

Children with Special Health Needs

Maltreatment

Size of the Problem

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

- 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.ⁱ

The Minnesota Student Survey 2001 revealed startling facts about family violence and students with special health needs.

Minnesota Student Survey 2001		
Has any adult in your household ever hit you so hard or so often that you had marks or were afraid of that person?		
	% yes CSHCN	% yes grade-sex matched peers without special health needs
Male		
6 th grade	21.77%	11.04%
9 th grade	18.62%	8.17%
12 th grade	18.11%	5.79%
Female		
6 th grade	20.16%	9.78%
9 th grade	24.55%	11.27%
12 th grade	17.55%	8.74%

Seriousness

Children with special health needs face some unique risks for maltreatment. The presence of a disability increases both the risk of and

impact of maltreatment in the following way related to the child, family, community and society.ⁱⁱ

Child:

- Increased and longer term dependence on caregivers for their personal needs;
- Disabilities that interfere with being able to understand, resist, or tell someone about abuse;
- Inability to defend, symptoms of abuse or neglect ignored because symptoms are confused with those of the disability itself; and,
- Greater isolation and fewer chances to socialize can contribute to low self-esteem and less opportunity to learn how to prevent or end abuse.

Family

- Increased demands on caregivers
- 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;
- Differing cultural values and beliefs about disability and the need for intervention; and
- Lack of knowledge / understanding of child development and developmentally appropriate disciplinary practices.

Community:

- Lack of adequate number of facilities and in-home services to children with disabilities and their families;



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- Few culturally-competent providers or services;
- Shortage of child care and respite care;
- School policies and procedures may not support families of children with disabilities;
- Shortage of quality crisis placements for children with special needs;
- Lack of or limited services in rural areas; and
- Limited opportunities for children with disabilities to fully participate in their communities.

Society:

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

Maltreatment has immediate and long-term consequences. Children who have been abused at home are more likely to have learning difficulties, more likely to be victimized as adults or become victimizers themselves.

Interventions

Primary prevention efforts can improve conditions for all families that have children with disabilities. Secondary prevention programs can target children and families who are at high risk of maltreatment

Primary prevention strategies can attempt to improve knowledge and understanding among children with disabilities, their families, health care providers, teachers, and other service providers to help prevent abuse.ⁱⁱⁱ

Targeted home visiting programs to at-risk families focus on reducing the effects of stress on families that have children with disabilities.

Services must address three factors in the stress equation: Reduce situational and psychological stress (financial, emotional, demands on time), strengthen family's ability to cope and to access support resources and assist family to achieve a realistic perception of their situation.

Status

Parent information and support is provided by local Early Childhood programs, Head Start, and other Minnesota agencies that work with groups and families of children with special health care needs.

Minnesota's Targeted Home Visiting program offered intensive home visiting services to families with identified risk factors for child abuse and neglect. Persons experiencing domestic abuse or mental illness and parents whose children have chronic health problems were helped by the program as much as persons without those risks.^{iv}

Minnesota's Alternative Response Program has been developed by the Minnesota Department of Human Services child protection system. County social workers examine child safety and maltreatment risks but also identify family strengths and needs. This holistic approach enables them to better support families and refer them to needed community resources.

ⁱ 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.

ⁱⁱ 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.

ⁱⁱⁱ Strategies for Public Health, Vol. 2 Violence: Child Maltreatment Including Children with Special Health Needs. Pages 25-27. (2002)

^{iv} Minnesota Department of Health. (August 2002) Home Visiting Program to Prevent Child Abuse.

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