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7. Why child maltreatment researchers should include children's disability status in their maltreatment studies.

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Commentary

Why child maltreatment researchers should include children's disability status in their maltreatment studies☆

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Introduction

Approximately 8% of children in the US have disabilities (US Census Bureau, 2002), and these children are more likely to be abused or neglected than their non-disabled peers. The studies that have identified this vulnerability have varied in methodology and sample, and yet the findings have been remarkably consistent. But much work still needs to be done to know the magnitude of the problem, and what professionals can do to help. We are writing to encourage researchers in the child maltreatment field to include children's disability status in their studies of abuse and neglect. Below is a summary of what research has found thus far.

Research summary

Data from the second National Incidence Study of Child Abuse and Neglect (NIS-2) revealed that children with disabilities were almost twice as likely to be maltreated as children without disabilities.

☆ In February 2003, the American Psychological Association passed a Council Resolution on the Maltreatment of Children with Disabilities. This resolution was sponsored by APA's Committee on Disability Issues in Psychology (CDIP). Kathleen Kendall-Tackett and Gret Taliaferro both served as members of CDIP.

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The rates were 21.3 per 1,000 for non-disabled children and 35.5 per 1,000 for children with disabilities (Westat, 1993). Sullivan and Knutson (1998) estimate that the figures from NIS-2 were probably low because child protective workers made the diagnosis of disability, and they are frequently not qualified to do so. Disability status was not included in the third National Incidence Study (NIS-3).

Embry (2001) conducted a retrospective study of 770 congenitally deaf adults. Forty-five percent of the sample reported some type of abuse as children: 19% reported caregiver physical abuse, 30% reported residential staff physical abuse, 18% reported sexual abuse, and 9% reported physical neglect. Poor communication between parents and children increased the risk of neglect, and communication quality rated as "poor" or "fair" increased the risk for caregiver physical abuse.

In another study, Sullivan and Knutson (1998) merged hospital records for a local children's hospital with the records of the Department of Social Services, the child abuse Central Registry, the Foster Care Review board, and municipal and county law enforcement agencies. From this, they drew a sample of 3,001 maltreated children. These children were compared to 880 non-abused controls. They found that disabilities were twice as prevalent in the maltreated hospital group compared to children in the non-abused control group. Children with more than one disability were at higher risk of physical and sexual abuse, and the severity and duration of both types of abuse was greatest for those children with multiple disabilities.

From a methodological standpoint, Sullivan and Knutson's (2000) study of 50,278 young- and school-age children in Omaha, Nebraska is perhaps the best. The sample was children who were enrolled in the public and Archdiocese schools in Omaha, Nebraska for grades *K* through 12. The sample also included children who were eligible for special education and early intervention programs (e.g., Zero to Three, Early Intervention Preschool). Therefore, the ages ranged from 0 to 21. The ethnicity of the sample was 67% Caucasian, 25% African American, 5% Hispanic, and 3% Asian American or Native American.

Sullivan and Knutson identified 4,503 maltreated children, 1,012 of whom also had an identified disability. The overall rate of maltreatment for non-disabled children was 11%. For children with disabilities, the overall rate was 31%; children with disabilities were 3.4 times more likely to be neglected, and physically, emotionally, or sexually abused compared with non-disabled children.

Sullivan and Knutson's study also allowed for comparison of children by disability type. Deaf and hard-of-hearing children have twice the risk for neglect and emotional abuse, and almost four times the risk for physical abuse than their non-disabled counterparts. Children with speech and language difficulties have five times the risk for neglect and physical abuse, and three times the risk for sexual abuse. Children who are developmentally delayed have four times the risk for all four types of maltreatment. Children with learning or orthopedic disabilities have twice the risk for all types of maltreatment. The children at highest risk were those with behavioral disorders. Their risk is *seven times higher* for neglect, physical abuse and emotional abuse, and 5.5 times higher for sexual abuse than are children without disabilities (Sullivan & Knutson, 2000).

While the extant research demonstrates a relationship between disability status and maltreatment, one question that future studies must address is causality. Did maltreatment cause the disability or the disability cause the maltreatment? Or is there a third variable—a factor that increases both the likelihood of maltreatment and of disabilities (e.g., environmental and genetic factors)? As important as this question is, however, regardless of causality, the fact that a disproportionately high percentage of maltreated children have disabilities is of practical significance because it highlights the need for child welfare services to include specialized assistance for these children.

A failure to protect children with disabilities

Unfortunately, there is an appalling gap in the states' ability to protect abused and neglected children with disabilities. Oregon was one of the first states to address this problem. Their task force indicated that there was a critical shortage in knowledge, even about such basics as the number of abused children with disabilities, and the risk factors unique to children with disabilities (Oregon Institute on Disability and Development, 2000).

The task force also identified critical gaps in the provision of services to maltreated children with disabilities. For example, out-of-home placements are often impossible for children with disabilities because foster homes are frequently not accessible. The child might also require specialized care that a foster parent is not equipped to give. Investigations into allegations of abuse or neglect are often hampered because the injury from abuse may be masked by the disability. The child may have difficulty in communicating with investigators. Or the child may lack the requisite knowledge to know that the abuse is wrong.

Child welfare agencies that often struggle with shrinking state budgets, high staff case loads and staff turnover, are required to work with multiple overlapping systems in the care of maltreated children with disabilities; the family, the schools, foster placements, clinics, and mental health centers are only some of the most common agencies to be involved. Special populations can also include such groups as older children, sibling groups, children of color, and emotionally disturbed children all of whom have experienced a rise in out-of-home placements.

Some key questions to include

These needs may seem overwhelming. But research can help providers make more informed decisions. The knowledge base at this point is so limited, that any information would help. One basic question to ask when any child comes into the child protection system or into a research study on child maltreatment is: *Does this child have a disability?*

The answer could be "yes," "no," or "unsure." "Unsure" allows interviewers/researchers to indicate that the child *may* have a disability, but they do not know for sure. Without proper training, child protective workers or researchers may not have the experience to make this determination. But an answer of "unsure" may flag a child for further evaluation.

If the answer were "yes," then it would be appropriate to know about the type of disability. This is because type of disability is related to maltreatment risk. As indicated above, children with some types of disabilities are more vulnerable than others. Some common types of disabilities are listed in Table 1.

Useful follow-up questions

Follow-up questions may include the following:

1. How severe is the disability? Does it interfere with activities of daily living?
2. What was the age of onset of the disability?
3. Did the disability pre-date the maltreatment?

Table 1
Common types of disabilities

Emotional and behavioral disorders: This would include DSM-IV diagnoses such as depression or childhood schizophrenia.
Pervasive developmental disorders: This category includes (but is not limited to) autism and Asperger's syndrome.
Mental retardation: All levels (mild to severe) of mental retardation or developmental delay would be in this category. Many maltreated children may fall into this category due to maltreatment's influence on their overall IQ.
Brain injury, communications and learning disorders: This category includes speech, language and learning disorders, and also includes brain injury and neuropsychological deficits.
Physical impairments: Physical disabilities, such as cerebral palsy, muscular dystrophy, amputation and spina bifida, would be included here.
Sensory impairments: This category includes all hearing impairments and visual impairments beyond the use of glasses.
Other health related disabilities: This category includes health problems such as diabetes, HIV/AIDS, heart disease and juvenile rheumatoid arthritis.
Multiple disability: This category would include children's disabilities that may be rated in two or more of the above categories.

4. Was the disability clearly a result of maltreatment?
5. Did the child require foster placement? And was the foster home able to accommodate the child's disability?

What we would like to see

We would like to see researchers add disability status to all studies of child maltreatment. These studies, even without a focus on disability per se, would give the field a more accurate indication of these children's vulnerability. Eventually, with proper training as to the identification and classification of disabilities, we would like to see disability status added to all national incidence studies, and as a required data item in child abuse registries in the United States. Under the US CAPTA (the Child Abuse Prevention and Treatment Act), disability status is not included in the required list of data items. Currently, only 19 states have information about disability status in their Central Registries of Child Abuse & Neglect.

Disability status could also be added to assessments of needs, and evaluation studies of child maltreatment interventions. Improvements in children's functioning should be interpreted with their disability in mind. Interventions could be adapted to meet the needs of children with disabilities. In short, we would like the entire child protection system to become more accessible and user friendly to children with disabilities.

In summary, children with disabilities are at high risk of maltreatment and often do not get the services they need. They are often undetected in the child maltreatment system. Child maltreatment professionals need to become aware of these children's increased vulnerability. The first step for the field is to include disability status as a variable in most studies of child maltreatment. The findings from these future studies will suggest the next steps.

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