

Maltreatment of children with disabilities: prevention strategies

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Letter to the editor

The perception of the issue

The maltreatment of children with disabilities is an important public health issue. Children with disabilities are known to be more vulnerable to maltreatment, or to be at a greater risk of these forms of abuse.¹ There is a gap in the evidence about whether all disabilities are at equal risk and whether risk factors vary according to the type of disability.² In our experience, maltreatment is about two or three times as frequent in children with disabilities as in their non-disabled peers. Children with mental disabilities have a higher risk of suffering all forms of maltreatment than children with other disabilities. Nevertheless, disability itself is not a risk factor to be maltreated. Most of the cases of maltreatment of disabled children from our environment, the cause was unrelated to the presence of an isolated individual risk factor (disability). Instead, maltreatment was related to the existence of familial, social, health, cultural and economic risk factors. The greater the number of risk factors associated around a disabled child, the greater will be the possibility of maltreatment.^{3,4}

Maltreatment of children with disabilities is part of the general problem of child maltreatment, which is still under-researched and little known as a whole; prevention, in particular, has received little attention. Preventing maltreatment against children with disability means to avoid physical pains, emotional sufferings, difficulties of integration and added consequences to those they already have due to their disability, besides to avoid big costs to the community. Investing from society in preventing maltreatment against children with disability may be more effective as for as the costs and give important and lasting profits. Wherever a prevention strategy is planned to be developed, it is essential to know the context of the problem in order to adapt the intervention to the target population, and concentrate the resources in the most vulnerable and risk groups. Maltreatment against children with disabilities is a multifactor problem, in which biological, psychological, social, economic and environmental factors take part, and for which there is not a simple or sole solution. On the contrary, is a problem that must be simultaneously tackled from several levels and in multiple sectors of society. Based on the perspective of the ecologic model of children maltreatment, that prevails nowadays, given that factors that can contribute to the maltreatment are diverse and interrelated, is necessary that different prevention strategies against maltreatment of children with disability are oriented in a multidisciplinary and multi sectorial way, and coordinately applied.⁵

Prevention strategies

To prevent domestic violence against children with disabilities, are useful those interventions directed to the community or society in general (“primary prevention strategies”), and those strategies called “secondary prevention strategies” directly aimed at the families with children with disability. The latter are regarded with risk of maltreatment to the disabled child and to his/her extra-familial

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environment more close to them or not. The “tertiary prevention strategies” are only useful once the maltreatment has happened. They are also designed to try to reduce the traumas or disabilities associated to the maltreatment and to avoid that the maltreatment against the child happens again. The primary and secondary strategies against maltreatment of children with disabilities may be applied, in a integrated way, in the generic programs of prevention of children maltreatment that are useful for all the children, or in a parallel way to these ones, carrying out specific programs to disabled child population. Generally, the parallel strategies and prolonged in time interventions which have been undertaken during the childhood are more efficient that integral and isolated interventions undertaken during the adolescence.

What marks the difference between an intervention of normal support to the families with children with disabilities and an intervention that has as objective the prevention is that, in the first case there are not or we don't know the existence of risk factors in the family that predispose to the children maltreatment. In these cases it is only necessary the application of support measures or socio-economic, socio-health and socio-educative help. In the second case, there are risk factors in the family that predispose to the maltreatment or we suspect there are risk factors, such as show domestic violence problems, antisocial behavior, drug-addiction, alcoholism, psychiatric disorders, disability, poverty, isolation or social alienation.

The specific characteristics of a maltreatment prevention intervention aimed to the disabled child are those that guarantee that the measures to be applied are:

- i. Appropriate and accessible to the children with disability.
- ii. Globally and specifically suitable to the intellectual capacity, to the culture and gender.
- iii. Continual or frequently repeated during the childhood and the adolescence and not occasional.

iv. Accepted by parents and family, with the maximum concern in programs and activities, and knowing and supporting the imparted teachings.

Family is the micro-system in which the child lives. To increase the development potential of a child with disability depends, largely, on that family provides appropriate cares and socio-emotional support. A low familiar adaptation to the disability will affect negatively to the development and psychosocial welfare of the child, and will reduce his/her capacity to live and work efficiently in the society. In fact, an effective integration along the vital cycle depends on the familiar support and care. If most cases of maltreatment of children with disabilities take place in the family, is in the family where a great part of the efforts and preventive services must be focused. Therefore, the specific characteristics of a maltreatment preventive intervention focused on a family with a child with disability are those which apply information, training and support measures to the parents and family, and that increase the disabled child's development potential.

The collaboration among services, associations and institutions can be considered a prevention strategy. The community prevention strategies focus on the cultural, social and economic factors related to the maltreatment against children with disabilities. They give especial attention to the legal, political and social environment modifications and to the promotion of healthy behavior and attitudes in order to reduce maltreatment rates in this specific society group. National and autonomous regional governments, regional and local administrations, justice system, institutional services specialized in minors protection, associations and confederations of disabled people, non-governmental organizations and associations interested in the issue, several knowledge fields professionals and service providers should work and collaborate in a coordinated way to support families with children with disabilities. And also to make sure that the efforts to develop prevention strategies in this specific group are multispectral and multi-disciplinary, independently they are integral or parallel strategies.

The associations and social cooperatives representing the families in preventing maltreatment against children with disabilities have little involved in the issue and particularly in the maltreatment against their children. The members of those associations and the professionals, who work there, are the people who can know and experiment first-hand the problem. Therefore, they are probably the most valid and important interlocutors when it comes to programming an inter-agency network, whose aim is maltreatment of children with disabilities prevention. Inter-agency intervention of prevention strategies should be made by the legislatively competent in protection and welfare of children public institution. This, without detriment that certain prevention measures can be promoted and coordinated from the very organizations representing disabled people, informing the competent public institution about the development and results of the program.

In the scope of families with children with disabilities, the public services prevention strategies should focus on developing:

- i. Parents training programs to increase the knowledge and understanding on the child development, giving information of the specific disability and the real expectations in the development.
- ii. Parents training programs to consolidate skills to the correct child breeding and develop positive skills to bear the disability.

iii. Measures to reduce the emotional stress.

iv. Measures to reduce isolation, particularly in families who live in distant rural areas.

v. Measures to improve the knowledge and to make easy the access to early attention, healthy, legal, educational, leisure time and vocational training resources and services of the community.

vi. Information and training programs on the imprudent, improper or illicit use of medicines and therapeutic substances, and rehabilitation therapies for children with disabilities.

vii. Extensive home-based support, including assistance with daily household tasks.

viii. Respite care programs and services, in order to avoid the caregiver burnout syndrome, and particularly if the caregiver has also a disability.

ix. Home visitation programs, by trained professionals, particularly to families that are at risk of maltreatment.

x. Parent-to-Parent support programs, so that families at risk of maltreatment against their children with disabilities are able to communicate and get information, help and resources from other families who are or had been in the same situation.

These prevention programs, measures and services can be offered to all the families with children with disability or only to families at risk of maltreatment of children. In these last ones, it is very important to identify the risk factors in order to prioritize the programs and offer the necessary measures individually for each family. These programs and services must be operative as long as families need them to avoid taking a risked situation again.

In the scope of the disabled child, is very interesting to develop prevention strategies focused on:

- i. Increase their self-esteem and improve their corporal auto-image.
- ii. Inform them on and train them on physical abuse, how to identify it, how to face to it, how to communicate it to other people, what feelings can people have after an abuse or abuse attempt, and what rights they have.
- iii. Educate them on self-protection and defense against abuse, particularly against sexual abuse through sexual education courses specifically designed for them, so that they can learn how to behave in a proper sexual way and the protective personal skills.

In the scope of the community, is basic to set prevention strategies focused on developing:

- i. Legislative and judicial measures that safeguard the rights and improve the children with disability protection.
- ii. Policies to obtain funds from governmental and non-governmental public or private institutions, to finance campaigns, programs and projects devoted to maltreatment and children with disabilities abuse investigation, spreading and prevention.
- iii. Campaigns to increase and improve information, to raise public awareness on the issue.
- iv. Campaigns to modify community negative attitudes and behaviors towards disabled children with the following goals for

the community: share responsibilities in their care and welfare; promote the inclusion of these children into diary activities; stimulate their appreciation; see them as useful individuals to society.

- v. Specific programs, projects and protocols for the investigation and spreading of abuse against children with disability or its suspicion.
- vi. Platforms that make easy the data recording, interchange, and information on the results of: raising public awareness campaigns; specific programs and projects; experts' contributions to this issue.

Lastly, do not forget risk and protective factors focused on the close environment to the family and the disabled child. Although the percentage of maltreatment against children with disabilities cases which have been produced by people near to the family, other relatives, friends, neighbors, caregivers, educational and health services providers are only a few, it does not mean that we must not strive to prevent abuse. Efforts to develop prevention strategies in the close to the family and children with disabilities environment should be focused on developing:

- i. Information campaigns on the cares they need and on raising public awareness, addressed to the adults of the close environment to these children.
- ii. Campaigns at the school to inform raise awareness and educate children with and without disabilities. They must be campaigns on the eradication of maltreatment and on the understanding and the acceptance of disabled children and among peers.
- iii. Training programs for professionals who are more frequently in contact with children with disabilities, particularly health and special education professionals so that they know, raise awareness and detect the problem, and they understand their role on prevention.

iv. Measures for the correct selection of caregivers and services providers by the families of children with disability.

- v. Measures for the external supervision, by trained professionals, of the cares and services provided to disabled children.

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Conflict of interests

Author declares that there is no conflict of interest.

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