

Sullivan, Patricia M., Brookhouser, Patrick, & Scanlan, M.  
2000  
Maltreatment of deaf and hard of hearing children, Ch. 7, pp149-184  
In Hindley, Peter & Kitson, Nick (Ed.)  
Mental Health and Deafness  
Whurr Publishers, London & Philadelphia

p. 149

“This chapter reviews available literature on maltreatment of children with disabilities and presents data about maltreatment characteristics, risk factors and perpetrator characteristics regarding children who are deaf or hard of hearing, derived from an epidemiological study utilizing the patient data base at the Boys Town National Research Hospital (BTNRH).”

p. 150

### **Maltreatment defined**

“Maltreatment is a generic term for child abuse and neglect, and encompasses neglect, physical abuse, sexual abuse, and psychological or emotional abuse.”

“**Neglect** is an act or acts or omission of the part of the caregiver responsible for the physical, emotional, intellectual and social well-being of the child...Along this continuum, neglect is classified as:

- Failure to educate a child or follow medical recommendations.
- Non-life-threatening lack of supervision or follow-through.
- Lack of adequate food, housing, and/or medical care.
- Life-threatening lack of adequate food, housing, and/or medical care.”

“**Physical Abuse** is defined as the consequences of events or acts of commission which:

- Are potentially injurious to the child.
- Encompass a tissue-damaging event or involve harmful restraint or control.
- Entail a serious physical injury requiring medical or dental services.
- Cause a fatality or life-threatening physical event.

An act of commission essentially means that the caregiver had the intention to harm, injure, maim or murder the child.”

p. 151

“**Sexual abuse** is the exploitation of a child for any sexual gratification and includes rape, incest, fondling or the genitals, exhibitionism, and voyeurism. Sexual abuse is considered to be:

- Witnessing sexual activity between adults, adults and children and sexual abuse of other children.
- Fondling.
- Oral, genital, or digital penetration of genital abuse without penetration.
- Anal or vaginal intercourse or penetration.”

**“Emotional or psychological abuse** is difficult to define and document. It is considered to occur when parents or caretakers verbally abuse children or place excessive and/or inappropriate demands on their emotional, social, and physical capabilities. “

## **Review of Research**

“Communication problems inherent in many disabilities render children unable to understand and/or verbalize episodes of maltreatment (Brookhouser et al., 1986; Morgan, 1987).”

“...non-verbal children are at increased risk of maltreatment, as are children with disabilities limiting their speech and language skills (Sobsey and Varnhagen, 1988).”

p. 152

“Finkelhor et al. (1988) found that most daycare abuse occurs around toileting, suggesting that disabilities enhancing the need for toileting assistance may be associated with increased risk of sexual abuse. Sullivan, Vernon and Scanlan (1987) found that, in deaf youth, sexual abuse tended to occur in bathrooms, bedrooms and specialized transportation vehicles.”

“The existing controversy (Starr et al., 1984; Ammerman, Van Hasselt and Hersen, 1988; Ammerman, 1991) with respect to the role of disabilities in cases of abuse can be attributed to a dearth of empirically based studies. Deficiencies in existing studies include differing operational definitions of maltreatment, poorly defined heterogeneous populations with disabilities, and questionable validation procedures for determining disabilities (Knutson, 1988; Ammerman, Van Hasselt and Hersen, 1988; Knutson and Scharz, 1994).”

“Many incidents of maltreatment known to professionals and lay persons are not reported to appropriate agencies, leading to underestimates of true levels of maltreatment (Knutson, 1988).”

p. 153

“...it is often impossible to determine whether the disability contributes to the occurrence of abuse or whether it is a consequence of abuse.”

## **Current state of knowledge**

### **Incidence studies**

“There have been several studies of the incidence of abuse and neglect among samples of disabled children and adults referred to treatment centers. Sullivan et al. (1991) investigated patterns of abuse among a sample of 482 consecutively referred maltreated children with disabilities in a hospital setting. Results indicated that sexual

abuse or a combination of sexual and physical abuse were the most common forms of maltreatment endured by the referred children with disabilities. The majority of the subjects had communication disorders, including speech and/or hearing impairments, learning disabilities and cleft lip and/or palate. Males with disabilities were more likely to be victims of sexual abuse than males in the general population and placement in a residential school was identified as a major risk factor for sexual abuse among disabled youngsters. The results were replicated in a five-year retrospective Study of 4340 maltreated children who were patients in a pediatric hospital in which the majority were victims of sexual abuse (68%) while 32% were the victims of physical abuse (Willging, Bower and Cotton, 1992). Studies in the UK (Westcott, 1991), Australia (Turk and Brown, 1992) and Canada (Sobsey and Doe, 1991) have also found that sexual abuse is the most prevalent form of maltreatment among children with disabilities. However, the major limitations of this research are subject selection biases, in that most subjects were obtained from hospital, medical treatment centres, or institutions for the disabled, which inherently have large numbers of abused individuals seeking treatment. Accordingly, they may miss large cohorts of neglected children who are typically not referred for treatment.”

p. 154-155

“Abused children were 202 times more likely to have a disability than non-abused children. Children with disabilities were at greater risk of interfamilial abuse than children without disabilities. Children with disabilities are 1.8 more likely to endure neglect, 1.6 times more likely to be physically abused, and 2.2 times more likely to be victims of sexual abuse than non-disabled children. The perpetrators of this abuse were primarily parents and extended family members, including step and foster parents, grandparents, aunts, uncles and live-in companions of parents. However, extrafamilial abuse accounted for some 40% of the sexual abuse and perpetrators included baby sitters, clergy, van drivers, care attendants, older students, peers, neighbors, teachers, and house parents. Strangers accounted for only 7% of extrafamilial sexual abuse.”

Maltreatment characteristics of deaf and hard-of-hearing children

(I did not pull this data...seemed a bit confusing)

p. 157

## **Results**

### **Type of maltreatment**

“...[the] type of maltreatment among children with disabilities to mirror that found for non-disabled children, with neglect being the most prevalent, followed by physical abuse, sexual abuse and emotional or physiological abuse.”

Gender

“There were no differences between boys and girls regarding type of maltreatment endured.”

p. 158

### **Ethnicity and multiple disabilities**

“There were no differences in ethnicity between the abused and non-abused control groups or among any of the abused groups.”

“...deaf and hard-of-hearing children with multiple disabilities are not at greater risk of being victims of maltreatment than peers without multiple disabilities.”

### **Type of schooling**

“...the majority of abused children attended residential school...being male and attending a residential school were significantly related to being a victim of maltreatment.”

### **Site of abuse**

“The most prevalent site of abuse for each abuse subgroup was school, followed by home and a combination of home and school.”

p. 160

### **Severity of abuse**

...rating scales concerning the severity of abuse experienced by the individual

p. 161

“...there is a strong association between duration of physical abuse and becoming a perpetrator and/or alcohol or chemically dependent among deaf and hard-of-hearing youth.”

p. 162

### **Perpetrators**

“For all abuse subgroups, a high percentage of sexual abuse was perpetrated by older children or peers:...Parents and step or foster parents accounted for 10% of ABUSE...Males were most often the perpetrators of sexual abuse...Deaf and hard-of-hearing children are at higher risk of being sexually abused by houseparents, older students and peers than by their parents.”

“The majority of perpetrators of the physical abuse were biological parents, step and foster parents, or houseparents for all abuse subgroups. Deaf and hard of hearing children are at highest risk of physical abuse by parent or parent substitutes.”

p. 164

### **Abuse and deafness: brief chronology**

...starting in 1983...through 1987...major events/work described

p. 166-167

### **Dynamics of abuse in institutions**

...describes how/why sexual abuse occurs...how abused children often feel/react...plus common pattern of administrative response

p. 168-169

...work of Sobsey...conceptual presentation of why residential schools are such a pervasive site of abuse + how such schools can be made safer

p. 170-171

### **Existing prevention programmes for deaf and hard of hearing children**

...describes existing and needed prevention efforts

p. 171-173

### **Safety recommendations for residential environments**

...list eight administrative strategies that can/should be used to reduce the likelihood of abuse + effectively respond to instances when they occur

p. 174-177

### **Therapeutic methods**

...describes possible “therapeutic techniques” + “communication issues” + “family issues” + “Outcome research”