



The Risk and Prevention of Maltreatment of Children With Disabilities

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Background and Research

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Child abuse and neglect can affect any child, but children with disabilities are at greater risk of maltreatment than children without disabilities. This bulletin for professionals describes the scope of the problem, risk factors, and strategies for prevention. It is divided into two sections, *Background and Research* and *Promising Practices*. The first section examines the problem in terms of the statistics and research and highlights what might be happening with the families you serve. The second section offers tips to identify and assess abuse and neglect in children with disabilities, respond collaboratively, and locate training resources.



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DEFINITIONS

Child maltreatment is generally defined using the Federal Child Abuse Prevention and Treatment Act (CAPTA): “The term ‘child abuse and neglect’ means, 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” (42 U.S.C.A. §5106g).

Each State provides definitions of child maltreatment in law, most commonly in four categories: physical abuse, sexual abuse, neglect, and emotional maltreatment.

As it relates to children, **disability** is generally defined in Federal law by the Individuals With Disabilities Education Act (IDEA): “The term ‘child with a disability’ means a child with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, . . . orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities, and who, by reason thereof, needs special education and related services” (20 U.S.C. §1401(3) (A)).

For IDEA definitions of types of disabilities, visit: <http://idea.ed.gov/explore/view/p/%2Croot%2Cregs%2C300%2CA%2C300%252E8%2Cc%2C>

Background and Research

The following section presents an overview of research and current trends in maltreatment of children with disabilities, focusing on statistics, the relationship between maltreatment type and disability type, and risk factors. This information is intended to help professionals better understand the prevalence of maltreatment of children with disabilities and identify common factors that may increase risk.

The Scope of the Problem

Estimates vary greatly regarding the number of children with disabilities in the general population, depending in part on how disability is defined. According to the U.S. Census Bureau, nearly 4 percent of children have a disability (2009).

In 2009, there were 9.3 unique victims of child maltreatment per 1,000 children in the population (U.S. Department of Health and Human Services, 2010). Because States are not required to submit data on the disability status of abused or neglected children, variation in the way States define and collect these data makes it difficult to accurately estimate the rates of maltreatment among children with disabilities.

National and State Statistics

The annual *Child Maltreatment* report from the Children’s Bureau, U.S. Department of Health and Human Services (HHS), compiles and analyzes data from the National Child Abuse

and Neglect Data System (NCANDS) on the abuse or neglect of children who come to the attention of child protective services.

- According to *Child Maltreatment 2009*, 11 percent of child maltreatment victims had a reported disability (U.S. Department of Health and Human Services, 2010). The estimate is based on roughly 484,000 victims in 42 States that submitted some data on child disability status.
- A special analysis of data from *Child Maltreatment 2004* revealed that children with a disability were 1.68 times more likely to experience abuse or neglect than children without a disability (U.S. Department of Health and Human Services, 2006).

Other sources provide similar data:

- HHS's National Incidence Study of Child Abuse and Neglect (NIS), reporting on data from 2005 and 2006, found that children with disabilities had overall lower rates of maltreatment compared to the general population but were 1.5 times more likely to be seriously harmed by the abuse or neglect they experienced (Sedlak et al., 2010).
- A multistate analysis of repeated child abuse victimization found that children with an indication of disability were 1.5 times more likely to experience substantiated maltreatment 2 years after their first report (Fluke et al., 2008).
- An Illinois study found children with a behavioral health condition who were maltreated before age 3 were 10 times more likely to be maltreated again (Jaudes & Mackey-Bilaver, 2008).

- Sullivan and Knutson (2000) examined data on all children enrolled in public schools and early intervention programs in Omaha, NE, and found that children with disabilities were 3.4 times more likely to be maltreated than children without disabilities.

Despite these findings, a lack of consistent national and international data concerning the incidence of maltreatment among children with disabilities represents a major barrier to designing, implementing, and evaluating prevention programs and services for this population (Horner-Johnson & Drum, 2006; Kendall-Tackett et al., 2005; Marge, 2003).

Relationship Between Type of Maltreatment and Type of Disability

Some studies have explored the relationship between the type of child maltreatment and type of disability. Sullivan and Knutson (2000) found that children with disabilities often experience multiple types of maltreatment and that neglect is the most common. Performing a special analysis of 2005 NCANDS data, Taylor (2009) also found children with disabilities were more likely to experience neglect than children without disabilities. The table on the following page summarizes Taylor's results.

Children With or Without Disabilities and Type of Maltreatment (Taylor, 2009)

	Neglect	Physical abuse	Sexual abuse	Psychological/ emotional abuse	Medical neglect
Children with disabilities	57.4%	25.8%	8.8%	4.4%	3.5%
Children without disabilities	51.3%	30.1%	11.6%	4.7%	2.3%

Several studies found children with emotional or behavioral disorders were at the greatest risk for maltreatment (Govindshenoy & Spencer, 2006; Helton & Cross, 2011; Jaudes & Mackey-Bilaver, 2008; Sullivan & Knutson, 2000). Another literature review concluded that children with communication or sensory impairments and learning disabilities were at increased risk for abuse (Stalker & McArthur, 2010). Two more recent studies found that children with mild impairments are at greater risk for maltreatment than those with more severe impairments (Fisher et al., 2008; Helton & Cross, 2011).

All these studies underscore the importance of rejecting the use of a global idea of “disability” in research; there are nuances in the type of abuse children experience in relation to their disability and the severity of the disability (Helton & Cross, 2011).

Risk Factors

While no single factor places a child at risk for abuse or neglect, the interaction of factors seems to increase risk. Some common

factors that increase risk of maltreatment for *all* children, regardless of disability status, include:

- Parent’s experience of maltreatment as a child
- Parent’s negative attitude toward the child or lack of knowledge of child development
- Parental substance abuse, depression, anxiety, or antisocial behavior
- Single-parent households
- Poverty or unemployment
- Social isolation or lack of support
- Family violence or violence in the community (Goldman et al., 2003)

In addition, there are a number of risk factors related to society, families and parents, children, and nonfamilial caregivers that place children with disabilities at risk for abuse or neglect.

Societal Risk Factors

Many researchers believe societal attitudes and limited knowledge regarding children with disabilities place them at greater risk for abuse or neglect. Described below are some

societal risk factors for maltreatment among this population:

- When children with disabilities are separated from their peers, it makes them seem “different” and unworthy of the same social or educational opportunities (Steinberg & Hylton, 1998).
- By devaluing the contributions of children with disabilities to society, it becomes more acceptable to treat them poorly or use violence (Sobsey, 1994; Steinberg & Hylton, 1998).
- The belief that caregivers would never harm children with disabilities results in lack of attention to the problem (Sobsey, 1994).
- When children with disabilities are viewed as asexual, it may lead caregivers to deny them sex education that could help prevent abuse (Steinberg & Hylton, 1998).
- By believing some children with disabilities do not feel pain, unnecessarily harmful therapies may be used (Steinberg & Hylton, 1998).
- Children with disabilities who internalize the above societal attitudes may feel shame or feel less worthy of being treated respectfully (National Resource Center on Child Sexual Abuse, 1994).
- A lack of training impacts the ability of social workers, teachers, and other professionals to identify and report suspected maltreatment of children with disabilities (Hibbard & Desch, 2007; Kenny, 2004; Manders & Stoneman, 2009).

LANGUAGE AND TERMINOLOGY

The following resources may help professionals understand the numerous terms and abbreviations used when working with children with disabilities.

Disabilities

The National Dissemination Center for Children With Disabilities

<http://nichcy.org/disability>

Summarizes information on the full spectrum of child disabilities, addresses categories of disabilities defined in Federal law, and links to numerous State and national support organizations.

Disability Jargon

New York State Office of Children and Family Services

<http://childabuse.tc.columbia.edu/disabilityjargon.jsp>

Lists specific conditions, Federal laws, and common abbreviations when working with children with disabilities.

Assistive Technology Glossary

The Family Center on Technology and Disability

<http://www.fctd.info/factsheet/glossary>

Defines assistive technologies for individuals with disabilities and describes their use.

Family or Parental Risk Factors

One of the most frequently cited family or parental risk factors for the maltreatment of children with disabilities is the increased stress of caring for a child with special needs and coping with challenging behaviors. The following risk factors summarize issues related to the family's reaction to the child with a disability and the parent's knowledge and skills to care for the child:

- The family views the child as "different," sees the disability as an embarrassment, or mourns the loss of a "normal" child (Burrell et al., 1994; Rycus & Hughes, 1998).
- The parent lacks the skills, resources, or supports to respond to the child's special needs and provide adequate care or supervision (Ammerman & Baladerian, 1993; Fisher et al., 2008; Hibbard & Desch, 2007).
- The parent is unaware his or her child with disabilities is at greater risk of maltreatment and may be unprepared to identify and protect the child from risky situations (Johnson, 2011).
- The parent of a child who exhibits challenging behaviors may be more likely to exert unnecessary control or use physical punishment (Helton & Cross, 2011; Mandell et al., 2005; Sedlak et al., 2010).
- The parent of a child with disabilities who is unresponsive, unaffectionate, or exhibits behavior problems may have difficulty forming a strong attachment with the child; frequent hospitalizations may also weaken the parent-child attachment (Ammerman & Patz, 1996; Sobsey, 1994; Tomison, 1996).
- The cost of ongoing treatment or care for a child with disabilities may put a financial strain on the family or affect parental job stability (Fisher et al., 2008; Washington, 2009).

Child-Related Risk Factors

There are numerous risk factors for maltreatment that address characteristics of the child with a disability; most of them relate to the way individuals respond to or care for children with disabilities. Although children are not responsible for being victims of maltreatment, the following factors place them at greater risk:

- Boys with disabilities or children with disabilities who are in preschool or younger are more likely than children without disabilities to be abused (Algood et al., 2011; Stalker & McArthur, 2010; Sullivan & Knutson, 2000).
- Children who exhibit challenging behaviors or have intensive needs may overwhelm caregivers (Ammerman & Patz, 1996; Fisher et al., 2008).
- Children with disabilities who rely on caregivers for their daily needs may not know when behavior is inappropriate or may have been taught to obey caregivers' demands (Hibbard & Desch, 2007; National Resource Center on Child Sexual Abuse, 1994; Steinberg & Hylton, 1998).
- Emotional dependence on caregivers may prevent children from attempting to stop the abuse or neglect because they fear losing the relationship (National Resource Center on Child Sexual Abuse, 1994; Tobin, 1992).

- The nature of some children’s disability may prevent them defending themselves, escaping from the abusive situation, or reporting the abuse; this may cause potential perpetrators to believe they can “get away with it” (Ammerman & Patz, 1996; Wolcott, 1997).

Risk Factors for Institutional and Nonfamilial Maltreatment

Although maltreatment is most often perpetrated by family members, children with disabilities are also at risk when they being are cared for by others. Listed below are risk factors for children with disabilities in institutions or being cared for by nonfamilial caregivers:

- An abusive subculture that allows for extreme power and control inequities between caregivers and children
- Dehumanization and detachment from the children
- Clustering vulnerable children with others who might harm them and tolerating inappropriate behavior among children
- Isolating children or allowing little to no outside contact
- Lack of procedures for reporting abuse or monitoring investigations of abuse (Sobsey, 1994; Steinberg & Hylton, 1998)

Promising Practices

The following section highlights program examples, collaborative responses, and various prevention methods that may help you, families, caregivers, educators, and others avert the risk or occurrence of maltreatment. Additionally, this section points to common signs of abuse or neglect, resources, and training specific to addressing maltreatment of children with disabilities.

Prevention

Considering the increased risks faced by children with disabilities, efforts to prevent maltreatment should be coordinated and multifaceted. Prevention may be aimed at the general public or targeted specifically to families at risk of child maltreatment or involved with the child welfare system. Approaches may be parallel, in which separate programs are implemented for children with disabilities, or integrated, in which the needs of children with disabilities are accommodated in programs serving all children.

This section looks at prevention at the societal or community level, followed by family-focused and child-focused prevention efforts and prevention of nonfamilial maltreatment.

Societal and Community-Level Prevention

One of the first steps in prevention is raising awareness of the problem. Heightened awareness can lead to more funding for research and better programming to prevent and combat the problem. The following

strategies can help change societal attitudes about children with disabilities:

- **Help others see children with disabilities as valued and unique individuals.** Counteract negative attitudes by discussing the strengths of children with disabilities and their families and the unique perspectives they bring to their communities.
- **Promote inclusion of children with disabilities into everyday life.** Identify and address physical and social accessibility for children with disabilities and their families (e.g. access to public buildings and parks, equal opportunities to participate in sports or social events).
- **Develop leadership skills in parents and family members of children with disabilities.** They can be powerful advocates for promoting the safety of their children and all children in the community.
- **Share responsibility for the well-being of children with disabilities.** Publish a “report card” on the well-being of the community’s children and families, including children with disabilities and their families.
- **Encourage workplaces and local businesses to establish family-friendly policies,** including specialized supports for families of children with disabilities.

Family-Focused Prevention

Because parents and other primary caregivers spend the most time with their children, prevention programs often focus on services to families. Services can either be offered to all families that have children with disabilities or to families considered to be at risk of maltreating their children. Parents of children

EXAMPLE OF SOCIETAL AND COMMUNITY-LEVEL PREVENTION

Every Child Special — Every Child Safe

Oregon Alliance for Kids With Special Needs (OAKS)

<http://www.ohsu.edu/research/oidd/oakpublication.cfm>

Describes a program to protect children with disabilities from maltreatment by focusing on five goals: strong, resilient children; nurturing, supported, and responsible families; coordinated and comprehensive services; supportive communities; and a society that values and protects all citizens. Download a “call to action” and community implementation guide on the OAKS website.

involved with the child welfare system can also benefit from prevention programs, particularly to reduce the risk of repeat maltreatment. Families of children with mild and severe impairments should be included in programs, since research shows children with mild impairments are sometimes at greater risk of maltreatment.

Below are strategies for supporting families of children with disabilities to reduce the risk of abuse or neglect:

- **Increase parent knowledge of child development and issues specific to the child’s disability.** Connect the family to appropriate treatment services and a disability professional who can support the family in providing proper care and adapting parenting skills to the child’s unique needs.

- **Strengthen parent-child interactions** by teaching parents communication techniques and equipping them with alternative communication devices, if needed. Supporting positive interactions can reduce frustration and improve attachment.
- **Offer a home visiting program** in which professional or paraprofessional staff visit families to provide in-home services. The visitor can develop a relationship with the family in order to assess their strengths and needs, improve positive parenting strategies, and connect them to needed support. Find information on a Federal initiative to generate knowledge of home visiting practices and models on the Supporting Evidence-Based Home Visiting website: <http://www.supportingebhv.org>
- **Organize parent support groups** where parents can share their experiences in a supportive group setting. Parents can trade information on resources, problem-solve issues related to their child's disability, and create informal support networks. In addition to connecting parents to national support organizations like Parents Anonymous® (<http://www.parentsanonymous.org>) or Circle of Parents® (<http://www.circleofparents.org>), help parents identify supports specific to their child's disability when possible.
- **Coordinate respite care** to provide parents with short-term child care services. Whether it is planned or offered during times of crisis, taking a break from the demands of caring for a child with disabilities can help parents reduce stress and the risk of abuse or neglect. Help families locate respite services on the ARCH National Respite

Coalition website: <http://www.archrespite.org/respitelocator>

- **Prevent repeat maltreatment** by working with the family to address attitudes toward physical punishment and identify alternative behavioral management strategies. Reduce family stressors by providing financial, child care, and other concrete supports.

Overall, research shows that using a strengths-based approach to working with children and families is an effective child abuse prevention strategy. Rather than focusing solely on the family's needs and risk factors for maltreatment, recent prevention resource guides from the Children's Bureau encourage professionals to promote protective factors that strengthen families so they can better care for their children. For more information, read *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2012 Resource Guide* by Child Welfare Information Gateway et al.: <http://www.childwelfare.gov/preventing/preventionmonth/guide2012>

Child-Focused Prevention

In the past, the mistaken belief that children with disabilities are not vulnerable to abuse or neglect and do not need information about it has kept some parents and professionals from communicating openly with children on the subject. Most researchers now agree that teaching children with disabilities about the risks of abuse and neglect as well as ways to communicate with others can help reduce maltreatment among this population of children. Summarized below are some prevention strategies when working with children with disabilities:

EXAMPLES OF FAMILY-FOCUSED PREVENTION

The Medical Home Model

American Academy of Pediatrics

<http://www.medicalhomeinfo.org>

Presents a family-centered approach in which pediatric professionals partner with families to coordinate and provide access to specialty health care, educational services, out-of-home care, and other community supports.

PACER Center

<http://www.pacer.org>

Offers numerous programs and informational materials for families of children with disabilities, such as State Parent Centers for training and support, the Let's Prevent Abuse puppet show, and the National Bullying Prevention Center.

The Arc State Chapters

<http://www.thearc.org/page.aspx?pid=2437>

Provides individualized supports and services to people with intellectual or developmental disabilities and their families.

- **Help children protect themselves.** Hold regular trainings to share information about abuse and neglect and talk about feelings children may experience if abuse is attempted. Help children understand how to identify it, respond to it, and tell others.
- **Teach children about their, and others', bodies and sexuality.** Review the proper names for body parts and functions. Explain the difference between appropriate and inappropriate social or sexual behavior.

- **Reduce children's social isolation.** Ensure children with disabilities are included and feel welcome at all activities. Support them as they form and strengthen relationships with peers and trusted adults.
- **Maximize children's communication skills and tools.** Practice communication skills with them. Model healthy relationships and positive interactions with other children and adults.
- **Involve parents in their children's education.** Inform them when their children learn about abuse or sexuality; offer them the same training materials. Provide strategies for parents to reinforce the lessons at home.
- **Ensure prevention programs are inclusive and appropriate to children's ability levels, culture, and gender.** Remember that some children may need to be trained more frequently in order to retain the information.

Prevention of Nonfamilial Maltreatment

To prevent the abuse or neglect of children with disabilities in institutional settings, managers and workers may consider implementing the following strategies:

- **Carefully screen job applicants** for experience working with children with disabilities and for prior reports of maltreatment.
- **Train staff** in positive behavior management techniques that limit the use of restraint or seclusion.
- **Maintain effective staff/child ratios** and set realistic expectations for staff responsibilities.

EXAMPLES OF CHILD-FOCUSED PREVENTION

Kidpower Teenpower Fullpower International

<http://www.kidpower.org>

Offers programs for children and youth, including those with special needs, on personal safety and strategies to prevent or respond to child abuse, bullying, and other threatening situations.

Kid and Teen Safe

SafePlace: Domestic Violence and Sexual Assault Survival Center (Austin, Texas)

http://new.vawnet.org/Assoc_Files_VAWnet/NRC_KTSafe-full.pdf

Presents a training curriculum that empowers children with disabilities with information on personal safety, healthy sexuality, and harassment; trains professionals and families about risk factors and indicators of abuse; and offers access to a library of curricula, books, and videos.

- **Provide strong supervision and support** that emphasizes a culture of child protection and relationship-building between staff and children.
- **Establish procedures and staff training** on how to identify and report suspected maltreatment.
- **Ensure an open environment** that welcomes families and allows for unannounced checks by external reviewers.

Families can also take the following actions to help prevent abuse or neglect by other caregivers of their children:

- **Ensure caregiver knowledge of the child's special needs** and strategies for managing behaviors.
- **Be familiar with the child's caregivers;** know their caregiving techniques and routines.
- **Maintain an open relationship** in which concerns can be addressed.
- **Discuss abuse awareness** with caregivers; help them locate training opportunities.
- **Inform caregivers the child has been trained** in abuse prevention techniques.

EXAMPLE OF PREVENTION OF NONFAMILIAL MALTREATMENT

Safeguarding Disabled Children in Residential Special Schools

National Society for the Prevention of Cruelty to Children & Council for Disabled Children (United Kingdom)

http://www.nspcc.org.uk/Inform/publications/downloads/safeguardingdisabledchildren_wdf48136.pdf

Identifies and describes promising practices for the care and protection of children with disabilities in institutional settings.

Identification and Assessment

The most common signs of abuse or neglect are described in Information Gateway's *Recognizing Child Abuse and Neglect: Signs and Symptoms* (<http://www.childwelfare.gov/pubs/factsheets/signs.cfm>). Listed below are practice tips for assessing potential abuse or neglect in children with disabilities:

- **Improve assessment accuracy** by collaborating with a disability professional. Some signs of abuse and neglect can be confused with symptoms of a child's disability. For a list of possible causes for concern in the development of children and youth, see the chart "Child Development, Parenting Strategies, and Causes for Concern, 0-18 years" in Information Gateway's *Supporting Brain Development in Traumatized Children and Youth* (<http://www.childwelfare.gov/pubs/braindevtrauma.cfm>).
- **Determine issues that may affect the assessment**, such as communication limitations or behavioral challenges. Adapt the structure or location of the interview and equip yourself with appropriate tools and strategies to address the issues.
- **Assess interactions between the parent and child** as well as the parent's attitude toward the child for possible signs of maltreatment. Children with disabilities may be more dependent on their caregiver to address their daily needs, which sometimes strains the parent-child relationship.
- **Offer multiple and varied opportunities for a child with disabilities to self-report abuse or neglect.** Studies show that children with disabilities do not disclose abuse as frequently as their peers, and when they do, they delay the disclosure for at least a month after the abuse occurred (Stalker & McArthur, 2010). Some children with disabilities may have difficulty communicating their experience of abuse or neglect due to symptoms of their disability or lack of connection to a trusted adult.

The examples in the Training section, below, offer checklists and other materials to prepare for a successful assessment or investigation with a child with disabilities.

Our understanding of the maltreatment of children with disabilities could be greatly improved by more systematic collection of information on children's disabilities during investigation. Agency managers may consider including a question about disability in their agency's screening or assessment tools. If a child has a disability, Kendall-Tackett et al. suggest asking basic follow-up questions regarding the disability's severity, age of onset, and potential causes (2005). Regardless of the child's disability status, a referral should be made to early intervention services and/or the developmental disability agency for a more thorough assessment.

Childhelp® operates a national child abuse hotline that offers specialized services for individuals who experience any kind of disability, but primarily those with hearing loss. Call 1.800.222.4453 or visit the Childhelp web section on Hotline Services (<http://www.childhelp.org/pages/hotline-services>) for more information.

For more resources, read Information Gateway's Disabilities/Special Needs related organizations list: http://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?subjID=3&rate_chno=11-11286

Collaborative Responses

Service coordination is critical to address the multiple needs of maltreated children with disabilities. As required by the IDEA, all families of children with disabilities from birth to age 5 should have an individualized family service plan (IFSP); school-age children should have an IEP that assesses strengths and needs and determines appropriate services and support. The IFSP or IEP should be developed collaboratively with the child's parents and other key stakeholders to address goal setting, planning, and coordination and monitoring of services. The IFSP or IEP coordinator can help ensure the family has access to an array of services.

To improve collaboration and coordination of services between child welfare and developmental disability agencies, as well as the numerous related professionals who

RELATED LEGISLATION

Listed below are some of the major Federal laws impacting services to children and youth with disabilities to take into consideration when serving this population.

Americans With Disabilities Act (ADA)

<http://www.ada.gov>

Guarantees civil rights protections and equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications.

Individuals With Disabilities Education Act (IDEA)

<http://idea.ed.gov>

Requires public schools to make available to all eligible children with disabilities a free appropriate public education in the least restrictive environment appropriate to their individual needs. IDEA mandates that schools collaboratively develop an individualized education program (IEP) of special education and related services.

Developmental Disabilities Assistance and Bill of Rights Act of 2000

<http://www.acf.hhs.gov/programs/add/addpolicy.html>

Ensures that individuals with developmental disabilities and their families participate in the design of and have access to individualized services and supports that promote independence, productivity, and integration in all facets of community life through culturally competent programs authorized under the Act.

RELATED LEGISLATION (CONT.)

Health Insurance Portability and Accountability Act (HIPAA)

<http://www.hhs.gov/ocr/privacy/hipaa/understanding>

Establishes standards for the privacy and security of individually identifiable health information and rules for information sharing.

Family Educational Rights and Privacy Act (FERPA)

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Offers parents and eligible students certain rights to review their education records and establishes specific conditions under which schools may disclose student information with or without written consent.

For more information on laws affecting children and youth with disabilities, visit the Disability and Education Laws section of the National Dissemination Center for Children With Disabilities website: <http://nichcy.org/laws>

serve families of children with disabilities, the following strategies should be considered:

- **Develop a joint mission or vision statement** to unite agencies around a common goal.
- **Revise assessment tools and forms** to identify disabilities early in the investigation and explore the unique strengths and needs of the family.

- **Use a team approach** to serving children and families by holding joint meetings to plan services and share information on case progress.
- **Include families in service planning** to share their expertise on the child's strengths and needs.
- **Invite a specialist to co-locate within your agency** to encourage collaborative assessment and ongoing case support.
- **Offer training** to improve understanding across agencies and promote stronger relationships among caseworkers.
- **Share information and data between agencies** to identify needs and gaps in services.

To improve collaboration with developmental disability services in your community, the website of the Administration on Developmental Disabilities, HHS, maintains a listing of State organizations such as councils on developmental disabilities, protection and advocacy agencies, and university centers on developmental disabilities: <http://www.acf.hhs.gov/programs/add/state.html>. The National Dissemination Center for Children With Disabilities also offers a State organization search (<http://nichcy.org/state-organization-search-by-state>) to help users locate State-level offices, organizations for parents, and organizations addressing specific disabilities.

EXAMPLES OF COLLABORATIVE RESPONSES AND TREATMENT SERVICES

Paving the Way: Meeting Transition Needs of Young People With Developmental Disabilities and Serious Mental Health Conditions

Davis, Jivanjee, & Koroloff

<http://www.pathwaysrtc.pdx.edu/pdf/pbPavingTheWayMonograph.pdf>

Summarizes innovative programs and best practices in areas such as mental health, employment preparation, crisis prevention, and system level planning and consultation.

Guidelines on Children's Advocacy Center Services for Children Who Are Deaf/Hard of Hearing

Chandler (Ed.)

<http://www.nationalcac.org/professionals/images/stories/pdfs/cc%20standard%20chandler%20hearing%20impaired.pdf>

Addresses tips for successful interviews, effective communication, medical examination, and mental health treatment.

Addressing the Trauma Treatment Needs of Children Who Are Deaf or Hard of Hearing and the Hearing Children of Deaf Parents

National Child Traumatic Stress Network

http://www.nctsn.net/assets/pdfs/edu_materials/Trauma_Deaf_Hard-of-Hearing_Children.pdf

Helps professionals adapt existing trauma treatment models and addresses issues related to communication, assessment, family interactions, and social-emotional development.

Training

A common problem for families is finding service providers who are trained to work with children with disabilities. To increase awareness and improve professional knowledge, Shannon and Tappan (2011) suggest child protection workers receive training in the following areas:

- Disability policy, programs, and services
- Broad definitions, prevalence, and categories of disabilities
- Issues related to specific disabilities and their effect on children's various developmental needs
- Supportive intervention strategies that address communication techniques, adaptive therapies, and children's sexuality and personal safety skills

In addition, training for mandatory reporters of abuse and neglect and first responders should include specialized information on signs and symptoms for children with disabilities.

Funded by the Administration on Developmental Disabilities (ADD), the National Network of University Centers for Excellence in Developmental Disabilities Education, Research, and Service supports universities in every State to carry out interdisciplinary training, technical assistance, research, and information dissemination. The ADD website offers a listing of centers: <http://www.acf.hhs.gov/programs/add/states/ucedds.html>, or visit the Association of University Centers on Disabilities for more information: <http://www.aucd.org>

EXAMPLES OF TRAINING

Project Ability: Demystifying Disability in Child Abuse Interviewing

CARES Northwest & Oregon Children's Justice Act Task Force

<http://www.oregon.gov/DHS/children/committees/cja/proj-abil.pdf>

Identifies common problems when interviewing maltreated children with disabilities and presents a systematic strategy for professionals to engage successfully with children with disabilities.

Child Abuse and Children With Disabilities

New York State Office of Children and Family Services

<http://childabuse.tc.columbia.edu>

Provides information to work more effectively with maltreatment cases that may involve children with special needs and their families. Includes special sections on interviewing strategies, medical concerns, and disability jargon.

O.U.R. Children's Safety Project

Hands and Voices

<http://www.handsandvoices.org/resources/OUR>

Helps parents of children who are deaf or hard of hearing and the professionals who serve them to effectively observe, understand, and respond to suspected child abuse and neglect.

Community of Learners to Enhance the Safety and Success of Children With Disabilities

College of Education, Michigan State University

<http://deafed-childabuse-neglect-col.wiki.educ.msu.edu>

Improves information sharing among professionals serving maltreated children with disabilities by organizing research, offering resources for teachers, and connecting to related organizations and professionals in the field. The website features the Bright Spots project, which presents video interviews with professionals who share promising practices they have developed to address the maltreatment of children with disabilities.

Conclusion

Children with disabilities are more at risk of abuse and neglect than children without disabilities. The factors that place these children at higher risk of maltreatment include factors that place all children at risk in addition to other risk factors that are more directly related to disabilities. There are a number of promising strategies to prevent the maltreatment of children with disabilities; they can be implemented at the societal level or focused on addressing family strengths and needs as well as educating children about abuse and ways to prevent it. Given the unique needs of children with disabilities,

professionals should be trained to identify and assess possible maltreatment in this population. In addition, many opportunities exist to improve collaboration between child welfare and developmental disability agencies to respond more effectively to children with disabilities and their families.

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