The Risk and Prevention of Maltreatment of Children With Disabilities

Children with disabilities are at least three times more likely to be abused or neglected than their peers without disabilities (Jones et al., 2012), and they are more likely to be seriously injured or harmed by maltreatment (Sedlak et al., 2010). Even among children with disabilities, the risk of maltreatment varies by disability type (Jones et al., 2012; Lightfoot, 2014; Turner, Vanderminden, Finkelhor, Hamby, & Shattuck, 2011).

This bulletin for professionals describes the scope of the problem, risk factors, and strategies for prevention. It examines the problem in terms of statistics and research; covers critical issues encountered when assessing a child with a disability for maltreatment; and provides information about promising prevention, collaboration, and training approaches. The bulletin also includes a listing of helpful resources.

WHAT'S INSIDE

Child Welfare Information Gateway

Children's Bureau

Background and Research

This section presents an overview of research and current trends regarding the maltreatment of children with disabilities. It describes relevant statistics as well as risk factors for maltreatment, including how risk may vary by disability type.

Definitions

Child maltreatment is generally explained using the federal Child Abuse Prevention and Treatment Act (CAPTA) definition: "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" (P.L. 111–320).

As it relates to children, **disability** is defined as follows by the Individuals With Disabilities Education Act (IDEA): "The term 'child with a disability' means a child (1) with intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (referred to in this chapter as 'emotional disturbance'), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities and (2) who, by reason thereof, needs special education and related services" (P.L. 111–256).

For IDEA definitions of types of disabilities, visit http://www.parentcenterhub.org/repository/categories/.

Statistics Regarding Children With Disabilities

Estimates vary regarding the number of children with disabilities in the general population, depending on how disability is defined. According to the latest U.S. Census Bureau (2011) statistics, 5.2 percent of school-aged children (ages 5–17) have a disability. According to federal child maltreatment data, 12.7 percent of child maltreatment victims had a reported disability in 2014; that number increased to 14.1 percent in 2015 (U.S. Department of Health and Human Services [HHS], Administration for Children and Families, Children's Bureau, 2015). A recent study in Minnesota estimated that greater than one-third of children reported for maltreatment possess some type of disability (Hall-Lande, Hewitt, Mishra, Piescher, & LaLiberte, 2015). Of those children in foster care in the United States, about one-third have a disability (Slayter, 2016).

Statistics on the number of children with disabilities in child welfare, however, are difficult to obtain for many reasons. Until the 2010 reauthorization of CAPTA, state child welfare agencies were not required to report disability information to the federal government. This authorization mandates that states report (1) the number of children under 3 years of age who are involved in a substantiated case of child maltreatment and are eligible to be referred for early intervention services (see pp. 3 and 8 for more on early intervention services) and (2) the number of children who were actually referred for those services.

Although the reauthorization of CAPTA systematized data collection through the National Child Abuse and Neglect Data System (Child Welfare Information Gateway, 2013), it does not require information regarding types of disabilities or the number of children with disabilities who are older than age 3 when they enter the child welfare system. In many ways, however, accurate statistics on the number of children with disabilities are necessary for the development of public health services for this population (American Psychological Association, 2016).

Maltreatment Risk by Disability Type

Not all forms of disability carry the same level of risk, and not all children diagnosed with the same type of disability experience maltreatment equally. For example, children with disabilities that affect conduct, such as attention deficit/hyperactivity disorder, may be vulnerable to physical abuse by parents or caregivers who may become frustrated by their behavior. Children who rely on adults for their care, as well as children who are nonverbal or hearing impaired, may be more likely than others to experience neglect or sexual abuse (Centers for Disease Control and Prevention, 2017). Knowing the characteristics of children's disabilities can help child welfare professionals and service providers comprehend the barriers that these children face; better recognize and respond to those challenges; and obtain a more informed perspective of each child's social, familial, and individual contexts.

The following links provide useful information for service providers about various types of disabilities, the characteristics associated with them, and services that may be available to children with those disabilities. These resources also may be helpful to parents of children with disabilities.

- *Categories of Disability Under IDEA,* which was produced by the National Dissemination Center for Children With Disabilities, defines areas of developmental, or cognitive, delays for children under age 3 to determine which children may be eligible for state early intervention services. https://www.fhi360.org/sites/default/files/media/documents/Categories%20of%20Disability%20Under%20IDEA.pdf
- The Center for Parent Information and Resources website provides detailed descriptions of characteristics associated with each of the disabilities recognized by IDEA and potential services available to help children and families of children with disabilities. http://www.parentcenterhub.org/repository/categories/
- The Project IDEAL website provides basic definitions and general characteristics of a variety of disabilities and the impact of those disabilities on learning. http://www.projectidealonline.org/v/disability-categories/

Risk and Protective Factors

While no single risk factor indicates that a child will necessarily be the victim of abuse or neglect, research reveals that children with disabilities face an assortment of factors that place them at higher risk of maltreatment than children without disabilities. Children with disabilities and their families often encounter societal risk factors that may increase their risk for maltreatment, such as isolation, discrimination, and lack of supports (Lightfoot, 2014). Additionally, they may be at heightened risk for maltreatment due to risk factors related to characteristics of families, parents, children, and specific disabilities. This section describes those risk factors and highlights maltreatment in institutional and nonfamilial settings as well as protective factors.

> For more information on risk factors, see Information Gateway's Factors That Contribute to Child Abuse and Neglect web section at https://www.childwelfare.gov/topics/can/factors/contribute/.

Family or Parental Risk Factors

It is important for professionals to understand the effects that raising a child with disabilities can have on family dynamics. Such knowledge can help child welfare professionals and/or service providers assess risk factors (e.g., stress), the family support system, challenges to effective family functioning, and the additional risks that poverty may present (Algood, Hong, Gourdine, & Williams, 2011).

Stress and physical health: Providing additional care and supervision for children with disabilities can increase the stress placed on families caring for children with special needs (Fisher, Hodapp, & Dykens, 2008). Causes of stress can include additional financial costs, the physical and emotional health of parents or caregivers, and concerns about the future (Murphy, Christian, Caplin, & Young, 2007). High levels of stress and concern about their own well-being can lessen parents' abilities to provide appropriate care for their children and may lead to maltreatment (Algood et al., 2011; Murphy et al., 2007). Thus, child welfare professionals or service providers should emphasize to parents or caregivers the importance of attending to their physical and mental health needs as well as the needs of their children.

Lack of support: The increased time and resources often required to care for children with disabilities may leave parents socially isolated (Lightfoot, 2014). A limited ability to connect with other parents and social isolation in general may leave these parents unaware that their children are at increased risk of maltreatment, and they may be unprepared to identify and protect their children from risky situations (Johnson, 2011). Helping connect parents with opportunities for social interaction, such as peer-to-peer networking and support groups, may help them better protect their children and reduce negative emotions (Murphy et al., 2007).

Family functioning: Families may experience feelings of loss for not having a child who has developed "normally." Additionally, parents may have to expend a significant amount of time and energy attending medical and therapy appointments and providing additional in-home care (Weisleder, 2011).

Poverty: Regardless of disabilities, children who come from economically disadvantaged families are more likely to suffer maltreatment than children from financially stable homes (Martin & Citrin, 2014). Low-income families often live in areas with high crime rates, poor-quality housing, underperforming schools, and a lack of quality services—all of which can make it difficult to create a nurturing home environment (The Annie E. Casey Foundation, 2014). Caregiving demands placed on parents of children with chronic conditions such as physical and intellectual disabilities are predictors of serious stress (Javalkar, et al. 2017), a known risk factor for maltreatment (Centers for Disease Control and Prevention, 2017a). Additional stressors due to low-income, housing instability, unsafe neighborhoods, and poor social connections can add to the risk of maltreatment (Centers for Disease Control and Prevention, 2017b), as can poverty accompanied by depression and substance use (American Psychological Association, 2017).

To be effective, child welfare professionals must understand that families from these communities are disproportionally families of color who have likely experienced multigenerational trauma and negative experiences with public systems. Because availability of quality services and lack of awareness of resources can create barriers to accessing services, child welfare professionals should be aware of what resources are available in the community to help these children and families; if certain resources are not available, professionals can engage, support, and connect parents or caregivers to readily available quality services that are easy to access and culturally appropriate (Martin & Citrin, 2014).

Child and Disability Risk Factors

Numerous risk factors for maltreatment may be related to characteristics of the children or their disabilities. For example, disabilities may result in feelings of isolation and powerlessness in children (Palusci, Datner, & Wilkins, 2015). These feelings may prevent them from avoiding or reporting an abusive situation. Children with disabilities may have a limited ability to protect themselves or to understand what maltreatment is or whether they are experiencing it (Lightfoot, 2014). Further compounding this, children with disabilities who rely on caregivers for their daily needs may experience a lack of independence and privacy and not know when the behavior is inappropriate (Hibbard, Desch, Committee on Child Abuse and Neglect, & Council on Children With Disabilities, 2007).

Having a disability makes a child more vulnerable to maltreatment, but studies have shown that children with certain disabilities are more prone to maltreatment than others. For example, compared with children born without medical complications, children born with congenital anomalies such as spina bifida or Down syndrome have an increased likelihood of maltreatment during the first month of life (Van Horne et al., 2015). The type of maltreatment children experience is likely to be specifically related to their disabilities. For example, perpetrators may withhold medical care from children who need it or inappropriately restrict movement of children who have problems with movement control.

Risk Factors for Institutional and Nonfamilial Maltreatment

Although maltreatment is most often perpetrated by family members, children with disabilities are also at risk when being cared for by others. School-age children with disabilities who are victims of substantiated maltreatment are more than twice as likely to be placed in out-of-home care as those without disabilities (Lightfoot, Hill, & LaLiberte, 2011). Older youth with disabilities have higher rates of placement instability, longer stays in foster care, and decreased likelihood of reunification (Hill, 2012; Steen & Harlow, 2012). Children with disabilities may face increased risk of sexual abuse due to their placement in isolating environments (e.g., group homes, long-term-care facilities, hospitals) that allow easy access by others. These types of settings may undergo frequent staff turnover, which can lead to decreased opportunity for staff to become familiar with the children and recognize changes in their behavior or demeanor indicative of maltreatment (Palusci et al., 2015).

Children With Disabilities in Out-of-Home Care

The number of children who need therapeutic or specialized foster homes may exceed the number of homes available to them (Slayter & Springer, 2011). Child welfare professionals should emphasize the recruitment of foster families who have experience caring for children with disabilities. Those foster care providers without experience should receive training on disability-related issues. Child welfare professionals and service providers should ensure that children and the adults associated with their placements be provided with services appropriate to their needs (Lightfoot et al., 2011).

Disabilities and Transitioning to Independent Living

Given that approximately one-third of children in foster care have a disability (Slayter, 2016), it is likely that many of the youth transitioning from the child welfare system to independent living possess some type of disability (Hill, Lightfoot, & Kimball, 2010). To ease their transitions, child welfare professionals who work with such youth can help connect them with appropriate services, such as pairing them with mentors or disability advocacy organizations (Lightfoot, 2014). The following resources can help child welfare professionals and service providers with this task:

- *Paving the Way: Meeting Transition Needs of Young People With Developmental Disabilities and Serious Mental Health Conditions* (Transitions to Independence Project): https://www.pathwaysrtc.pdx.edu/pdf/pbPavingTheWayMonograph.pdf
- *2020 Federal Youth Transition Plan: A Federal Interagency Strategy* (Federal Partners in Transition Workgroup): https://www.dol.gov/odep/pdf/20150302-fpt.pdf
- *What to Know About Youth Transition Services for Students and Youth With Disabilities* (Federal Partners in Transition): https://www2.ed.gov/about/offices/list/osers/transition/products/fpt-fact-sheet-transitionservices-swd-ywd-3-9-2016.pdf
- *A Transition Guide to Postsecondary Education and Employment for Students and Youth With Disabilities* (Office of Special Education and Rehabilitation Services, U.S. Department of Education): https://sites.ed.gov/idea/files/postsecondary-transition-guide-may-2017.pdf

Protective Factors

Child welfare professionals also should be aware of protective factors associated with children with disabilities. Protective factors are conditions or attributes in individuals, families, or communities that can mitigate or eliminate risk factors that decrease the health and well-being of children and families. For example, an increased willingness on the part of parents to engage with various service professionals (a protective factor) could safeguard children who would otherwise be at risk of maltreatment (Haight, Kayama, Kincaid, Evans, & Kim, 2013).

Children may have impairments in some areas of development but experience strengths in others. Child welfare professionals and caregivers who are knowledgeable about children's strengths can tailor services that maximize those strengths while seeking to bolster other domains (Helton & Bruhn, 2013). A focus on strengths can help improve children's self-esteem. When child welfare professionals work with families of children who have disabilities, this type of strengths-based approach allows the child to feel supported and can reduce the risk of maltreatment (Lightfoot, 2014). Building strong, positive relationships with families and focusing on caregivers' strengths can also improve parents' confidence and self-esteem, which can reduce stress and other risk factors of abuse (Algood, Harris, & Hong, 2013).

For more information, see Information Gateway's Protective Factors to Promote Well-Being web section at https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/ and the issue brief *Protective Factors Approaches in Child Welfare* at https://www.childwelfare.gov/pubs/issue-briefs/protective-factors/.

Assessing for Disabilities

Systematic assessments for disabilities can improve casework practice. Comprehensive assessments go beyond simply stating whether a child has a disability. They help child welfare and related professionals know whether children are functioning with a severe, moderate, or mild impairment that may otherwise go undetected and paint a more complete picture of how a disability affects children, such as how they function across the cognitive, behavioral, social, and daily-living domains. Comprehensive assessments also can help child welfare professionals identify nuanced risk factors that indicate children's vulnerability to abuse and neglect. Understanding how children's disabilities affects their daily functioning enables parents, caregivers, and child welfare professionals to build on strengths, identify vulnerabilities, and connect children to services that are most beneficial (Helton & Bruhn, 2013).

Child welfare professionals who suspect children in their caseloads have a disability can make a referral to early intervention services or a developmental disability agency for a thorough assessment. Part C of IDEA is a federal grant program that assists states in providing comprehensive early intervention services for infants and toddlers. Part C requires child welfare professionals to refer families and children, ages birth through 2 years with substantiated maltreatment allegations, for a disability assessment and evaluation. Lack of identification—or a misidentification—of a disability may result in the referral or provision of inappropriate services or failure to provide needed services. Early identification can help alleviate future behavioral and educational issues among children with disabilities and a history of maltreatment (Haight et al., 2013). It is important that child welfare professionals become familiar with the provisions outlined in the IDEA regulation so they can best serve children with disabilities and their families. For more information about IDEA Part C, refer to *Addressing the Needs of Young Children in Child Welfare: Part C—Early Intervention Services* at https://www.childwelfare.gov/pubs/partc/.

Screening for Disabilities

Child welfare professionals or service providers should check to see if their agencies' screening and/or assessment tools include questions about disabilities. The implementation of a brief, standardized screening measure, such as the Ages and Stages Questionnaires (http://agesandstages.com/), could help identify children involved with child welfare who have developmental problems that may be otherwise difficult to detect. Using a validated screening tool can greatly improve the likelihood of correctly identifying disabilities than simple observation alone (Jee et al., 2010).

Assessing for Maltreatment

Regardless of the type of maltreatment experienced or the disability a child presents with, some children may have difficulty communicating their experience of maltreatment due to the symptoms of their disability or the lack of a connection to a trusted adult. Adults may believe that children with disabilities are unable to accurately convey the type of abuse or neglect they experienced. However, treating each child as an individual, avoiding assumptions about a child's abilities, and offering multiple and varied opportunities to report maltreatment can assist children with disabilities in communicating any maltreatment they may have experienced (Palusci et al., 2015). In fact, research has shown that even children with communication difficulties or trouble expressing needs, feelings, or other issues are able to accurately convey their experiences of distress and know what happened to them (Weiss, Waechter, & Wekerle, 2011).

> For common signs of abuse or neglect for all children, regardless of disability status, see Information Gateway's *What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms* at https://www.childwelfare.gov/pubPDFs/whatiscan.pdf.

Ideally, child welfare professionals and service providers should confer with disability professionals or a multidisciplinary group of knowledgeable consultants to obtain expert advice before interviewing children about possible maltreatment. This may be particularly helpful in cases where it is difficult to distinguish between maltreatment and a disability (Corr & Santos, 2017; Lightfoot, 2014; Palusci et al. 2015). For example, a child may exhibit withdrawal due to a disability or due to the effects of maltreatment.

Other issues, such as children's communication limitations or behavioral challenges, may affect assessments for maltreatment. In these situations, child welfare professionals, in consultation with disability professionals, may need to adapt the structure or location of the interviews. Interviewers should account for the developmental and mobility abilities of the child as well as the severity of the injuries and underlying medical conditions that could hamper victims from disclosing what happened (Palusci et al., 2015).

For valuable resources for teams investigating the maltreatment of children with disabilities, see the Child Abuse and Children With Disabilities website at http://disabilityabuse.org.

Promising Practices

The following section highlights various prevention methods, collaborative responses, and training tips that may help professionals improve their interactions with families, caregivers, children, educators, and other associated agencies and service providers.

Prevention

Although many communities have initiatives to prevent the maltreatment of all children, further efforts are necessary to provide additional protections and awareness regarding the maltreatment of children with disabilities. This section looks at prevention strategies focused at the community, family, and child levels.

South Carolina: Family Connection

Children's Trust administers the federal Community-Based Child Abuse Prevention (CBCAP) programs in South Carolina. These grants are funded by the U.S. Department of Health and Human Services, Children's Bureau. Children's Trust is collaborating with the evidence-based Positive Parenting Program, more commonly known as Triple P. Backed by more than 30 years of ongoing research, Triple P is currently used in 25 countries to give parents practical strategies to assist them in managing their children's behavior.

Children's Trust of South Carolina has established a relationship with Family Connection, a statewide nonprofit founded by parents who have children with disabilities and special needs. Family Connection is committed to empowering families as advocates and partners in improving education, health, and behavioral outcomes for infants, toddlers, children, and youth. The organization provides services for families with a child that has a disability.

The Triple P model provides an evidence-based curriculum, Stepping Stones, that is specific for parents of children with disabilities. Based on Triple P's evidence-based positive parenting strategies grounded in a strengths-based approach, the Stepping Stones curriculum helps parents manage problem behaviors and developmental issues common in children with disabilities. It also helps parents encourage children's positive behaviors, cope with stress, develop close relationships with children and teach children new skills.

In February 2017, staff at Family Connection of South Carolina became accredited in two levels of the Stepping Stones curriculum through CBCAP support. Family Connection Parent Navigators, who themselves parent a child with a disability, have been trained and accredited to deliver Stepping Stones Selected Seminar and Stepping Stones Primary Care. Delivery coverage extends across all counties in South Carolina and includes bilingual parent navigators to ensure Spanish-speaking families have access to these services. This system, aimed at normalizing seeking parenting help and building positive parenting practices, provides a variety of delivery models to ensure families are able to access services where and when needed and at the appropriate levels of need. Parent navigators incorporate these sessions into locations where they are already interacting with families, such as schools, churches, and home visits.

For more information about Children's Trust of South Carolina, visit https://scchildren.org/. For more information about Children's Trust's work with Family Connection, contact Abby Wilson at awilson@scchildren.org.

Community-Level Prevention

Child welfare professionals can build upon general child maltreatment prevention efforts by incorporating the following strategies to raise awareness of the maltreatment of children with disabilities and help change societal attitudes about children with disabilities:

- *Ensure community members are aware of the heightened risk.* Community members may not realize that children with disabilities are at an increased risk for maltreatment or understand how they can better identify, support, and protect children with disabilities who have been or are at risk for maltreatment.

- *Help others see children with disabilities as valued and unique individuals.* Child welfare professionals can counteract negative attitudes by discussing the strengths of children with disabilities and their families and the unique perspectives they bring to their communities. They also can help develop leadership skills in parents and family members of children with disabilities so they can be powerful advocates for promoting the safety of their children and all children in the community.

- *Promote inclusion of children with disabilities in everyday life.* Child welfare professionals can identify and address physical and social accessibility barriers for children with disabilities and their families (e.g., access to public buildings and parks, equal opportunities to participate in sports or social events) to promote greater exposure and decrease isolation.

- *Encourage communities to share the responsibility for the well-being of children with disabilities.* Through regular contact with schools, neighbors, faith-based organizations, and businesses that interact with families, child welfare professionals and service providers can encourage greater community involvement to create a larger support network for children with disabilities and their families. Education systems are key to prevention and intervention efforts due to their frequent contact with children with disabilities and their families. They can also help create and promote policies and educational opportunities that support the well-being of this population.

Example of Community-Level Prevention

The Coalition Against Sexual Abuse of Children With Disabilities (CASACD) includes more than 20 core members and is led by the Chicago Children's Advocacy Center. CASACD seeks to, among other goals, increase the prevention of and raise public awareness about the sexual abuse of children with disabilities. CASACD provides a variety of resources and trainings for providers, parents, and others about preventing sexual abuse amongst this population. For more information about CASACD, visit http://www.chicagocac.org/what-we-do/outreach-education/community-collaborations/coalition-against-sexual-abuse-of-children-with-disabilities/.

Family-Focused Prevention

Parents and other caregivers spend the most time with their children; therefore, it is important to connect them with prevention programs that help them raise their children without resorting to maltreatment (Helton & Cross, 2011). Interventions that encourage positive interactions between parents and caregivers and children with disabilities can improve parent responsiveness and increase appropriate expectations and limit setting (Holtz, Carrasco, Mattek, & Fox, 2009).

Parents should educate themselves about their child's disability as well as care for their own mental health and well-being. Connecting parents to services such as social support groups and respite care may allow them to better understand their own mental and physical well-being and reduce stress, improve attachment, and reduce the risk of maltreatment. The following are examples of general prevention services to which child welfare professionals can connect families:

- *Home visiting:* Professional or paraprofessional staff can visit families to provide them support and services in their homes. The visitor partners with the family to assess the family's strengths and needs and enhance their protective factors. For information on a federal initiative to generate knowledge of

home visiting practices and models, visit the Health Resources and Services Administration Maternal and Child Health Home Visiting website at https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview.

▪ *Parenting classes:* Given the large presence of children with disabilities involved with child welfare, even general parenting classes should include a focus on parenting children with disabilities and accessing supports and services (Lightfoot et al., 2011). For more information about parent education programs, refer to Information Gateway at https://www.childwelfare.gov/topics/preventing/prevention-programs/parented/.

▪ *Support groups:* Parents can share their experiences in a supportive group setting and trade information on resources, address issues related to their children's disabilities, and create informal support networks. In addition to connecting parents to national support organizations like Parents Anonymous (http://parentsanonymous.org/) or Circle of Parents (http://www.circleofparents.org), child welfare professionals can help parents identify supports specific to their children's disabilities, when possible.

▪ *Respite care:* Whether it is planned or offered during times of crisis, taking a break from the demands of caring for a child with disabilities can help parents reduce stress and the risk of abuse or neglect. Child welfare professionals can help families locate respite services on the ARCH National Respite Network and Resource Center website at https://www.archrespite.org/respitelocator. For additional information about respite care, visit Information Gateway at https://www.childwelfare.gov/topics/preventing/prevention-programs/respite/.

Examples of Family-Focused Prevention

The following are examples of family-focused prevention efforts:

▪ The Arc (http://www.thearc.org/) provides individualized supports and services to people with intellectual or developmental disabilities and their families throughout the United States.

▪ The PACER Center (http://www.pacer.org), which is based in Minnesota, offers numerous programs and informational materials for families of children with disabilities, such as state parent centers for training and support and the National Bullying Prevention Center.

▪ Parent to Parent of Pennsylvania (http://www.parenttoparent.org/) matches parent mentors of children with disabilities with parents of newly diagnosed children with the same or similar disabilities.

▪ SAFE (Stop Abuse for Everyone) (http://www.safeaustin.org/) in Austin, TX, offers disability awareness training for professionals and family members. It focuses on the risks of abuse faced by people with disabilities; strategies for preventing abuse; techniques for providing sexual education; and detecting, reporting, and responding to disclosures of abuse.

Child-Focused Prevention

Teaching children with disabilities about the risks of abuse and neglect, as well as improving their ability to advocate for themselves, can help reduce maltreatment among this population. If appropriate, it is also important to keep the child's parent or primary caregiver engaged in making decisions about the various intervention options (Haight et al., 2013). Summarized below are some additional prevention strategies to keep in mind when working with children with disabilities:

▪ *Help children protect themselves:* Child welfare professionals should try to involve children at risk of maltreatment in group-based educational opportunities about abuse and neglect. This could include involving children in opportunities to learn about their body parts and functions, what constitutes abuse and neglect, how to communicate with a trusted adult if the need arises, and distinguishing between appropriate and inappropriate social interactions (Murphy, 2011). This can help children identify abuse, respond to it, and tell others. When involving children with disabilities, child welfare professionals should ensure programs are inclusive and appropriate to children's ability levels, cultures, and genders. Professionals should also remember that children with disabilities possess a wide variety of strengths and may need alternate methods of instruction.

▪ *Maximize children's communication skills and tools:* Children may need opportunities to practice using effective communication skills. Child welfare professionals can model healthy relationships and positive interactions with other children and adults and encourage others involved in children's lives to do the same. Increasing children's verbal development and communication skills can help them advocate for their own needs and report maltreatment if it does occur.

▪ *Reduce children's social isolation:* Children with disabilities may have limited involvement in developmentally appropriate activities (e.g., clubs, sports, jobs) that can help reduce social isolation. Youth with disabilities who are involved with the child welfare system are two times less likely to participate in these types of activities than their peers without disabilities (Berg, Shiu, Msall, & Acharya, 2015). Child welfare professionals can help ensure children with disabilities feel welcomed and included in these activities and throughout their communities. Service providers can work with multidisciplinary teams of parents, foster parents, educators, and others to identify opportunities and assist caretakers in enrolling their children in appropriate activities and supporting them as they form and strengthen relationships with peers and trusted adults.

Examples of Child-Focused Prevention

The following are examples of child-focused prevention programs:

▪ Kidpower International (http://www.kidpower.org) offers programs for children, youth, and adults, including those with special needs. Program areas include personal safety and strategies to prevent or respond to child abuse, neglect, bullying, and other threatening situations.

▪ IMPACT: Ability (http://impactboston.com/selfadvocacy/) is a 10-session personal safety curriculum for individuals, including youth, with cognitive and/or physical disabilities. It uses realistic simulations to help teach people with disabilities how to respond in at-risk situations, including assertive communication and how to resist inappropriate sexual contact by a caregiver or other adult.

Collaborative Responses

Service coordination and collaboration between the numerous professionals who serve children with disabilities and their families are critical to addressing their multiple needs. For example, child welfare professionals can partner with professionals in the fields of medicine, early childhood education, developmental disabilities, mental health, and nutrition (Corr & Santos, 2017; Lightfoot, 2014;). Child welfare professionals and service providers should also include families whenever possible. To improve collaboration and coordination of services, the following strategies should be considered:

▪ *Use a team approach:* Include families in joint meetings with other professionals to plan services and share information on case progress. Engaging and involving the family and caretakers helps implement needed services (Haight et al., 2013). For example, as required by IDEA, all families of children with disabilities should have two plans, an individualized family service plan (IFSP) and an individualized education program (IEP). The IFSP (for children from birth to age 2 years) focuses on the services that a family needs to enhance the development of their child. It is broader than the IEP and puts more focus on the family. School-aged children with disabilities (ages 3–21 years) should also have an IEP, which assesses strengths and needs and determines appropriate educational services and support provided in schools. The IFSP and IEP should be developed collaboratively with the children's parents and other key stakeholders to best address goal setting as well as the planning, coordination, and monitoring of services.

▪ *Collaborate and share information between agencies:* Collaboration is key to increasing communication between multiple agencies and systems. It may help them develop a joint mission or vision statement, which can unite agencies around a common goal. Having well-defined roles and shared priorities and resources helps promote stronger partnerships among service providers (Corr & Santos, 2017). Additionally, developing multidisciplinary teams to work across the various providers is crucial to conducting assessments, finding placements, identifying needs, and delivering appropriate services (Haight et al., 2013; Lightfoot, 2014). Some agencies or systems have found success in inviting a disability specialist to colocate within

the agency to ensure children receive the needed developmental assessments and to encourage collaboration and ongoing case support (Herman-Smith & Schmitt, 2014).

To help improve collaboration with developmental disability services in your community, the HHS Administration on Disabilities website maintains a list of state organizations, such as councils on developmental disabilities, protection and advocacy agencies, and university centers for excellence in developmental disabilities and is available at https://www.acl.gov/about-acl/administration-disabilities. The Center for Parent Information and Resources has a webpage (http://www.parentcenterhub.org/repository/stateagencies/) to help users locate state and local organizations to assist children with disabilities and their families.

Example of a Collaborative Response

The Disability Child Welfare Collaborative (DCWC) (https://www.cascw.org/community-engagement-2/dcwc/) brings together professionals from the fields of child welfare, disability, and education to improve outcomes for children with disabilities and their families in Minnesota. Many of the resources on the DCWC website, however, are applicable to professionals and families throughout the United States. Resources include a factsheet for the disability community about working with child welfare; factsheets about child welfare and special education; and a link to the online training modules from the Center for Advanced Studies in Child Welfare (https://www.cascw.org/portfolio_category/online-modules/) on a variety of child welfare topics, including school success for children with disabilities involved with child welfare.

Training

Families commonly encounter service providers who have limited training in and knowledge of working with children with disabilities. Training regarding disabilities is not offered sufficiently to child welfare service providers, making it difficult for many providers to identify and assess disabilities and maltreatment (Lightfoot, 2014). Service providers may be unable to identify the unmet needs of children with disabilities and their families or connect them to appropriate services. Training topics could include an introduction to the relevant policies, programs, and services that are in place to support children with disabilities (Shannon & Tappan, 2011) as well as effective ways to communicate about disabilities to help gather pertinent information from the family, the child, and other service providers (Lightfoot, 2014).

Funded by the Administration on Intellectual and Developmental Disabilities, the National Network of University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDDs) supports universities in every state to carry out interdisciplinary training, technical assistance, research, and information dissemination. For more information, including a listing of centers, visit UCEDDs' website at https://www.acl.gov/node/466 or the Association of University Centers on Disabilities at http://www.aucd.org.

Training Examples

The following are examples of training programs that focus on working with children with disabilities:

- The National Children's Advocacy Center offers free trainings (registration required) on a number of topics, including working with children with disabilities. http://www.nationalcac.org/online-training-catalog/

- The Support Center for Child Advocates, which provides legal assistance to child maltreatment victims in Philadelphia County (PA), produced a series of webinars about transition planning for youth with disabilities. http://sccalaw.org/past-webinars/

- The Oregon Project Ability: Demystifying Disability in Child Abuse Interviewing training curriculum identifies common problems when interviewing maltreated children with disabilities and presents a systematic strategy for professionals to engage successfully with children with disabilities. https://www.oregon.gov/DHS/CHILDREN/ADVISORY/CJA/Documents/project-ability.pdf.

Evidence-Informed Interventions

Using evidence-informed interventions to reduce parental stress is an effective way to help decrease the potential for child maltreatment when working with families with children with disabilities (Weisleder, 2011). Each of the following programs focuses on positive ways of addressing the behavior of children with disabilities and decreasing the stress associated with parenting a child with emotional or behavioral problems.

- 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. http://www.triplep.net/glo-en/home/

- The Parent Management Training—Oregon Model is aimed at caregivers of children with antisocial behavior. It teaches parents to encourage positive behaviors through the use of praise and incentives, limit setting, and family problem-solving skills. http://www.isii.net/

- Parent-child interaction therapy is aimed at addressing disruptive behaviors in preschool-aged children by teaching parents how to work with their children to decrease negative behaviors, increase prosocial practices, and improve parenting skills to decrease parental stress. http://www.pcit.org/ and https://www.childwelfare.gov/pubs/f-interactbulletin/

- The Incredible Years teaches parents about family-based problem solving and positive child relationships and attachment to increase understanding of their children's developmental abilities. http://www.incredibleyears.com/

- Family group decision-making centers on the belief that children and their parents are part of a larger family group and recognizes the need for both to be involved in decision-making about the children's safety, permanency, and well-being. http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/FGDM/Pages/FGDM.aspx and https://www.childwelfare.gov/topics/famcentered/decisions/

Additional Resources

Information Gateway has several web sections that provide additional information about working with children with disabilities and their families:

- **Child Welfare and IDEA Part C** (https://www.childwelfare.gov/topics/preventing/prevention-programs/earlychildhood/childwelfare/)

- **Children With Disabilities** (https://www.childwelfare.gov/topics/outofhome/casework/children/children-with-disabilities/)

- **Developmental and Physical Disabilities Resources** (https://www.childwelfare.gov/topics/adoption/adopt-parenting/services/disability/)

- **Permanency for Children With Disabilities** (https://www.childwelfare.gov/topics/permanency/specific/disabilities/)

- **Services to Children and Youth With Disabilities** (https://www.childwelfare.gov/topics/systemwide/service-array/services-to-children-and-youth-with-disabilities/)

The following are additional resources that may be helpful for child welfare professionals:

- **National Dissemination Center for Children With Disabilities** https://www.fhi360.org/projects/national-dissemination-center-children-disabilities-nichcy This website provides information for the public on specific disabilities and programs and services for children with disabilities.

- **National Child Traumatic Stress Network (NCTSN)** http://www.nctsn.org/resources/topics/special-populations-and-trauma This website offers information and toolkits, NCTSN materials, interventions and initiatives, and other resources for children with disabilities and others who have experienced trauma.

- **Facts on Traumatic Stress and Children With Developmental Disabilities** http://www.nctsn.org/sites/default/files/assets/pdfs/traumatic_stress_developmental_disabilities_final.pdf This report includes information on modifying trauma treatment for children with developmental disabilities and how characteristics related to specific disabilities may influence the incidence of trauma.

- **Center on Technology and Disability**
  http://ctdinstitute.org
  This website includes webinars, e-learning modules, and other resources about assistive technologies for children with disabilities.
- **Center for Parent Information and Resources**
  http://www.parentcenterhub.org/
  This website includes information and products intended to support professionals who work with families of children with disabilities.
- **Childhood Maltreatment Among Children With Disabilities**
  https://www.cdc.gov/ncbddd/disabilityandsafety/abuse.html
  This website provides information about maltreatment for parents of children with disabilities and resources for children, parents and caregivers, and others.

Conclusion

Children with disabilities experience a higher rate of abuse and neglect than children without disabilities (Jones et al., 2012). They are disproportionally represented in the child welfare system (Lightfoot, 2014); however, due to time and budget constraints, training for child welfare professionals and service providers on how to best serve children with disabilities and their families may not be available. Awareness of the characteristics of different disabilities in relation to the risks of maltreatment and the supports each child needs may help child welfare professionals provide services that assist children in meeting their cognitive, behavioral, social, and daily-living needs. Promising strategies are available to prevent the maltreatment of children with disabilities, and opportunities exist to improve collaboration between child welfare and disability agencies to respond more effectively to children and families in this population. Child welfare professionals can play a key role in developing networks of support for children with disabilities and their families, identifying and addressing family strengths and needs so children with disabilities can live in safe and supportive homes, and educating children about abuse and neglect so they are better able to protect themselves.

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