



Complete Summary

GUIDELINE TITLE

Maltreatment of children with disabilities.

BIBLIOGRAPHIC SOURCE(S)

Hibbard RA, Desch LW, American Academy of Pediatrics Committee on Child Abuse and Neglect, American Academy of Pediatrics Council on Children With Disabilities. Maltreatment of children with disabilities. Pediatrics 2007 May;119(5):1018-25. [39 references] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: American Academy of Pediatrics: Committee on Child Abuse and Neglect and Committee on Children With Disabilities. Assessment of maltreatment of children with disabilities. Pediatrics 2001 Aug;108(2):508-12.

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SCOPE

DISEASE/CONDITION(S)

Maltreatment of children, including those with disabilities

Note: For purposes of this report, the terms "disability" and "special health care needs" include the full spectrum of physical, mental, and emotional impairment.

GUIDELINE CATEGORY

Evaluation
Prevention
Risk Assessment
Screening
Treatment

CLINICAL SPECIALTY

Family Practice
Pediatrics
Preventive Medicine
Psychology

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Nurses
Physician Assistants
Physicians
Social Workers

GUIDELINE OBJECTIVE(S)

- To increase awareness and provide education to pediatricians regarding risk factors of child abuse and neglect
- To ensure that children with disabilities are recognized as a population that is also at risk of maltreatment
- To present recommendations for early recognition, intervention, early detection and prevention of child abuse and neglect in this population

TARGET POPULATION

Children and adolescents with disabilities, including physical, mental, and emotional impairment

INTERVENTIONS AND PRACTICES CONSIDERED

Screening

1. Assessment of:
 - Signs and symptoms of child maltreatment
 - Disabling conditions that can mimic child abuse
 - Family's strengths and need for resources
2. Evaluation of maltreated child for disabilities

Prevention

1. Provision of:
 - Emotional support
 - Needed equipment and resources to children and families
2. Treatment plans and collaborative team approach
3. Advocacy for:
 - Children with disabilities or special health care needs
 - Changes in state and local policies
 - Positive behavioral supports and elimination of aversive techniques
 - Better health care coverage

MAJOR OUTCOMES CONSIDERED

- Causal factors related to child maltreatment
- Incidence of maltreatment in children with disabilities

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. Be capable of recognizing signs and symptoms of child maltreatment in all children and adolescents, including those with disabilities.
2. Be familiar with disabling conditions that can mimic abuse or pose an increased risk of accidental injury that can be confused with abuse.
3. Because children with disabilities are at increased risk of maltreatment, remain vigilant not only in assessment for indications of abuse but also in offerings of emotional support and provision of equipment and resources to meet the needs of children and families.
4. Ensure that any child in whom maltreatment has been identified is evaluated thoroughly for disabilities.
5. Advocate for all children, especially those who have disabilities or special health care needs, to have a medical home. (Medical Homes Initiatives for Children with Special Needs Advisory Committee & American Academy of Pediatrics, 2002) If a child is hospitalized and does not have a medical home, the inpatient attending physician can help the family secure one before discharge, preferably as early as possible in the hospital course. (Percelay & American Academy of Pediatrics, 2003)
6. Be actively involved with treatment plans developed for children with disabilities and participate in collaborative team approaches.
7. Use health supervision visits as a time to assess a family's strengths and need for resources to counterbalance family stressors and parenting demands.
8. Advocate for changes in state and local policies in which system failures seem to occur regarding the identification, treatment, and prevention of maltreatment of children with disabilities.
9. Advocate for the implementation of positive behavioral supports and elimination of aversive techniques and unnecessary physical restraints in homes, schools, and other educational and therapeutic programs (both public and private), institutions, and settings for children who have disabilities.

10. Advocate for better health care coverage by both private insurers and governmental funding.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate assessment of maltreatment of children with disabilities may lead to early recognition and intervention of child abuse and neglect, as well as prevention of child maltreatment

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Aug (revised 2007 May)

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics (AAP)

GUIDELINE COMMITTEE

Committee on Child Abuse and Neglect
Committee on Children with Disabilities

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from the American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on May 7, 2002. The information was verified by the guideline developer on June 11, 2002. This NGC summary was updated by ECRI Institute on September 4, 2007. The updated information was verified by the guideline developer on September 18, 2007.

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