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Children Living with Disabilities and Risk for Child Maltreatment and Victimization: What Do We Know and What Can We Do?

By [Angelo P. Giardino, MD, PhD, MPH](#)

INTRODUCTION

Children living with disabilities have long been recognized to be at higher risk for experiencing various forms of child maltreatment and other forms of victimization. Now, emerging research shows that specific



types of disabilities are associated with different forms of maltreatment and victimization. We all share the aspiration to prevent child maltreatment and victimization among all children before any harm takes place. To aid us in this mission, we need to be aware of special vulnerabilities that place children living with disabilities at higher risk, so that we can increase the safety of all children within our care.

BACKGROUND

Children living with disabilities are at approximately 3 times more at risk to experience maltreatment when compared to children who are not living with special needs or disabilities.¹ Child maltreatment refers to physical, sexual and emotional abuse and neglect.

The *Individuals with Disabilities Education Act* (IDEA) identifies children as living with a disability if they have a hearing impairment (including deafness), an intellectual disability, visual impairment or blindness, a speech or language impairment, orthopedic impairment, serious emotional disturbance, autism, traumatic brain injury, learning disabilities, or anyone who needs special education services.²

Taking a broader approach, the federal *Maternal and Child Health Bureau* (MCHB) identifies that children have special health care needs when they have chronic physical, developmental, behavioral or



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Angelo P. Giardino, MD, PhD, MPH

Angelo P. Giardino, MD, PhD, MPH, is the Wilma T. Gibson Presidential Professor and Chair of the Department of Pediatrics at the University of Utah's School of Medicine and Chief Medical Officer at Intermountain Primary Children's Hospital in Salt Lake City, Utah. He

emotional conditions, and who require health and related services beyond that required by children generally.³ Taken together, these definitions cover situations spanning children with severe medical conditions, who are technology-dependent (such as one living at home on a ventilator), to children who are mildly affected, such as with attention-deficit disorder (who may need only minimal classroom modifications to facilitate their learning style).

One landmark study⁴ looked at a nationally representative sample of children and explored the connection between different types of disabilities and the risk for victimization, including child maltreatment, bullying, and having one's belongings stolen or damaged (i.e., property victimization).

Four types of disabilities were categorized in the study:

1. Physical disability (a physical problem affecting activities the child can do).
2. Internalizing disorder (PTSD, anxiety, and depression).
3. Attention deficit hyperactivity disorder (ADHD).
4. Developmental or learning disorder (autism, Asperger's, developmental delay, dyslexia, or other learning problem).

Key take-aways from the study help us to assess the level of increased child maltreatment and victimization risk among children with disabilities:⁵

- Children living with any disability reported significantly higher rates of all forms of victimization relative to children living with no disability.
- Certain disabilities increase the risk for specific forms of victimization.
- Children living with physical disabilities were more likely to experience child maltreatment and property victimization.
- Children living with internalizing disorders experienced substantially higher levels of all forms of victimization, and rates were particularly high for sexual abuse and bullying.
- Children living with ADHD reported significantly higher rates of bullying, property victimization, and most forms of maltreatment except for sexual abuse.
- Finally, children living with developmental or learning disorders experienced substantially higher rates of property victimization than children living without these types of disabilities.

WHY DOES THIS HIGHER RISK EXIST?

Typically, one would consider the complex interplay amongst various factors in the child's environment, including factors related to the adults (both family and other adult caregivers), along with the child and their characteristics, and the larger community. From a risk perspective, the following examples could either be *protective* against victimization, or may *increase the risk* for victimization to occur.

Parents/other adults: Caring for children living with disabilities places additional challenges on parents and other adult caregivers that may increase victimization risk. For example, caring for a child living with significant medical needs may require a great deal of physical energy—thus exhausting the parent and decreasing their own physical wellbeing. In addition, the care needed may be so great that one or both parents cannot devote sufficient time to work outside of the home, which decreases financial resources and reduces free time. Finally, caring for a child living with a disability may be so consuming that the family becomes socially isolated, and experiences little in the way of support

received his medical degree and doctorate in education from the University of Pennsylvania, completed his residency and fellowship training at the Children's Hospital of Philadelphia (CHOP), and earned a Master's in Public Health from the University of Massachusetts. He holds subspecialty certifications in Pediatrics and Child Abuse Pediatrics from the American Board of Pediatrics. He is also a Certified Physician Executive (CPE) within the American Association for Physician Leadership. He completed the Patient Safety Certificate Program from the Quality Colloquium, is certified in medical quality (CMQ) as designated by the American Board of Medical Quality, and is a Distinguished Fellow of the American College of Medical Quality. Prior to arriving in Salt Lake City, Dr. Giardino most recently served as Professor and Division Chief for Academic General Pediatrics at Baylor College of Medicine where he also was the Senior

and encouragement. All of these challenges increase the stress level among the adults, which may then lessen their ability to be protective of the child.

The child themselves: Certain characteristics related to the child's disability may place them at higher risk for maltreatment:

- Children living with ADHD may exhibit behaviors that are frustrating to parents or adult caregivers, which *may* lead to increasingly harsh punishments that *could* result in physical abuse.
- Children who have difficulty communicating, or who don't understand social situations, may be seen as easier to take advantage of by abusers, which places them at higher risk for sexual abuse.

With regard to bullying, two types of situations at opposite ends of the continuum can occur that place the child at increased risk:

- Antagonistic behaviors expressed by children living with ADHD may be seen as confrontational by peers, which may prompt bullying behaviors in response.
- Internalizing behaviors from children who are anxious or depressed may "signal" vulnerability to bullies, who then become aggressive towards the child.

Turning our attention to property victimization, the study found children living with developmental and learning disorders were at elevated risk, suggesting that a learning disability may be viewed by school peers as easy targets for theft or vandalism.

The overall community: Disabilities are unfortunately viewed as a "deficit" by many, which may lead to a perception that children living with disabilities are less valued as individuals. This perception may lead to lack of inclusions for children and families living with disabilities, which only further serves to isolate the family (thus leading to increased stress and lack of support).

HOW CAN WE RESPOND?

To overcome the risk factors described above, implementing some of the following protective factors are necessary.

Parents/other adults: According to the Center for Disease Control and Prevention,⁶ some easy steps to help reduce the stress and improve the resilience of the parents and adults caring for the child living with a disability include:

- Being realistic about the child's abilities and what they reasonably can and can't do.
- Self-awareness around frustration and stress levels, and making sure to arrange for frequent breaks to calm down and refocus when necessary.
- Asking for help from other trusted adults.
- Focusing on strengths and on the positive elements (and not on the perceived deficits and disappointments).
- Use a strengths-based approach to assess the child and highlight what they can do well to encourage the development of positive self-esteem.

Children:

Vice-President and Chief Quality Officer at Texas Children's Hospital. Previous academic leadership positions included serving as the Associate Chair for Clinical Operations, Associate Physician-in-Chief and Vice-President for Clinical Affairs at St. Christopher's Hospital for Children as well as Associate Chair for Operations at The Children's Hospital of Philadelphia. At both, St. Chris and CHOP, Dr. Giardino was appointed to chair the institution-wide Quality Improvement committee which included the peer-review responsibility.

Dr. Giardino is a member of the American Academy of Pediatrics Committee on Child Health Finance. He is a recipient of the Fulbright & Jaworski Faculty Excellence Award at Baylor College of Medicine and the 2013 Healthcare Advocacy Award from Doctors for Change in Houston, TX. His academic accomplishments include published articles, chapters and textbooks on child abuse and neglect,

- For children with challenging behaviors, help them learn conflict management strategies to place them in less confrontational situations with peers.
- For children with internalizing behaviors, use role playing to sensitize them to social cues and to develop healthy relationships.
- With regard to children living with learning disabilities that may place them at higher risk for property victimization—special protections may be necessary, such as secure places for storage of their belongings (lockers or special desks), along with training to help them monitor their own belongings.

Community: [The Child Welfare Information Gateway](#)⁷ encourages efforts to help change societal attitudes about children living with disabilities, including to:

- Ensure the community is aware of the heightened risk for maltreatment and victimization among children living with disabilities.
- Work to help others see children with disabilities as valuable and unique individuals.
- Promote the inclusion of children living with disabilities in everyday life.
- Encourage communities (schools, neighbors, faith-based organizations and businesses) to share the responsibility for the well-being of children living with disabilities.

Conclusion:

Children living with disabilities are at higher risk for child maltreatment and other forms of victimization. Emerging research is helping to further refine this general sense of increased risk into a more specific understanding of which factors could lead to various types of victimization. Understanding the risks and the protective factors will help us direct our response and prevention efforts most effectively.⁸

While this response and prevention work can be multifaceted, it is based on a framework that seeks to enhance the protective factors in the child's environment, and to mitigate known risk factors. While children living with disabilities may be at risk for maltreatment and victimization, there is always hope for prevention—and safe adults like you can help! We can work together to support children, parents, caretakers, other adults, and communities to further understand the challenges related to caring for children living with disabilities in a way that is empowering and which creates a safe environment for all children.

Resources:

- [The Arc's National Initiatives](#)⁹
- [Bancroft Parenting Resources](#)¹⁰
- [Center for Parent Information and Resources | Your Central Hub for Parent Centers Serving Families of Children With Disabilities](#)¹¹
- [Childhood Maltreatment Among Children With Disabilities](#)¹²
- [Stepping Stones Positive Parenting Program](#)¹³
- [ARCH National Respite Network and Resource Center](#)¹⁴

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contributions to several national curricula on the evaluation of child maltreatment, and presentations on a variety of pediatric topics at both national and regional conferences. He is a Board member for several national and regional boards, including Prevent Child Abuse America, Mobilizing Action for Resilient Communities, the U.S. Center for SafeSport, and the National Advisory Council of the Conference of Major Superiors of Men (CMSM) for the U.S. Catholic Church, where he provides advice on how to best protect children from sexual abuse. He is also co-editor of the *Children at Risk Journal of Applied Research on Children: Informing Policy for Children at Risk* and the *Journal of Family Strengths*. Previously, Dr. Giardino served for 12 years on the National Review Board for the U.S. Conference of Catholic Bishops, where he chaired the Research Subcommittee, was elected Vice-Chair, and introduced the concept of high reliability as a quality improvement

- 2 U.S. Department of Education (2018) Individuals with Disabilities Education Act. Sec. 300.8 Child with a disability. Accessible online at: [https://sites.ed.gov/idea/regs/b/a/300.8#:~:text=\(1\)%20Child%20with%20a%20disability,to%20in%20this%20part%20as%20%E2%80%9C\(1\)%20Child%20with%20a%20disability,to%20in%20this%20part%20as%20%E2%80%9C](https://sites.ed.gov/idea/regs/b/a/300.8#:~:text=(1)%20Child%20with%20a%20disability,to%20in%20this%20part%20as%20%E2%80%9C(1)%20Child%20with%20a%20disability,to%20in%20this%20part%20as%20%E2%80%9C)
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- 9 <http://www.thearc.org/our-initiatives/>
- 10 <https://www.bancroft.org/>
- 11 <https://www.parentcenterhub.org/>
- 12 <https://www.cdc.gov/ncbddd/disabilityandsafety/abuse.html>
- 13 The Stepping Stones Triple P—Positive Parenting Program is a family-centered model of parenting to help prevent emotional and behavioral issues in children with disabilities. It helps parents develop ways to manage their children's behavior problems and developmental issues in order to increase parents' competence and communication
- 14 <https://www.archrespite/>

approach to work toward the response, and ultimately the prevention, of child sexual abuse in the church environment.

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1) Is the following statement TRUE or FALSE? Children living with any disability reported significantly higher rates of all forms of victimization relative to children living with no disability.

- A) ☐ True.
- B) ☐ False.

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