Child Abuse & Neglect of Deaf and Hard of Hearing Children

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Questions I will address:

- What are we talking about?
- How big of a problem are we dealing with?
- Why are children with disabilities in general, and children who are deaf/hard of hearing in particular, at risk for abuse and neglect?
- What can we do to reduce this risk?
- What can YOU do to prevent, or at least reduce the duration and impact of child abuse and neglect?
What are we talking about?

http://www.childhelp.org/

http://www.dcmp.org/

*What constitutes abuse and neglect?*

"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"

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Neglect (71%)

“... failure of a parent, guardian, or other caregiver to provide for a child’s basic needs. Neglect may be:

- **Physical** (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision)
- **Medical** (e.g., failure to provide necessary medical or mental health treatment)
- **Educational** (e.g., failure to educate a child or attend to special education needs)
- **Emotional** (e.g., inattention to a child’s emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs)
*What does neglect “look like?”*

**Parent...**
- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

**Child...**
- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

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Physical Abuse (16%)

- “... nonaccidental physical injury...as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting...burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child.²

- Such injury is considered abuse regardless of whether the caregiver intended to hurt the child.

- Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child.
What does physical abuse “look like?”

- Parent...
  - Offers conflicting, unconvincing, or no explanation for the child's injury
  - Describes the child as "evil," or in some other very negative way
  - Uses harsh physical discipline with the child
  - Has a history of abuse as a child
What does physical abuse “look like?” (cont.)

- Child...
  - Has unexplained burns, bites, bruises, broken bones, or black eyes
  - Has fading bruises or other marks noticeable after an absence from school
  - Seems frightened of the parents and protests or cries when it is time to go home
  - Shrinks at the approach of adults
  - Reports injury by a parent or another adult caregiver
Sexual Abuse/Exploitation (9%)

- "The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or

- The rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children"
What does sexual abuse “look like?”

- Parent...
  - Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
  - Is secretive and isolated
  - Is jealous or controlling with family members
What does sexual abuse “look like?” (cont.)

- Child...
  - Has difficulty walking or sitting
  - Suddenly refuses to change for gym or to participate in physical activities
  - Reports nightmares or bedwetting
  - Experiences a sudden change in appetite
  - Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
  - Becomes pregnant or contracts a venereal disease, particularly if under age 14
  - Runs away
  - Reports sexual abuse by a parent or another adult caregiver
Emotional/Psychological Abuse (7%)

- “... a pattern of behavior that impairs a child’s emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove and, therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child.”
What does emotional abuse “look like?”

- **Parent...**
  - Constantly blames, belittles, or berates the child
  - Is unconcerned about the child and refuses to consider offers of help for the child's problems
  - Overtly rejects the child

- **Child...**
  - Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
  - Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
  - Is delayed in physical or emotional development
  - Has attempted suicide
  - Reports a lack of attachment to the parent
How big of a problem are we dealing with?

- *During 2008, an estimated 772,000 children were determined to be victims of abuse or neglect. A child could be found to have been a victim more than once. Among the children confirmed as victims by CPS agencies in 2008:
  - Children in the age group of birth to 1 year had the highest rate of victimization at 21.7 per 1,000 children of the same age group in the national population;”
  - In 2007, 1,760 children died of abuse, 73.5% of those children died by age 3 years.

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Abuse and neglect is experienced by 09% of children without disabilities \textbf{vs.} 31% of children with disabilities (Sullivan & Knutson, 2000).

Available research indicates that 10% of hearing boys and 25% of hearing girls experience sexual abuse, \textbf{vs.} \textit{54\% of boys who are d/hh and 50\% of girls who are d/hh report sexual abuse} (Sullivan, Vernon, Scanlan, John, 1987).
It is estimated that 83% of women with disabilities will be sexually assaulted during their life times (Obinna, Krueger, Osterbaan, Sadusky, DeVore, 2005).

In reality, the impact of all of our effort to identify and use the best instructional practices, technologies, and early intervention strategies will be of little value if our student’s ability to learn is reduced due to their experience of abuse and neglect.
Why are children with disabilities in general, and children who are deaf/hard of hearing in particular, at risk for abuse and neglect?
Risk factors for children with disabilities...

- Children taught to be compliant, often without full understanding of what they are being asked to do by a wide variety of adults in a diverse array of contexts.

- Many children demonstrate reduced communication skills that both increase their risk of abuse and their ability to report abuse.

- Parental and professional lack of awareness of the increased risk and the subsequent lack of education for children regarding sexuality, personal safety and their right to say “No!”

  (Shelton, Bridenbaugh, Farrenkopf, & Kroeger, 2008; Sullivan, Vernon & Scanlon, 1987)
What can we do to reduce this risk?

* Five factors have been found to reduce the risk of abuse and neglect, i.e.,

- Parental...
  - 1. Bonding with their child
  - 2. Knowledge of child development;
  - 3. “Emotional resilience,” i.e., positive, problem solving attitude;
  - 4. Social connectedness, i.e., positive, supportive, social network; &
- 5. Essential family needs for food, housing, transportation, etc.

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What can we do? (cont.)

- EHDI is uniquely positioned to identify children who are deaf/hard of hearing (d/hh) and to initiate family centered early intervention services.

- These services are already designed to provide families with needed...
  - ...medical, audiological, language, and networking (e.g., “Guides By Your Side) support

- As a result, EHDI professionals are already working to enhance the five essential “protective factors” for abuse and neglect.

- Unfortunately...
What can we do? (cont.)

- Unfortunately most EHDI professionals and the families that they work with are unaware of the significantly increased risk for child abuse and neglect.

- The purpose of this presentation was to begin the process of supporting EDHI professionals awareness and understanding of that risk.
What can we do? (cont.)

- Fortunately, you have a number of EHDI colleagues within New Jersey that can serve as ongoing resources, i.e.,
  - Sevana Bohchalian/Social Worker – Hackensack
  - Elizabeth Parry/Nurse Case Manager – Hamilton
  - Lindsey Varisco/Case Manager – Jersey City
  - Patricia Williams/School Nurse – Cranford
  - Mona Elkin/Nurse Case Manager – Hamilton
  - Patricia Brown/Senior Program Specialists – Toms River
  - Laura Montillo/School Nurse - Hackensack
These individuals can serve as “Bright Spots,” i.e., respected and trusted individuals who participate in a community of learners to share, gather, and develop the knowledge, skills, and programs needed to increase awareness, enhance communication, and establish programs for the protection and success of our children.
This “community of learners” can be found at:

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

Hands & Voices has been a partner in this effort since 2007.
What can YOU do to prevent, or at least reduce the duration and impact of child abuse and neglect?

- Accept the fact that children with disabilities are at increased risk for abuse and neglect.
- Become cognizant of how to observe and recognize the signs of abuse and neglect.
- Initiate a conversation with your peers and families concerning the incidence, indicators, risk and prevention factors for abuse and neglect.
- +...
What can YOU do... (cont.)

- If you suspect that a child may be experiencing abuse or neglect, talk with one of the identified EHDI colleagues, or call...

Deaf and Hard of Hearing Children Helpline: 1-800-222-4453
Thank You

I hope you will join the effort to Prevent, or at least Observe, Understand, and Respond to possible instances of CA/N experienced by our children.
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Appendix

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Appendix A: Reference List


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