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Maltreatment of Children With Disabilities: The Breaking Point

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Abstract

The maltreatment of children with disabilities is a serious public health issue. Children with disabilities are 3 to 4 times more likely to be abused or neglected than are their typically developing peers. When maltreated, they are more likely to be seriously injured or harmed. As alarming as these numbers are, they likely underestimate the problem. Children with disabilities encounter all 4 types of abuse: physical, sexual, neglect, and emotional. Here, the author discusses risk factors associated with the maltreatment of children with disabilities, which, as expected, include both child and family factors.

Keywords

cerebral palsy, intellectual disabilities, physical abuse

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Maltreatment of children with disabilities stems from a combination of the characteristics of the impairment and how the disability affects family functioning. Health care providers are limited in their ability to change the former. But there are ample opportunities to intervene and decrease parental stress by providing support for these often overwhelmed families. Early identification of child- and family-related risk factors for maltreatment and proactive implementation of interventions to reduce them are essential to prevent families from reaching the breaking point.

Who Are the Children at Risk?

Few studies have been designed to identify specific characteristics that make children with disabilities more likely to be maltreated. It does appear that children with disabilities associated with impairments of learning, communication, or behavior are at high risk for maltreatment.[1] Included here are children with conduct disorders, who are 8 times more likely to experience emotional abuse than are either their typically developing peers or children with attention deficit hyperactivity disorder (ADHD). Among children with behavioral or mental health conditions, those younger than 6 years of age are nearly twice as likely as are typical children to be maltreated, and children with behavioral health conditions who have been maltreated before 3 years of age are 10 times more likely to be maltreated again.[1,2]

Not all childhood disabilities render the same risk level for maltreatment. Children with chronic respiratory, orthopedic, and neurological conditions have a slightly higher risk for maltreatment than do typically developing children.[2] Somewhat surprising, children with more severe disabilities may be at an even lower risk. It has been postulated that more severe impairments afford fewer disparities between parental expectations and the child's performance.[3] It is likely that these children are also less likely to be argumentative or exhibit maladaptive behaviors.

The sexual abuse of children with disabilities is an especially serious problem. When compared with typically developing children, those with disabilities are more than 3 times as likely to be sexually abused.[4] Furthermore, the risk of sexual abuse among children with conduct disorders or moderate to severe learning difficulties is 6 to 7 times higher than that of children without a disability.[1] Children with disabilities who rely on others for assistance with self-care (ie, bathing, grooming, toileting, and dressing) may be used to having their bodies touched and are therefore less able to recognize inappropriate contact. Also, some children with disabilities are unintentionally conditioned to comply with authority and fail to recognize or report abusive behaviors.[5] For a variety of reasons, parents, educators, and other caregivers may not provide children with disabilities information on human sexuality or strategies to protect themselves from sexual abuse. The combination of impaired developmental and psychosocial abilities renders children with disabilities easy targets for sexual abuse.

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Which Families Are at Risk?

Although unpleasant to consider, it is essential to recognize that the perpetrator of child maltreatment is, almost always, a member of the child's family. Ninety-seven percent of perpetrators are parents, parents' partners, or other family members.[6] Although this number comes from studies of all maltreated children, there is no reason to believe that the figure is any different for children with disabilities.

Poverty and a lack of social support are known risk factors for child maltreatment. Children who live in single-parent families or with parents who have low educational levels, mental illness, or substance abuse are at greatest risk for maltreatment. The risk increases 4-fold in households with 4 or more young children.[7] Preschoolers living with 1 biological and 1 step-parent are 40 times more likely to be abused than are those living with both biological parents.[7] For children living with a single mother, the likelihood of abuse is 14 times that of children in homes with both biological parents.[7] The fact that families of children with disabilities are more likely than are others to live in poverty and social isolation is probably 1 of the factors that contributes to increased rates of child maltreatment.[8]

When assessing why children with disabilities are at high risk of maltreatment, it is important to recognize that parenting a child with a disability requires extraordinary personal, physical, emotional, social, and financial commitment and resources.[9] Unlike professional caregivers who return home at the end of their shifts, the parents of children with disabilities render care continuously and indefinitely for essentially no compensation. The negative physical, emotional, and functional consequences of raising a child with a disability can threaten the ability of parents to provide appropriate long-term care. The distress can lead to child neglect—the most common type of maltreatment.[8] Parents who have been directly injured by their children's impulsive and occasionally violent behaviors may resort to aversive reactions, which in fact may be considered a form of child maltreatment.[5,8] High parenting demands and limited respite opportunities can leave the parents of children with disabilities overwhelmed and unable to cope.

An additional threat to the parents of children with disabilities is that as a group, they are in poorer physical and mental health than are those of children without disabilities.[9] Parents assign the highest priority to caregiving demands and relentless family obligations—far above personal health care needs.[8] Yet poor parental health can negatively affect the well-being of children with disabilities. For example, the physical health of parents of children with cerebral palsy is directly related to the physical function of their children.[10] Similarly, a parent's mental health is associated with both the psychosocial function and the overall quality of life of a child with cerebral palsy.[10] Finally, the literature on child maltreatment suggests that adults who are, or who have been, abused are more likely to abuse their children. Spousal abuse co-occurs with child abuse in 30% to 60% of affected families.[7] Thus, clinicians caring for children with disabilities should make an assessment of the violence history of the child's caregivers.

A Call to Action

Although services to improve a child's psychosocial and physical functioning are available, services that address a parent's physical and mental health are lacking. For that reason, community-based and family-centered care initiatives for children with disabilities must include interventions that support and sustain parents in their roles as long-term caregivers. Interventions need to include parental training in topics such as child behavior management and stress management techniques, as well as social support services and respite care. In addition, many children with disabilities can learn to advocate for themselves by distinguishing between appropriate and inappropriate interactions with family members and others involved in their care and knowing when and how to communicate those concerns to trusted adults. These and other risk-reduction interventions, which promote child self-advocacy and parental functioning, are urgently needed.

The current system of care for children with disabilities depends on parents being not only willing but also physically and emotionally able to meet the challenges of providing care for their children. If a parent is unable to fulfill these responsibilities because of poor physical or emotional health, the child may suffer. We all share the duty of recognizing the risk factors and signs of child maltreatment. Identifying those clues among the parents of children with disabilities is a critical step toward providing appropriate services in a proactive manner. There is no reason to wait until these families reach the proverbial breaking point.

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