

***CHILD ABUSE:
PROBLEMS AND
SOLUTIONS***

Gallaudet
University DOC
Conference
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3:15 to 4:00

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SESSION SUMMARY/AGENDA

■ Summary:

- This presentation will review some of the historical aspects of child abuse, current issues in the handling of cases, and offer attendees some strategies to protecting students.

■ Learning objectives:

- (1) reasons for heightened abuse with deaf and hard of hearing students
- (2) contributing factors to recent abuse cases
- (3) at least 3 strategies that school can use to improve safety.

DEFINE AND REPORT

- The Federal Government has definitions for CAN (PL 102-295), but all states do as well. Additionally, mandated reporting laws vary from state to state. Know the laws where you practice.
- In general, the threshold for reporting abuse is suspicion, not confirmation of CAN.
- Reporting to your colleague or school administration does not absolve you of your responsibility to report to authorities.

HISTORICAL ASPECTS

- People with disabilities have been targets for abuse, neglect, since the earliest human records.
- DHH people without additional disabilities were not usually identified early as having disabilities. Once institutionalization became popular, DHH people experienced abuse there.
- Early schools for the deaf tended to be residential, and many residential schools are successfully operating today.
- Residential schooling in general (hearing too) raises the risk for CAN.



BARRIERS TO REPORTING

- Acquiescence to authority. Most children do what they are told. They may not recognize CAN as illegal.
- Perception that DHH are easy targets due to communication problems and, in some cases, added disabilities, including cognitive disabilities.
- Communication problems with CPS.
- Unclear on appropriate pain vs. inappropriate pain (for those with cognitive impairments)
- Limited number of people for outcry
- Lack of knowledge with regard to maturation
- Lack of on-going training, and specific providers to provide training

CONTRIBUTING TO CAN

- “Deaf is Different” mentality
- Failure to follow the same policies and procedures as hearing schools
- Telling “others” but not telling the authorities
- Firing perpetrators without reporting them to the authorities
- Allowing perpetrators to function in positions of authority
- Not recognizing symptoms of CAN or SA
- Failure of some state agencies (9-1-1, CPS, to accommodate and investigate appropriately)
- Lack of maturation education and preventative counseling programs in schools
- Lack of parent education programs available in ASL in most parts of the USA
- Lack of psychological support (assessment and counseling) for prevention, victim response, and perpetrator treatment
- Lack of foster and group home placements for DHH

RISKS VARY WITH DEVELOPMENT

Children

- Language development may be too delayed to self-report
- Symptoms may be attributed to DHH or disability
- More likely to be cooperative with older perp
- Less likely to understand that CAN is abuse
- Less likely to know how to report
- May fear telling on the perp

Teens

- Less parental involvement
- Greater likelihood of being placed in an alternative ed. Program
- Less likely to be trusted (vs. younger children)
- JJ can become involved
- If systemic, child may appear as perp. Not as victim
- Added disabilities

CONTRIBUTING FACTORS TO RECENT CASES

Professional Staff

- We are “different”
- We can handle this internally
- Culture of acceptance of stress and aggression
- Lack of systemic preventative programs
- Poor environmental safeguards
- Supervisor will handle it
- Administrators focus on limiting liability first, instead of safety first

Students/Environment

- Fear of retaliation
- Lack of treatment of victim(s)
- No clear mechanism to report
- Poor connection to parent means more time on campus
- Periods of poor or absent supervision during and after school hours
- Lack of sign communication by support staff

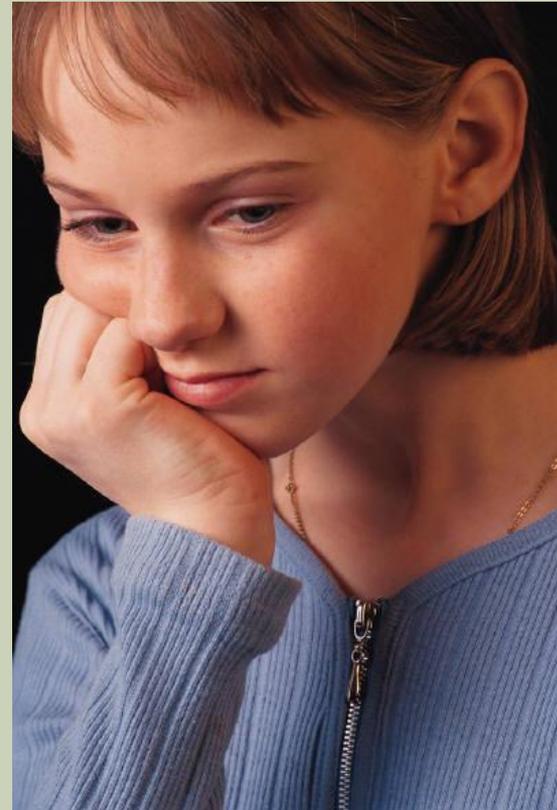
WHAT YOU CAN DO

- Ensure that maturation education is a part of the curriculum from K-12, implemented by you, health teacher, etc.
- Ensure that there is a training every year and for every employee
- Ensure that environmental safeguards are operational
- Have child safety education as a standard part of the IEP
- Connect with the community:
 - Be sure phone/VP/TDD lines to 9-1-1 and crisis lines are working
 - Collaborate with the local SA center, CAC, etc to learn how their expertise can be brought to campus
 - Talk about it: Have survivors set up formal panels, and educate parents
 - Try to befriend a caseworker from CPS

RECOGNIZE SOME ABUSE SYMPTOMS

Psychological, Interpersonal, and Behavioral

- **Interpersonal**
 - Anger
 - Trust
 - Relationships
- **Behavioral**
 - Withdrawal
 - Acting out
 - Sexual Acting Out
- **Psychological**
 - PTSD
 - Sleep Disturbance
 - Suicide
 - Self injury
 - Eating Disorders
 - Enuresis/Encopresis



RESOURCES

- Professional Associations:
 - APSAC American Professional Society on the Abuse of Children
 - APT: Play Therapy
 - National, State, and Local Child Advocacy Centers
- Guide by Your Side Program (Hands and Voices)
- Deaf Hope
- Deaf DAWN (DC)
- National Domestic Violence Hotline – Deaf Services
- NAD: Position on Foster Care
- Harold Johnson: Michigan State University
 - <http://deafed-childabuse-neglect-col.wiki.educ.msu.edu/>

WHAT ARE YOU GOING TO DO?

- Get into small groups of 2-4 people
 - What have you done at your school or agency that helps to protect children?
 - What would you like to do to improve child welfare in your school or agency?



CONTACT INFORMATION

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