.

"Whoever you are, wherever you are anywhere in America – stand up and commit to leave no child behind. If you cannot stand, raise your hands. If you cannot raise your hands, then lift your eyes or open your ears and hearts."[3]

Marian Wright Edelman

Vision

All children live in safe, caring communities where their development is nurtured and their families are supported.

This vision has guided our work. Our hope is that upon reading this report you will also commit to protect *all* children and nurture *all* families through planning, service delivery and public policy efforts within your community and in our state.

Values and Beliefs

The following values and beliefs are central to this report:

- There is no tolerance for violence within society; we develop other methods to reduce stress and conflict.
- Under given circumstances, any family is at risk for maltreating its children.
- Children live within a family, the family lives within a community, and communities make up our larger society. All environments combine to cause or prevent maltreatment.
- Society and communities prevent maltreatment by supporting *all* families as they raise their children and by helping their members learn about child development and child rearing.
- Our system of care must address the needs of *all* children, including those with special needs and those from diverse communities with services that are: ***Committed*** to ensuring children's safety and well-being.

Family-centered: services support the whole family in caring for its children. Family strengths are identified, enhanced and respected;
Accessible: communities make services available and affordable for all who need them;
Community-based: services are near to where families live and reflect the diversity of the community;
Comprehensive & coordinated: there is a range of services from education, to prevention, to intervention, that is coordinated and continues throughout the child's life span. Services are flexible and match family needs; and,
Culturally competent: providers and their agencies understand that child rearing is culturally defined. Effective services and supports are consistent with families' values and beliefs.

Purpose

The purpose of this Call to Action is to:

- Raise awareness about the relationship between disabilities and maltreatment;
- Provide information on the link between child maltreatment and disability;
- Identify gaps in services and opportunities for improvement; and,
- Stimulate community-based change to prevent maltreatment.

The Alliance shared information, assessed needs and resources across the state, held informal focus groups of families and child protective workers, and interviewed agency representatives. Our findings form the basis for this Call to Action.

"No, I did not abuse my child; yes, I was becoming very afraid that I would! There are moments as a parent, and your child just, let's say, pushes your very last button. After a long day of work; stress from being a young mom with a child who has a chronic health condition; on welfare, trying to work my way out of poverty; stressed that I felt I would never find a good man; feeling very alone; feeling very much like a worthless person, let alone a parent… anyway, I'm sure you get the picture. I felt that this was the last straw! I was going to lose it, I mean lose it! At that very moment, I knew that my daughter was the most important of my responsibilities, that I loved her immensely. There was no way in God's green earth that I wanted to hurt her. Yet, I felt alone and I knew that if I didn't get help, it could happen."

Sara J. Green

Child Maltreatment and Disability: Some Facts

Child Maltreatment Nationally

Nationally, documented incidents of child maltreatment increased by 18% between 1990-96.[5] In fact:

- Up to 14% of all children may be abused during any given year.[6]
- Child maltreatment leads to about 18,000 serious disabilities per year.[7]
- The vast majority of children are maltreated by someone they know, such as a family member or caregiver.[8]

While stories of child abuse fill the headlines, child neglect occurs at least twice as often as abuse and is under-reported.[9]

"These numbers nevertheless represent an unacceptable human tragedy we must do more to prevent."[4]

Donna Shalala, Secretary of Health and Human Services on the number of abused and neglected children

Child Maltreatment in Oregon

Oregon is experiencing a rise in both reports and substantiated cases of child abuse and neglect. Changes in mandatory reporting laws and an effective media campaign to educate citizens about child abuse have contributed to an increase in reports. Verified incidences of child fatality due to maltreatment have also been rising. This shows that Oregon's system of identifying and reporting abuse and neglect is working and helps highlight the magnitude of the problem. According to the State Office for Services to Children and Families:[11]

- In 1998, 24 children in Oregon died as a result of abuse or neglect.[12]
- In Oregon, an estimated 50 out of 1,000 children each year are reported as possible child maltreatment cases.
- In Oregon in 1998, there were 31,456 reports of maltreatment (increase of 12.3% from previous year); with 10,147 confirmed cases (4.2% increase).
- In 92% of these cases, children were maltreated by a family member.
- Substance abuse problems were found in 38% of the confirmed cases.

"I take no pride in being Governor of a state with the second highest rate per capita of abuse deaths."[10]

Gov. John Kitzhaber

Children with Disabilities

People with disabilities comprise the single largest minority group in America, totaling about 50 million people. Nationally, almost 4.5 million children, ages 6-21 years, have disabilities that qualify for special education services under the U.S. Department of Education.[13] In Oregon, approximately 66,000 children under age 18 (about 11% of Oregon children) receive these services.[14] Most children with disabilities (80%) have "invisible" conditions such as learning disabilities, speech and language disorders, mental retardation, and mental health disorders.

"If you don't have good data about the problem, good numbers, you can't possibly begin to do anything about it."[16]

Marcia E. Herman-Giddens, M.D.

Children with disabilities are particularly vulnerable to abuse and neglect. The current national data indicate that compared to other children, children with disabilities are:[15]

- 1.6 times more likely to be physically abused;
- 2.2 times more likely to be sexually abused;
- 1.8 times more likely to be neglected;
- Much more likely to be maltreated by a family member or someone they know; and,
- More likely to be abused if they have multiple disabilities versus one disability.

In Oregon, children with disabilities are:

- 5 times more likely to die of unexpected causes (accidents, homicide, suicide, undetermined) than children without disabilities.[12]

The Need for Oregon Data

Oregon does not currently collect data that link child maltreatment with disability. Without such information, Oregon cannot:

- Determine the number of abused children with disabilities;
- Identify risk factors unique to children with disabilities;
- Coordinate intervention efforts; or,
- Measure success of interventions.

These data are needed to understand the problem, target prevention and intervention efforts, measure the success of efforts, and identify future research needs.

"In the end, we will never be perfect parents. Even with all the good intentions woven into this cloth of understanding our own potential, within the process of traditional child rearing, we make mistakes. We get frustrated and angry. We feel we have failed. What we need to do when this happens is to take time out for ourselves. We need to do that activity, that prayer with sweet grass, that walk to something of beauty, to renew our spirit and to remind ourselves of the beauty of our children and of our honor in being blessed with these sacred gifts. This is what I understood when I would find my mother down in the woods, at peace with herself and at peace with me.

This is what I understand as I lie warming by the wood stove at my grandparents' surrounded by the love and laughter of all my relations."

Suzie Long Braids Kuerschner

Understanding Maltreatment and Child Disability

All environments in which children live combine to cause or prevent maltreatment. These environments include the child's family, community, and larger society.[17] Within these environments there are factors that place *all* children at risk for maltreatment.

At the individual level, a child depends on adults to meet his/her basic needs and has limited ability to understand, leave, or ask for help when maltreatment occurs.

At the family level, families are at greater risk for abuse if: a parent is abusing alcohol or other drugs; a parent was abused as a child; parents are violent with each other; the family is socially isolated; there are few supports; parents are under emotional or financial stress; the family is new to this country without familiar supports and lacks knowledge about child protection laws and child discipline practices.

At the community level, risk factors include: employer practices that do not support families; school policies that do not support families; a shortage of culturally responsive services; and, a shortage of quality crisis- and long-term placements for children or children and their families.

At the societal level, *all* children are at greater risk for maltreatment when family and community factors are compounded by economic inequities, racism, discrimination, and a tolerance for violence.

The Risks of Maltreatment for Children with Disabilities

While the risk factors that contribute to child maltreatment in *all* children apply to children with disabilities too, the presence of a disability increases both the risk of maltreatment and the impact of maltreatment in the following ways:

CHILD

- Greater dependence on caregivers for their personal needs and longer-term dependence on caregivers because they may be less in charge of their own bodies;
- Physical, cognitive, emotional/mental health disabilities that interfere with being able to understand, resist, or tell someone about abuse;
- More likely to have their symptoms of abuse or neglect ignored because their symptoms are confused with those of the disability itself; and,
- Greater isolation and fewer chances to socialize that may contribute to low self esteem and less opportunity to learn how to prevent or end abuse.

FAMILY

- Higher costs for caring for their child with special needs, including medical care, therapy, equipment, transportation, and childcare;
- More social isolation;
- More emotional stress and time pressures to coordinate care for their child's behavioral, medical, or educational needs;
- Lack of programs for parents of children with special needs; and,
- Differing cultural values and beliefs about disability and the need for intervention.

COMMUNITY

- Not enough community facilities are accessible to children with disabilities and their families;
- Few culturally-competent providers or services for children with special needs;
- Shortage of child care and respite care that accommodates children with special needs;
- School policies and procedures may not support families of children with disabilities;
- Shortage of quality crisis- and long-term placements for children with special needs;
- Lack of in-home supports for families to increase their ability to care for children with special needs at home;
- Lack of or limited services for special needs children in rural areas; and,
- Limited opportunities for children with disabilities to fully participate in their communities.

SOCIETY

- Discrimination toward people with disabilities;
- For persons from diverse cultural communities, double impact of discrimination toward people with disability and racial discrimination;
- Economic inequality for people with disabilities; and,
- Tolerance of violence toward children and adults with disabilities.

"When more people and natural community members are around, more people are attentive to the child with a disability and there are more people available to report suspected abuse."[18]

Douglas Fisher, Director Professional Development, Interwork Institute

Effects of Child Maltreatment

Children who suffer maltreatment may face short- and long-term physical and psychological consequences. For children with disabilities, these consequences can be greater and last longer because of their disability status.

All Children	Children with Disabilities
injuries	harder to diagnose and treat
psychological effects	harder to diagnose and treat
out-of-home placement	fewer placement options
stress of trial	courts may question the credibility of a child with a disability court system may not provide accommodation for the disability such as adaptive devices, videotaped testimony, etc.
continuation of abuse	continued reliance on caregivers places children at continued risk for maltreatment

Cross Cultural Collisions

Cultural misunderstandings and misinterpretations frequently occur around child care practices. This speaks to all of us committed to supporting families, protecting children, and upholding civil rights. Cultural traditions influence what we value and how we nurture and discipline our children. Within a culture, there are differences among people's values and beliefs that depend on many things, including the country and region they came from; how long they have been in this country; the reasons they immigrated; their educational level; their

language abilities; and, how much they have assimilated into the mainstream culture. Examples of cross cultural collisions around child maltreatment are:

- Physical punishment of a child that leaves a mark on the skin is illegal here; whereas in some countries, physical punishment is seen as a parent's right and responsibility. New immigrants need time, opportunity, and information to learn about our country's child discipline norms and child protection laws.

- Providers misinterpret cultural health care practices as "intent to harm" by parents. For example, placing hot coins or suction cups on the skin are practices in some South East Asian countries to draw out sickness. This practice produces bruises or burns that can result in scars, much like surgical procedures yield scars. Because coining and cupping have not been known and accepted practices here, they have been interpreted as physical abuse. Similarly, the practice of burning sage to cleanse is practiced by some Native American families. This practice of smudging produces smoke in the house that smells somewhat like marijuana. Providers unfamiliar with this practice have misinterpreted it as drug abuse.

- Concerns of child neglect arise because of differing cultural definitions of disability and different goals for individuals with disabilities. Traditionalists within some cultures view a child with a disability as one with special gifts and see no need for a cure or intervention. For this reason, a family with such beliefs may refuse help. Likewise, some holidays or cultural ceremonies may require lengthy absences from school. These absences have been interpreted as neglect because the law requires children of school age to attend school.

"Why cultural competence? Because, that's what works!"[19]

J. Pendergrass, Administrator, Juvenile Corrections Education, Special Education Oregon Department of Education

Focus groups with family members from five cultural communities (African American, Hispanic, Native American, Vietnamese, and European American) identified key factors that contribute to their family stress:[20]

- Poor access to services;
- Prevention and intervention services that are modeled on client deficits rather than strengths;
- Service providers who do not know the family's language or cultural practices;
- Mistrust between the system and diverse communities;
- Pressure to survive in a new culture;
- Government resettlement programs for new immigrants that are too brief;
- Not understanding the English language; and,
- Not knowing U.S. practices and laws.

The Need for Culturally Competent Systems and Services

Oregon's diversity is growing rapidly due to a large influx of immigrants. Oregon ranks fourth in the nation for the ratio of immigrants to total population. Ethnicity and cultural diversity is expected to double to 18% of the state's total population by the year 2025.[21] As Oregon's population diversifies with increasing numbers of Hispanics, African Americans, Native Americans, Asian/Pacific Islanders, new immigrants from Eastern Europe and others, there is a:

- Need for organizations to assess their skills and develop an organizational plan to meet the needs of this diverse population;
- Responsibility of providers to obtain training to build awareness of one's own cultural values and those of others, and the knowledge and skills to best support *all* families to care for their children;
- Opportunity for partnership among leaders of cultural communities, cross cultural experts, families from diverse cultural backgrounds, service organizations, and providers to develop culturally congruent systems and services.

The Need for Improved Family Support Services

Most maltreated children are abused by a family member. Prevention and intervention services must be built around the idea of **family support**. With child maltreatment rising, there is greater need for family support services that are:

- Individualized, flexible and built on family strengths;
- Congruent with families' cultural values and beliefs;
- Community-based;
- Comprehensive, seamless, and coordinated across agencies: they provide a range of services for the entire family that extend into the child's adulthood; and,
- Prevention-oriented: identify at-risk children and families and provide services and support before maltreatment occurs.

"If we truly want non-traditional indigenous folks to participate, we need to start with relationships and prevention, to use strength-based not deficit or stigmatic models, and to start in their homes with folks who are of the community and who have no vested interests."

Suzie Kuerschner, OAKS Family Advisory Council & Steering Committee Member

“Please remember always that the little patients that you care for are someone’s precious loved one. Do not forget this because you cannot imagine the pain it causes when you as a caregiver remember just the medical part of what you do and somehow forget the more caring aspects. We, your patients and their families, cannot hear you nor learn what we eventually need to know about our loved one’s medical condition without the caring part. We mothers, fathers, sisters, brothers, aunties, all need your caring in order not to perceive you as the enemy. In order not to say, if not out loud, then to ourselves, “just leave me alone!”

We are hanging on your every word, your every move. The “caring” aspects of what you do in the end, are as important, if not more important, than the medical knowledge and skills that you impart. Your compassion is the lifeline for your patients and their families. Speak to us from your heart, in our languages, and be respectful of our cultural values and beliefs. Find a cultural guide to help you bridge understanding and world views when you need to.”

Mrs. Irene Rojas Orozco

State Policies and Programs for Protecting *All* Children

Oregon's long history of commitment to the prevention of child maltreatment, the protection of children, and the support of families is reflected in the state's vision for the 21st Century: *safe, caring and engaged communities* for its citizens, with *strong, nurturing families, and healthy, thriving children*. Progress toward this vision is measured by the **Oregon Benchmarks** that describe the human and economic outcomes desired by the Year 2010. The Benchmarks are used by state agencies to plan and implement services. The Benchmark for reduction of child maltreatment is: *the reduction of abuse and neglect of children and youth*.[22]

If a child has been identified to be at risk for maltreatment or maltreatment is suspected or has occurred, Oregon's system of agencies, laws, and programs provide a continuum of responses aimed at prevention, intervention, and protection.

- Oregon's **Child Abuse Reporting Law** was first established in 1971 and subsequently updated; its intent is to identify children who have been abused.
- **State Office for Services to Children and Families (SCF)** was created to protect Oregon's abused and neglected children, and provide them with safe and permanent families. Programs include child protective services, foster care, adoptions, and other community care.
- **Multi-Disciplinary Child Abuse Teams (MDTs)** are mandated for each of Oregon's 36 counties. Teams bring together representatives from the District Attorney's Office, State Office for Services to Children and Families, county health departments, law enforcement, schools, juvenile court, and hospitals or clinics to coordinate child abuse, investigation, prosecution, and assessment activities.

- A growing network of community-based **Child Abuse Intervention Centers** provide multi-disciplinary services to maltreated children and their families, and are individualized to reflect local needs and resources.
- **Community Safety Nets** provide outreach and linkage to families who have been identified through the SCF Hotline to be at risk for maltreating a child.
- **Oregon Commission on Children and Families** funds programs geared to maintaining the wellness of families and supporting families in the early stages of crisis.
- The **Child Abuse Multi-Disciplinary Intervention Account (CAMI)** funds MDTs and supports community-based Child Abuse Intervention Centers. The CAMI Account is funded through fees collected from crimes.
- The **Children's Trust Fund of Oregon** provides grant funds for child abuse prevention programs throughout the state.
- A **Child Fatality Review Team** exists in every county to review child deaths and to identify child fatality prevention opportunities.
- The **State Technical Assistance Team (STAT)** collects child fatality data, including deaths due to maltreatment, and provides technical assistance to the Child Fatality Review Teams regarding prevention efforts.

Consequences of Poor Protection for Children With Disabilities: A Cascade of Injustices

Despite their higher risk, higher incidence, and greater vulnerability to maltreatment, children with disabilities do not receive the same level of protection as other children within the child protection system. They are less likely to have:

- Their stories believed,
- Their cases investigated, and
- Their abusers prosecuted.

This results in:

- Fewer reports,
- Fewer convictions, and
- Delayed or no treatment for the child[23]

"Children with disabilities are at risk for a cascade of injustices: they are more likely to be abused and neglected, less likely to realize that what they are experiencing is maltreatment, less likely to disclose abuse, and less likely to have the systems created to protect children respond to their situation and unique needs."

Mary A. Steinberg, Pediatrician

Maltreatment Prevention Services for Children with Disabilities

Services for children with disabilities and their families include special education, health care, family support (including respite care), advocacy, vocational training, and independent living as children mature. Historically, these services have functioned separately from the child protective system, with little recognition by either about the vulnerability of children with disabilities for maltreatment.

Key gaps in services include:

- Lack of screening for disabilities at the time of intake into the child protective system;
- Lack of awareness of and training on recognizing and reporting maltreatment among disabilities services, special education services, and advocacy organizations;
- Lack of awareness and training about disabilities among maltreatment investigation, assessment and treatment services;
- Differing eligibility requirements and age cut-offs for disabilities services and the child protective system;
- Prevention services (parenting support groups, respite care, and child abuse hot lines) that do not address the needs and concerns of families of children with disabilities;
- Few crisis and long-term placement options for children with disabilities.

Efforts are underway to improve continuity of care and service coordination for children with disabilities and their families:

- In July, 1998, the State Office for Services to Children and Families (SCF) began transferring responsibility for services to children with developmental disabilities and their families to the new Children with Developmental Disability Program within the Mental Health and Developmental Disabilities Services Division.

- All caseworkers within SCF's Child Protective Services Division (CPS) are required to complete a six week core curriculum CPS class that includes information about children with developmental disabilities and their families.

- SCF is giving increased attention to the need to screen for disabilities in both the child and caregivers at the time of intake.

The Need for Professional Training on Disabilities and Maltreatment

Professionals who work with children, such as health practitioners, teachers, judicial officers, attorneys, child protective workers, and law enforcement agents, are in an excellent position to identify potential or actual maltreatment, yet rarely receive the training needed to:

- Access disabilities expertise;
- Distinguish features of a disability from signs of maltreatment;
- Access and interview a child with speech or language disorder, cognitive impairment, mental illness, or an emotional disability;
- Refer the child and family for intervention and treatment;
- Provide accessible, appropriate personal safety programs for children whose disabilities affect speech, cognition or mobility.

Oregon Child Protective Services workers who attended a four-day training on maltreatment and disability cited its many benefits: [24]

- Improved screening for disability status;
- Increased knowledge of disabilities resources;
- More partnerships between and across programs and agencies;
- Greater credibility regarding disabilities expertise in testifying; and,
- Greater credibility among community partners.

The ability to recognize the presence of a disability and signs of maltreatment may not prevent the abuse from occurring, but can:

- Prevent recurrence;
- Make the offender accountable; and,
- Help the child and family get appropriate treatment.

"I had to interview an 8 year old child with autism regarding sexual abuse. I was able to do a really good interview with him. When I went to court…the attorney asked me whether I had any training. I replied, 'Yes I do, as a matter of fact.' And I had brought with me the amount of hours of training…and how we knew that children with disabilities can tell us what the truth is. It's just a matter of learning how they can report that. We won the case and that was really good."

Oregon CPS Worker

The Need for Shared Expertise in Child Maltreatment and Disability

People with expertise in disabilities and cultural competency need to be included in identification, investigation, assessment, and treatment of maltreatment through:

- Appointments to review committees;
- Staff positions with assessment and treatment centers;
- Serving as consultants on individual cases; and,
- Consulting on prevention programs.

Programs serving children with disabilities and their families must:

- Become aware of the relationship between disabilities and maltreatment;
- Address maltreatment of children with disabilities through prevention, intervention, and advocacy; and,
- Develop competence in working with families from multiple cultures.

Shared expertise across child protective and child and family disability services needs to occur through:

- Cross training, and
- Coordination of data.

"Most of the Vietnamese newcomers…feel pressure right away to look for jobs to pay their bills and make their contribution to a society that has welcomed them. However, they have not had enough time to take care of settling into their new culture, to learn its rules, and to perfect English as a second language. Though they may have been professionals in Vietnam, most become locked into swing or graveyard shifts in low paying jobs. …they haven't enough time to take care of their own children."

Hanh The Vuong

Protecting Children with Disabilities from Maltreatment

***All* children live in safe, caring communities where their development is nurtured and their families are supported.**

Preventing or intervening in child maltreatment requires an approach that addresses each level: the child, the family, the community, and society. Here are broad goals and results for each level. Because service organizations serve as a link across levels, a goal and result are included for them. The Community Implementation Guide presents specific strategies to achieve these results.

GOAL I: STRONG, RESILIENT CHILDREN

Result 1: Children with disabilities are resilient, can solve problems, and can resist maltreatment.

Result 2: Children with disabilities who have been maltreated can tell someone and get help.

Result 3: Children with disabilities who have been maltreated are able to recover quickly.

GOAL II: NURTURING, SUPPORTED AND RESPONSIBLE FAMILIES

Result 4: Family members of *all* cultures are good at parenting their children with disabilities.

Result 5: Families of *all* cultures know what behaviors constitute maltreatment in this country.

Result 6: Family members recognize child maltreatment and stop it from recurring.

Result 7: Family members who have maltreated their children are held accountable.

"Yes, I know what it [resiliency] means. It is kind of like a rubber band. You stretch it out and it snaps back. But sometimes the rubber band gets worn out and instead of snapping back, it breaks."

12 year old girl with Fetal Alcohol Related Effects

"Being able to determine where a family's beliefs are and working from there. That is what being culturally sensitive means to me."

Irene Orozco, OAKS Family Advisory Council & Steering Committee Member

GOAL III: COORDINATED, COMPREHENSIVE SERVICES FROM KNOWLEDGEABLE PROVIDERS

Result 8: Human services providers understand and address the link between child maltreatment and disability.

Result 9: Services are comprehensive, culturally competent, coordinated across agencies, and continue throughout the child's life.

Result 10: Mandatory reporters can understand and report when a child with a disability discloses maltreatment.

Result 11: Child protection experts and child disabilities experts know about the link between disability and maltreatment.

Result 12: Assessment and crisis treatment for children with disabilities who have been maltreated is available, effective, and comprehensive.

Result 13: Providers who offer on-going treatment to maltreated children with disabilities and their families provide competent and culturally appropriate care.

Result 14: Timely, stable and appropriate out-of-home placement is available for maltreated children with disabilities.

"If Oregonians want to help children of all ages, they have to better finance programs that work to help families before problems become serious and children get hurt."[25]

Ben de Haan,
Chairman,
Children's Trust Fund for Oregon

GOAL IV: SUPPORTIVE COMMUNITIES

Result 15: Communities are accountable for the well-being of all children, including those with disabilities.

Result 16: Schools foster the health and well-being of children with disabilities and their families.

Result 17: Workplaces support the needs of families of children with disabilities.

GOAL V: A SOCIETY THAT VALUES AND PROTECTS *ALL* CITIZENS

Result 18: Society values and includes its members with disabilities and their families.

Result 19: There is public support for protecting children with disabilities from maltreatment and its effects.

Result 20: There is no tolerance for abuse or neglect of any child.

"I had no idea three of five children (in abusive homes in Oregon witnessed domestic violence in 1998). This is an epidemic."[26]

Governor John Kitzhaber

> *"It is not possible for one person, one agency or service provider to hold back this torrent of injustices. But if each one of us individually or within our own agency helped stop our leak contributing to this waterfall, we can reduce it to a trickle."*
>
> *Mary A. Steinberg, Pediatrician*

THE NEXT STEP: COMMUNITIES MAKE THE DIFFERENCE

This Call to Action was written for those of you who care about protecting children, and want to include children with disabilities in your efforts. We encourage you to bring this issue to your community. Communities can be defined in many ways: by geography, by culture or ethnicity, by type or place of employment, by place of worship, by school district, or by a shared set of values and beliefs. However you may define your community, we hope that you will select the results and strategies from this Call to Action that match your community's needs and resources. Your community can play a crucial role in supporting families, protecting *all* children, and preventing child maltreatment.

A companion document entitled, *Community Implementation Guide to Prevent Maltreatment of Children with Disabilities*, is available and is intended to be a user-friendly tool for community-based intervention. It encourages the development of community-level coalitions and outlines steps for developing and implementing a community plan tailored to the specific needs and resources of individual communities. It also offers family stories to fuel your efforts and provides a directory of statewide and national resources. (See page 2 of this document for access information.)

References

1. Oregon's State Office for Services to Children and Families (1998). Child Abuse and Neglect Report. The Status of Children in Oregon's Child Protection System. Salem, OR.

2. Westat, Inc. (1993). A Report on the Maltreatment of Children with Disabilities. Washington, DC: National Center on Child Abuse and Neglect.

3. E. Wright Edelman, M. (1998). Stand for Children. New York: Hyperion Books for Children.

4. Shalala, D., Secretary of Health and Human Services, public statement cited in: Srinivasan, K. (1999, April 2). "Reports of child abuse continue to ebb, U.S. says". The Oregonian.

5. U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect (1998). Child Maltreatment 1996: Reports from the States to the National Child Abuse and Neglect Data System. Washington, DC: U.S. Government Printing Office.

6. Straus, M.A., Gelles, R.J., and Steinmetz, S. (1980). Behind Closed Doors: Violence in the American Family. Garden City, NY: Doubleday/Anchor.

7. National Center on Child Abuse and Neglect (NNCAN), U.S. Dept. Of Health and Human Services (HHS) (1996). Third National Incidence Study (NIS - 3) of Child Maltreatment.

8. Taylor, K. (1999, February 27). State sees more neglected children, many left to wander. The Oregonian.

9. Children's Services Division, Oregon Department of Human Resources (1993). Task Force Report on Child Fatalities and Critical Injuries Due to Abuse and Neglect. Salem, OR.

10. Governor John Kitzhaber cited in: Taylor, K. (1998, May 2). "Shame and hope fill foster care summit." The Oregonian.

11. Oregon's State Office for Services to Children and Families (1998). Child Abuse and Neglect Report. The Status of Children in Oregon's Child Protection System. Salem, OR.

12. Child Death in Oregon, 1998; Oregon Child Fatality Review Team Annual Report. Oregon Department of Human Services, Oregon Health Division.

13. U.S. Department of Education (1995). Seventeenth Annual Report to Congress on the Implementation of the Individuals with Disabilities Act. Washington, DC: U. S. Department of Education.

14. Oregon Department of Education Early Intervention/Early Childhood Special Education and School-Age Special Education figures for December, 1997

References

15. Sullivan, P. M., Knutson, J. F., Scanlan, J. M. and Cork, P. M. (Submitted Feb. 20, 1997). Maltreatment of Children with Disabilities: Family Risk Factors and Prevention Implications. Journal of Child Centered Practice.

16. Herman-Gibbens, M.E., (1999, August 4). "Study finds fatal child abuse under-reported." San Francisco Chronicle.

17. Sobsey, D. (1994). Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance? Paul H. Brookes Publishing Company.

18. Fisher, D., Director Professional Development, Interwork Institute. (1999, September). Personal communication.

19. Pendergrass, J., Administrator, Juvenile Corrections Education, Special Education, Oregon Department of Education (1999, June), personal communication.

20. OAKS Family Advisory Council Meeting (1998, July 16). Focus group sharing personal stories (Cassette Recording).Portland, OR.

21. Portland State University Center for Population Studies.

22. Oregon Progress Board (1989). Oregon Shines. Salem, OR.

23. Steinberg, M. A. and Hylton, J. R. (1998). Responding to Maltreatment of Children with Disabilities, A Trainer's Guide. Portland, OR: Oregon Institute on Disability & Development, Oregon Health Sciences University.

24. Child Protective Services Workers quarterly meeting (1998, June). Work Group on Maltreatment and Disabilities focus group discussion. Bend, OR.

25. Ben de Haan, Chairman Children's Trust Fund for Oregon cited in: Taylor, K. (1999, March 18). "Abused toddlers replacing teenagers in foster care." The Oregonian.

26. Governor John Kitzhaber referencing the Governor's Council on Domestic Violence Report, 1998, cited in: The Associated Press, (1999, April 1). "Study finds domestic violence prevalent." The Oregonian.

Glossary

The Oregon Child Abuse Reporting Law, ORS 418.740-418.755 states that: Suspected maltreatment of children (any unmarried persons who are less than 18 years old), including children who reside in group homes or institutions, must be reported according to this law. The Oregon Administrative Rules includes policies applicable to maltreatment of adults with developmental disabilities, mental illness, and persons over age 65 years. Oregon Administrative Rules DO NOT supersede the Oregon Child Abuse Reporting Law.

Child maltreatment: Physical, sexual, and/or mental abuse, or neglect for anyone who is unmarried and under the age of eighteen. According to Oregon's Child Abuse Reporting Law, abuse means:

1. Any assault of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given of the injury.
2. Any mental injury to a child, which shall include only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.
3. Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest.
4. Sexual abuse.
5. Sexual exploitation, including but not limited to:
   a. Contributing to the sexual delinquency of a minor and any other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition which, in whole or in part, depicts sexual conduct or contact or sexual abuse involving a child or rape of a child.
   b. Allowing, permitting, encouraging or hiring a child to engage in prostitution.
6. Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care. However, any child who is under care or treatment solely by spiritual means pursuant to the religious beliefs or practices of the child or the child's parent or guardian shall not, for this reason alone, be considered a neglected or maltreated child under this section.
7. Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.
8. Buying or selling a person under 18 years of age.

Cultural competence: A set of behaviors, attitudes, and policies that come together in a system, agency or among professionals, and enable that system, agency or those professionals to work effectively in cross-cultural situations.

Disability: Any cognitive, learning, emotional, mental health, communicative and/or physical conditions that cause one to need extra supports in order to do the same activities that other people do, including protecting oneself from or reporting to another episodes of abuse or neglect.

Family-center care: Family-centered care is a system-wide approach to health care based on the assumption that the family is the child's primary source of strength and support. The goal of family-centered care is to include families as full partners in children's care.

Mandatory Reporter: Certain public or private people, referred to as mandatory reporters, are required by Oregon law to report suspected child abuse and neglect. These people are required to report because they have frequent contact with children and are able to identify children who are at risk of abuse and neglect. In addition, all Oregonians are encouraged to report suspected cases of abuse and neglect.

An oral report by telephone or otherwise may be made to the local office of the State Office for Services to Children and Families or to a law enforcement agency within the county where the person making the report is at the time of the contact. A law enforcement agency can be defined as a local police department, county sheriff, county juvenile department, or Oregon State Police.

Mandatory Reporters are:

1. Physician, including intern or resident
2. Attorney
3. Naturopathic physician
4. Firefighters
5. Emergency medical technician
6. Licensed professional counselor
7. Licensed marriage and family therapist
8. Licensed practical nurse or registered nurse
9. Court appointed special advocate, as defined in ORS 412A.004
10. Certified provider of day care, foster care, or an employee thereof
11. Employee of the Department of Human Resources, State Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, county health department, community mental health and developmental disabilities program, a county juvenile department, a licensed child-serving agency, or an alcohol and drug treatment program.
12. Chiropractor
13. Dentist
14. School employee
15. Peace officer
16. Psychologist
17. Clergyman
18. Licensed clinical social worker
19. Optometrist

A psychiatrist, psychologist, clergyman, or attorney, however, shall not be required to report information communicated to them by a person if the communication is privilege under ORS 40.225 to 40.295.

The penalty for mandated reporters who fail to report a suspected victim of child abuse (ORS 419B.035(5) is a fine not exceeding $1,000.

Resilience: The tendency to rebound or recover from stressful experiences and resume normal functioning.

OHSU includes the schools of dentistry, medicine and nursing; University Hospital; Doernbecher Children's Hospital; dozens of primary care and specialty clinics; three research institutes; and several outreach and public service units.

OHSU is an equal opportunity, affirmative action institution.

April 2000/10