

Resolution on the Maltreatment of Children with Disabilities

Adopted by the APA Council of Representatives, February 2003

Whereas children with disabilities are a distinct high-risk group for abuse and neglect, and are on average two to three times more likely to be maltreated than are children without disabilities in their homes and in institutions (Sullivan & Knutson, 2000a);

Whereas an estimated 175,000 to 300,000 children with disabilities are maltreated each year (Westat, 1993);

Whereas disability includes mental retardation and developmental disabilities, learning disabilities, chronic conditions such as juvenile rheumatoid arthritis, HIV/AIDS, and diabetes, speech and language difficulties, physical and orthopedic disabilities, deafness and hearing impairment, visual impairment, and autism (Sullivan & Knutson, 2000a);

Whereas the knowledge base on maltreatment of children with disabilities is limited because of the small number of studies, and even more so with regard to the differential impact of race and ethnicity, gender, sexual orientation, or immigration status (Robin et al., 1997; Sedlak & Broadhurst, 1996; Sullivan & Knutson, 1998; Urquiza & Goodlin-Jones, 1994);

Whereas disability status was not included in the most recent congressionally mandated National Incidence Study of Child Abuse and Neglect (NIS-3), even after the second National Incidence Study (NIS-2) reported that children with disabilities were at increased risk of both abuse and neglect (Westat, 1993);

Whereas states are not required to collect data on disability status under the Child Abuse Prevention and Treatment Act (CAPTA; Department of Health & Human Services, 2001), and only 19 states currently collect it in their Central Registries of child abuse and neglect cases (NCCAN, 2001);

Whereas data on disability status in state Central Registries, and in national incidence studies of child abuse and neglect, would facilitate research on maltreatment of children with disabilities (Sullivan & Knutson, 1998);

Whereas parents of children with disabilities are more likely to report high levels of stress, depression and anger (Little, in press-a);

Whereas children with multiple disabilities are at higher risk of abuse and neglect than children with single disabilities (Benedict, White, Wulff, & Hall, 1990; Sullivan & Knutson, 2000a);

Whereas children with schizophrenia, affective disorder, anxiety disorder, conduct disorders, and autism are at particularly high risk, being *seven times* more likely to be abused and neglected than their non-disabled counterparts (Council on Children with Behavioral Disorders, 2000; Sullivan & Knutson, 2000a);

Whereas support for parents of children with disabilities has been found to facilitate attachment, and lessen parental stress, anger, and depression (Capuzzi, 1989; Kendall-Tackett with Kantor, 1993);

Whereas there is an increased need for accessible, culturally competent, scientifically-proven services that are sensitive to youth and family strengths and needs (Report of the Surgeon General's Conference on Children's Mental Health, 2000);

Maltreatment includes physical, sexual, and emotional abuse, and neglect.

Whereas there is currently little coordination between child protective services and organizations that provide services to children with disabilities (Goldson, 1998);

Whereas this lack of coordination results in critical gaps in the provision of services to maltreated children with disabilities (Oregon Institute on Disability and Development, 2000).

Whereas all children, including those with disabilities, are entitled to care and out-of-home placement that takes into account their culture, ethnicity and disability status (Council for Children with Behavioral Disorders, 2002; Indian Child Welfare Act);

Whereas formal partnerships among federal agencies, professional associations, and families and caregivers would facilitate the transfer of knowledge among research, practice, and policy related to children's mental health (Report of the Surgeon General's Conference on Children's Mental Health, 2000);

Therefore be it resolved that the American Psychological Association:

Recommends the inclusion of disability status in the Child Abuse Registry of all states, and in all national incidence studies of child abuse and neglect;

Recommends support services for families aimed at addressing anger, stress and depression, especially for those families with children at particularly high risk;

Strongly encourages research to clarify the current state of knowledge, identify risk factors, identify the multiple-service needs of children with disabilities and their families, and to track these children as they move through the foster care system (i.e., from family-to-family and from school-to-school);

Strongly encourages collaboration between professionals in the child maltreatment and disability communities (e.g., lawyers, child advocates, mental health professionals), and dissemination of research on the special needs of maltreated children with disabilities to both of these groups and to education and training programs in psychology;

Strongly encourages the development of culturally relevant prevention and treatment models that provide comprehensive child protection and care for maltreated children with disabilities, and dissemination of these models to education and training programs in psychology.

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