

Maltreatment in Children with Disabilities

Lori Legano, M.D.
Clinical Associate Professor of Pediatrics
New York University Grossman School of Medicine

Disclosure

- I have no financial relationships to disclose.

Objectives

- Review the differences in rates of maltreatment in children with and without disabilities
- Summarize how the type of disability affects risks of child maltreatment
- Discuss strategies to evaluate children who have disabilities
- Discuss how to support families who have children with disabilities to prevent child maltreatment

Children with Disabilities

- Impairment: Motor, sensory, social, communicative, cognitive, emotional
- Children with special health care needs: Disabilities with chronic medical issues
- 17% of children aged 3 through 17 years have one or more developmental disabilities (CDC)
- Most common disabilities: ADHD, ASD (CDC)

Incidence and Prevalence Data

- Limited by varying definitions of disability and lack of uniform definitions of child maltreatment
- Maltreatment may be underreported due to difficulty with communication
- 2010 reauthorization of CAPTA: Required states to report children <3 years old eligible for EI
 - No requirement for type of disability

Rates of Abuse

- 618,000 children were abused or neglected in 2020
- Children with Disabilities (CWD) accounted for 14% of all victims of abuse and neglect
- NSCAW: Half of children were not typically developing
- 3 to 10% of the population of CWD are reported for abuse

Child Maltreatment 2020; DHHS 2018; Helton 2019

Comparison of Reported Children Who Are Typically Developing vs. CWD

- Rate of abuse is at least 3x higher in children with disabilities compared with typically developing children.
- CWD were re-referred to CPS more often than typically developing kids, found to have been abused more frequently and were more likely to be placed in foster care.
- Once in foster care, children with ID more likely to have placement instability, adoption disruptions and were less likely to be returned to their families.

Jones 2012; Slayter 2011

Factors Increasing the Risk of CAN in CWD

- May place higher emotional, economic, physical and social demands on their families
- Lack of respite or breaks of childcare responsibilities for caregivers
- Needs could be so great that it leads to neglect
- Children may have difficult behaviors

Murphy 2011; Goudie 2014

Factors Increasing the Risk of CAN in CWD

- Parents may have unrealistic expectations of their child's capabilities, for example children with poor language may not respond and parents may punish them
- Presence of multiple caregivers (can increase or decrease the rate of abuse)
- Children may be unintentionally conditioned to comply with authority

Zand 2015; Sullivan 1996

Institutional Abuse

- Aversive techniques such as restraints or using noxious stimuli to change behavior
- Decreased with modifications in the Disabilities Education Act
- State laws contradictory
- Positive behavioral supports effective

Stophurtingkids.com

Sexual Assault in Adolescents with a Disability

- Survey of university students with disabilities:
 - 22% reported some form of abuse over the last year; 62% had experienced some form of physical or sexual abuse before the age of 17.
 - Of those who were abused in the past year, 40% reported little or no knowledge of abuse-related resources and only 27% reported the incident.
 - Compared with respondents without disabilities, young women with physical disabilities had a higher odds of being a victim of rape.

Findley 2016

Type of Disability and Risk of Abuse

- Most severely delayed children are at lower risk of maltreatment vs. cognitively delayed and mobile
- Australia: ID, mental and behavioral problems or conduct disorders had increased risk of substantiated abuse
 - children with autism < down syndrome
 - birth defects and CP = children without disabilities
- South Carolina: Higher rates of substantiated reports with ASD only, ID only, and both compared with controls
- NSCAW: Children with multiple disabilities have more risk of recurrent reports

Maclean 2017; McDonnell 2019; Perrigo 2018

Type of Disability and Risk of Physical Abuse

- CWD are 3.79 times more likely to be physically abused
- Comparison of children by level of functioning: Highest rates in kids with mild cognitive and no motor disability
 - Hypothesis: Children with mild impairments have a complex mix of functionality and dysfunctionality. They may act in a way that annoys parents while parents have higher expectations of them.

Sullivan 200; Helton 2011

Type of Disability and Risk of Neglect

- Children with ASD alone, ASD+ID, and ID alone had greater risk of physical neglect.
- CWD with unsubstantiated reports of neglect experienced future maltreatment sooner and more often.

McDonnell 2019

Type of Disability and Risk of Neglect

- Prospective study of children < 2 years old with cleft lip and palate, Down syndrome and spina bifida:
 - Children with spina bifida and cleft lip and palate had a higher rate of substantiated maltreatment, but all 3 groups had a higher rate of medical neglect than the unaffected children. (Medical complexity accounted for medical neglect.)
- Follow-up study: Same results with 2-10 year olds

Van Horne 2015

Type of Maltreatment and Risk of Sexual Abuse

- Children in schools (6-17 year olds): CWD had 3x the risk of sexual abuse, more at risk with special ed classroom supports, half abused by peers and half by school personnel.
- CWD more likely to experience more severe forms of sexual abuse.
- Increased risk of sexual abuse may be due to increased number of caregivers and limited access to personal safety and sexual abuse prevention.

Caldas 2014; Hershkowitz 2007

Type of Disability and Risk for Emotional Abuse

- UK: Children with conduct disorders, non-conduct psychological disorders and speech/language delay with higher rates of emotional abuse.
- Children with psychiatric diagnoses are at higher risk for psychological maltreatment and emotional abuse.
- ADHD also associated with higher rates of emotional abuse.

Spencer 2015; Cuevas 2009; Gokten 2016

Identification of Abuse

- Medical conditions may mimic abuse:
 - Motor and balance issues
 - Bleeding disorders
 - Osteoporosis and Osteopenia
 - Self-injurious behavior

Evaluation of Abuse

- Documentation of predisposition to injury:
 - Osteopenia
 - Self-injurious behaviors (headbanging, scratching)
 - Bleeding disorders
- Preparing to see the child
 - IEP or other documentation of level of functioning
 - Ask parent how they tolerate physical exams
 - Aids to help with exam

Case

- 16-year-old female with nonverbal autism who had inner thigh bruising that her mother noticed when she came off the bus. Mother concerned about sexual abuse.
- No change in behavior, LMP 2 weeks ago, no perineal injury noted by mother
 - She is able to tolerate exams but having her iPad helps

Case

- She arrived with her mother and the director of her school
- She was able to disrobe
- Minimized the general exam
- Pt able to tolerate stirrups
- She used her iPad with Sesame Street which was her favorite

The Exam

- Behavior during the exam: The answer

Prevention

- Educating parents about abilities and managing expectations
- Counseling about discipline
- Injury counseling specific to disability

Prevention

- Resources for parents:
 - Financial support: SSI, SNAP, WIC, Medicaid waver, Title V maternal and child health services programs
 - Respite services: In-home, after-school, residential (OPWDD)

Prevention

- Special medical needs: In-home nursing
- Emotional support: Support groups, counseling for families, family-to-family health information centers
- Recreation: Camps, after-school, adaptive sports

Sexual Abuse Prevention

- Discussion of sexuality
- Counseling parents

American Academy of Pediatrics Clinical Report

Maltreatment of Children With Disabilities

Legano LA, Desch LW, Messner SA, et al. AAP Council on Child Abuse and Neglect, Council on Children With Disabilities. *Pediatrics*. 2021;147(5): e2021050920

Over the past decade, there have been widespread efforts to raise awareness about maltreatment of children. Pediatric providers have received education about factors that make a child more vulnerable to being abused and neglected. The purpose of this clinical report is to ensure that children with disabilities are recognized as a population at increased risk for maltreatment. This report updates the 2007 American Academy of Pediatrics clinical report "Maltreatment of Children With Disabilities." Since 2007, new information has expanded our understanding of the incidence of abuse in this vulnerable population. There is now information about which children with disabilities are at greatest risk for maltreatment because not all disabling conditions confer the same risks of abuse or neglect. This updated report will serve as a resource for pediatricians and others who care for children with disabilities and offers guidance on risks for subpopulations of children with disabilities who are at particularly high risk of abuse and neglect. The report will also discuss ways in which the medical home can aid in early identification and intervene when abuse and neglect are suspected. It will also describe community resources and preventive strategies that may reduce the risk of abuse and neglect.
