

Increased Risk of Maltreatment for Children with Disabilities

KYLA KROGMAN, MSW, CSW & DARLA BIEL, MA, CFRE

Center for the Prevention of Child Maltreatment's Mission

KNOW

Evidence Based
Best Practices

RESPOND

Early
Intervention
Healing

PREVENT

Create Trauma
Informed
Communities

To stop all maltreatment against South Dakota children in order to foster resilient families.



UNIVERSITY OF
SOUTH DAKOTA
SCHOOL OF HEALTH SCIENCES

Center for Disabilities

- South Dakota's **U**niversity **C**enter for **E**xcellence in **D**evelopmental **D**isabilities (UCEDD)
 - Crossover health, education, mental health, human services
- **Mission**
 - Improve the lives of individuals with disabilities and their families across the lifespan
- **Core Functions include**
 - Direct Clinical Services
 - Interdisciplinary Pre-Service Preparation
 - Research and Evaluation
 - Information Dissemination
 - Community Outreach and Services
 - Policy and Advocacy





CAAS⁺

CHILD ADULT ADVOCACY STUDIES

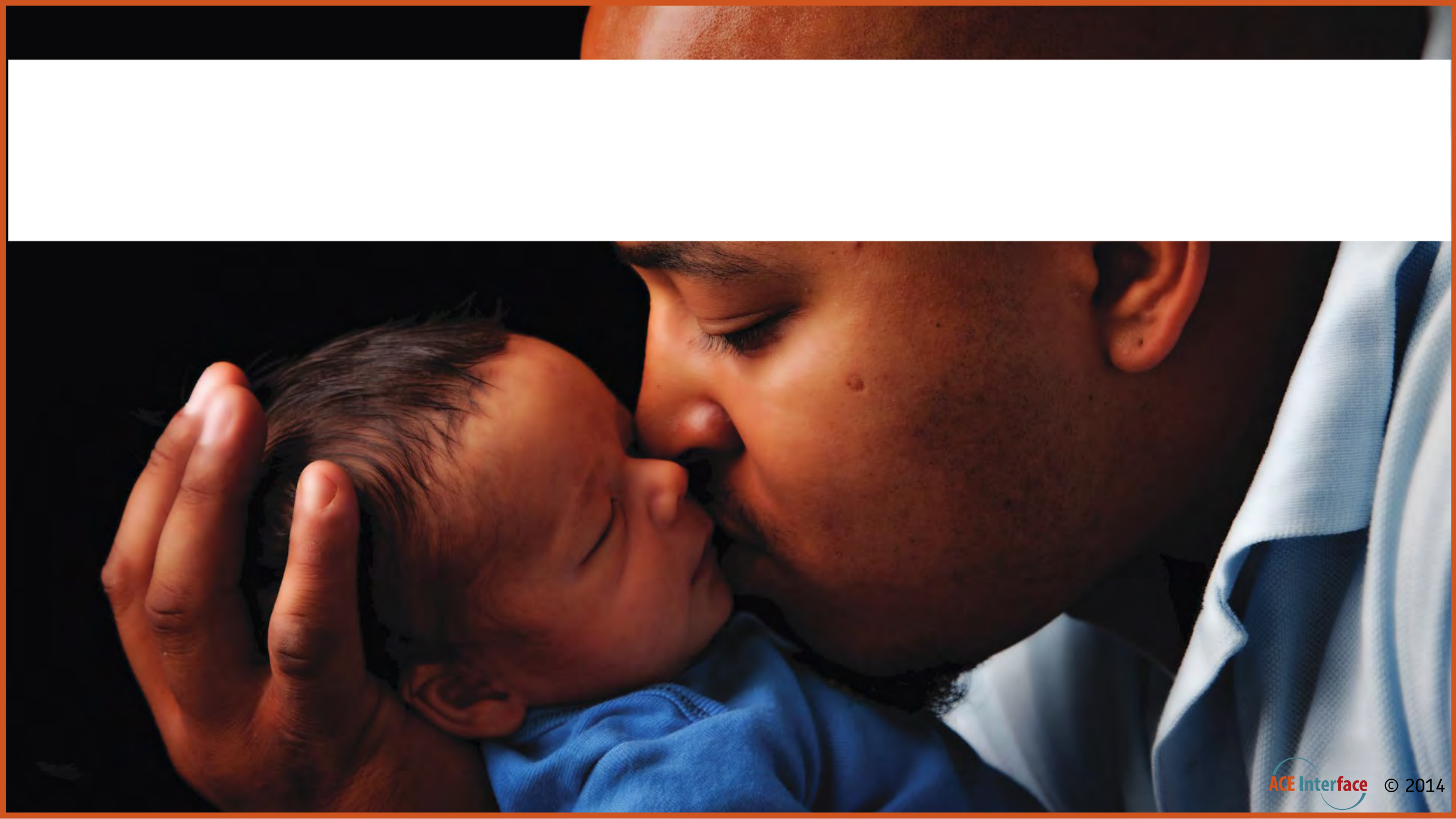
KNOW | RESPOND | PREVENT

CAASt Graduate Certificate Curriculum

HSC 555	HSC 565	HSC 570	HSC 595
Traumatic Stress across the Lifespan	Perspective of Child and Adult Maltreatment: A Multidisciplinary Approach	Professional and System Response to Maltreatment	Practicum in Child and Adult Advocacy Studies
3 credits	3 credits	3 credits	3 credits

Objectives

Increase	Increase understanding of the prevalence of child maltreatment and ACEs in South Dakota, and collaborative efforts to decrease risk factors and increase protective factors for children.
Understand	Understand the increased risk for maltreatment and associated long-term effects.
Increase	Increase understanding of differences of trauma responses of children with disabilities versus typically developing children.
Recognize	Recognize differences in needs of navigating services for children with disabilities.



01/12/14

NEWS

Early Adversity Increases Physical, Mental, Behavioral Problems, Scientists Report



Dr. Robert Anda & Dr. Vincent Felitti
Investigators

Centers for Disease Control & Prevention,
Kaiser Permanente Study

Over 17,000 study participants

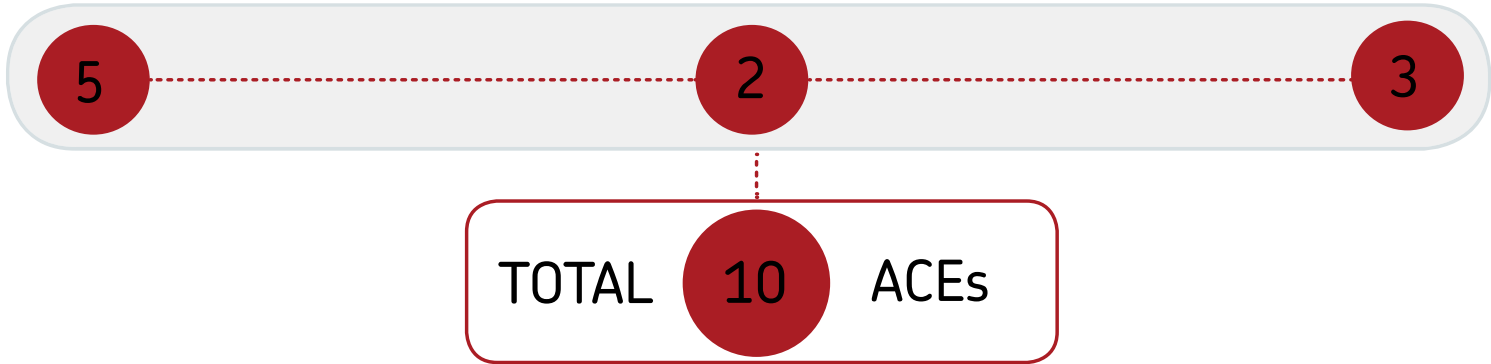
The ACE Study confirms, with scientific evidence, that adversity early in life increases physical, mental and behavioral problems later in life.

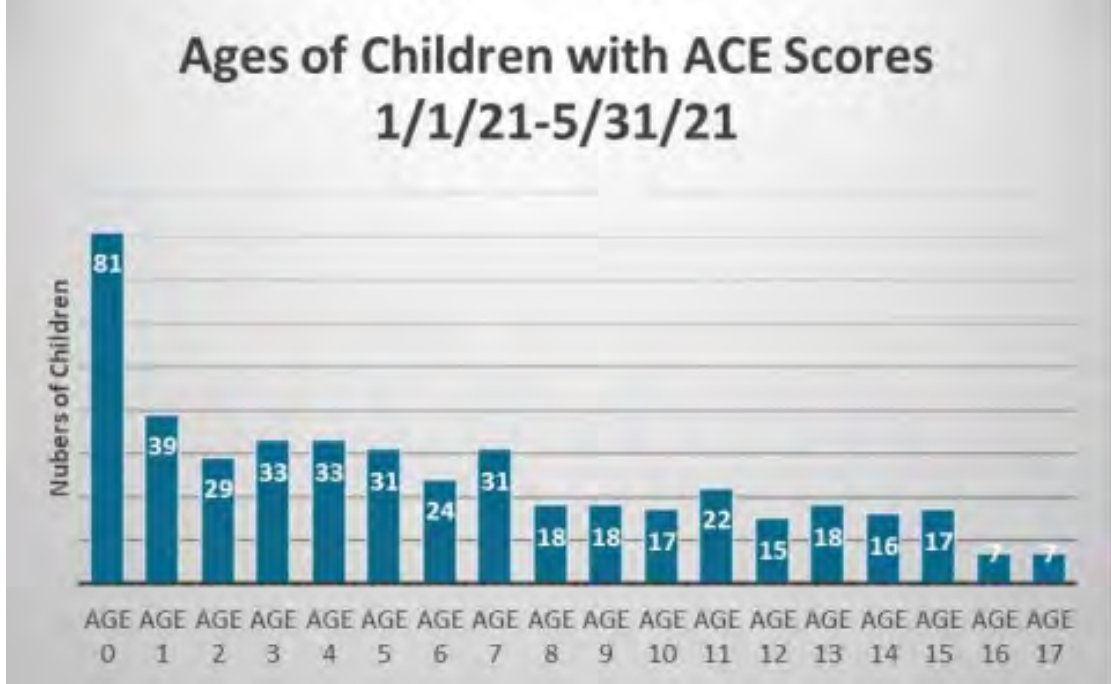
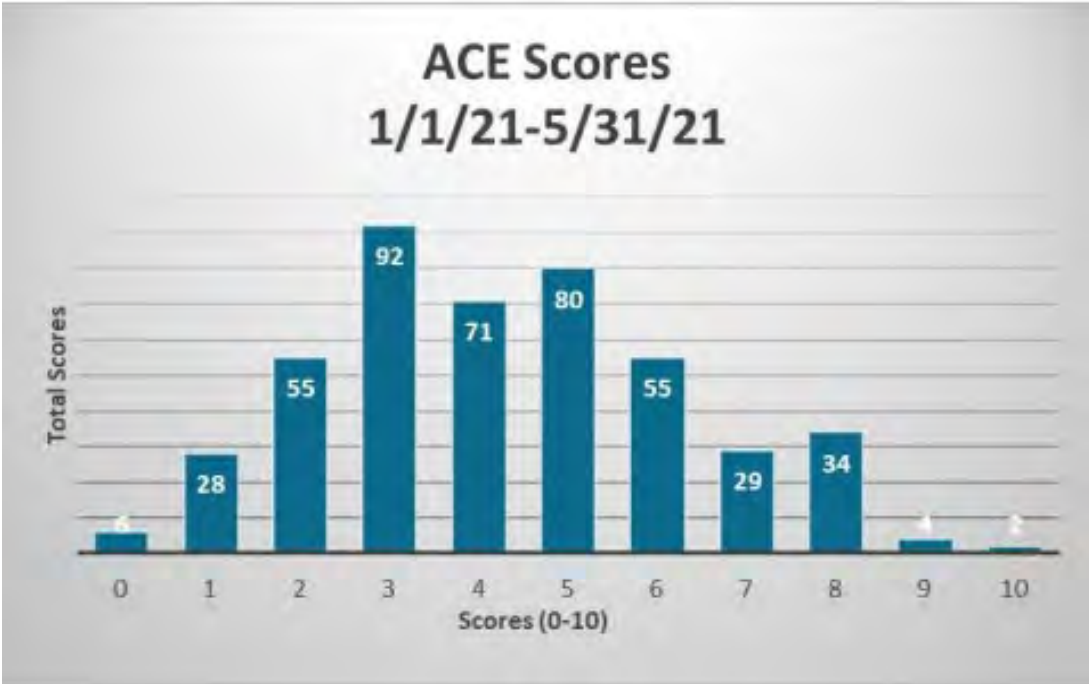
Adverse Childhood Experiences **ARE COMMON**

Household Dysfunction	
Substance Abuse	27%
Parental Sep/Divorce	23%
Mental Illness	17%
Battered Mothers	13%
Criminal Behavior	6%

Neglect	
Emotional	15%
Physical	10%

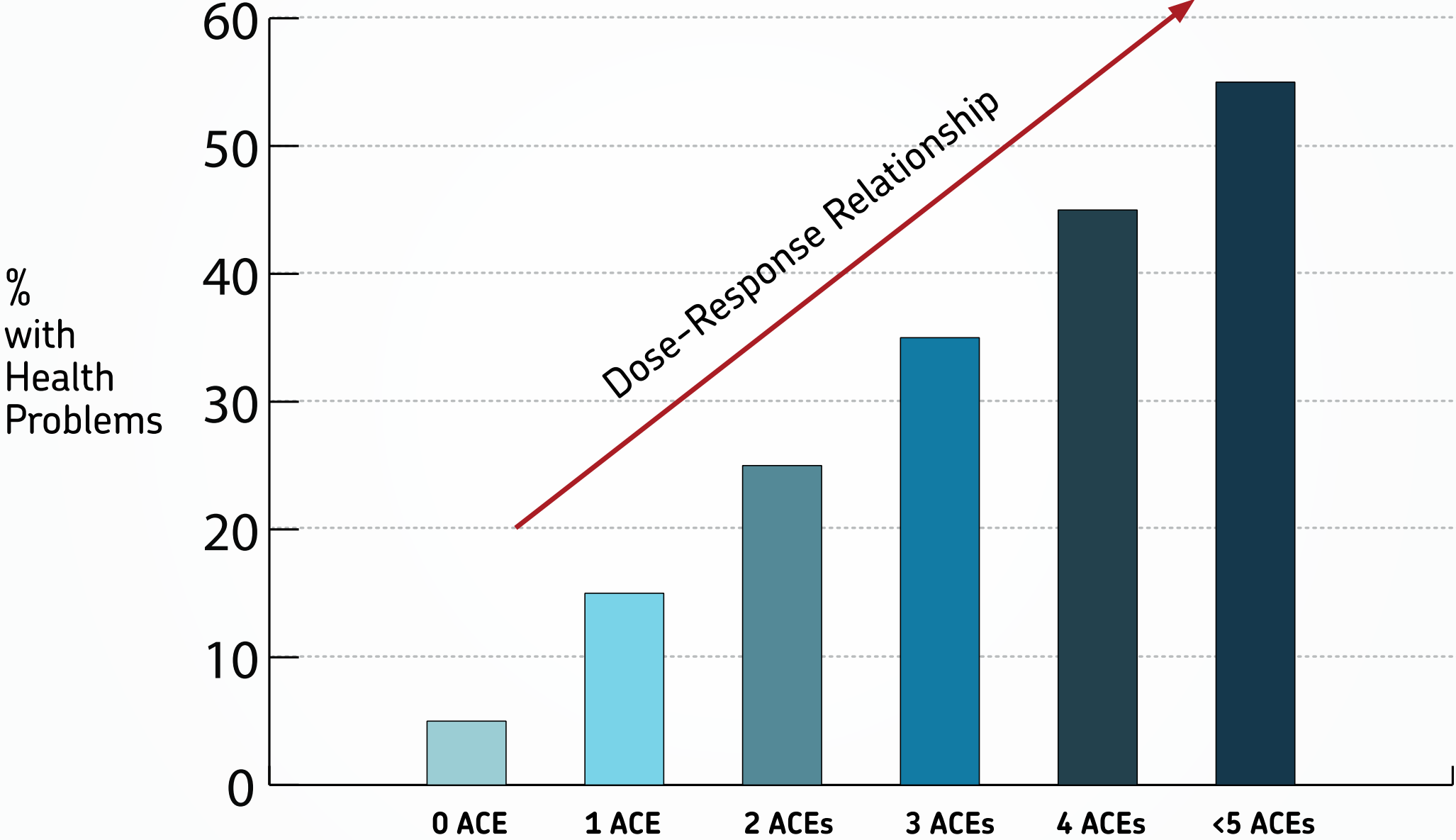
Abuse	
Emotional	11%
Physical	28%
Sexual	21%



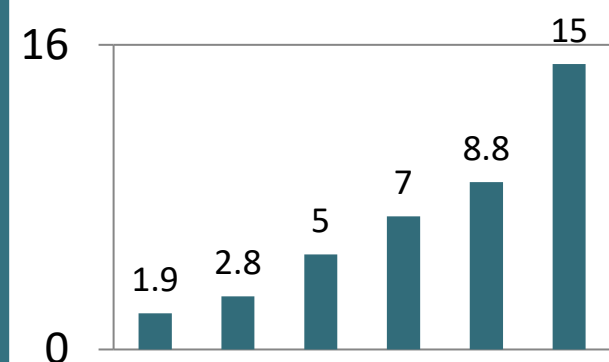


ACES in South Dakota

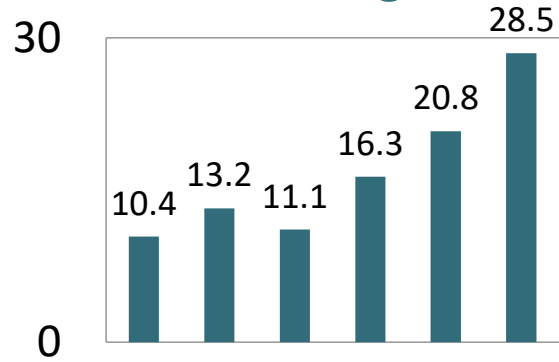
ACE Score and Health Problems



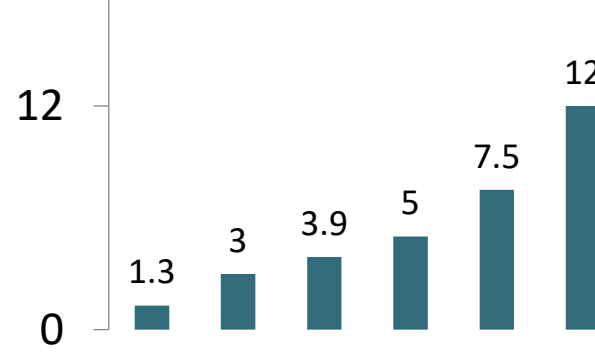
Anxiety



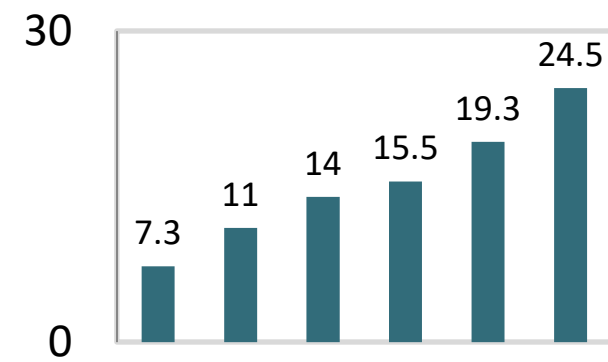
Smoking



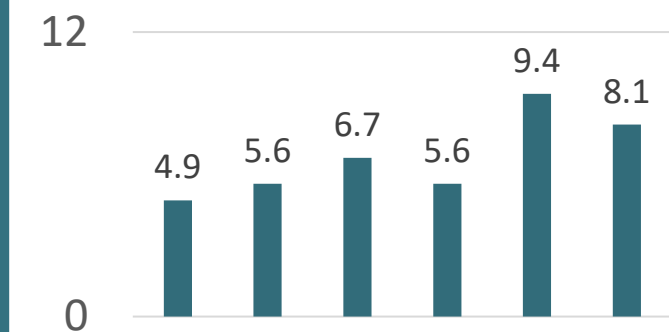
Drug Problem



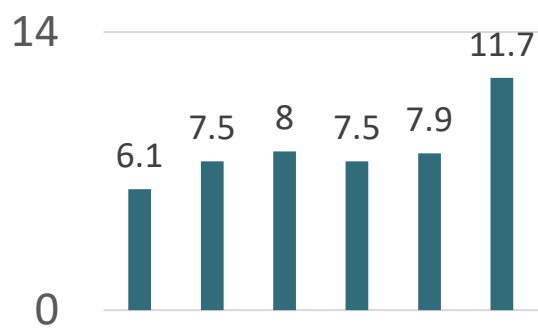
MH Treatment



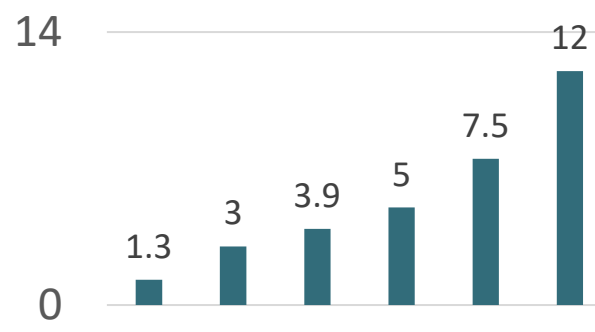
Cardio Vascular Disease



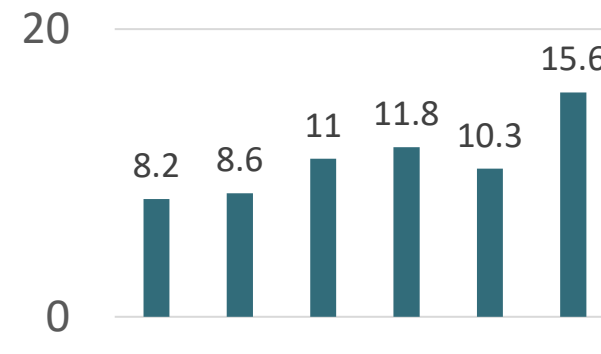
Diabetes



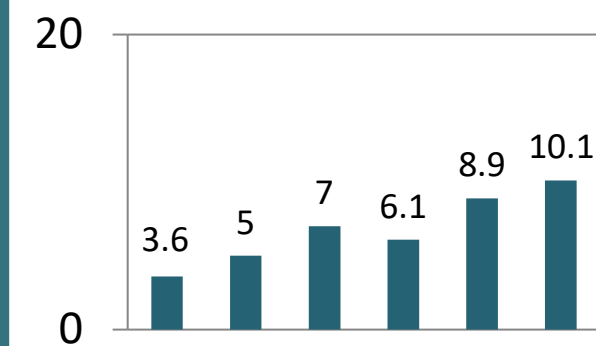
Asthma



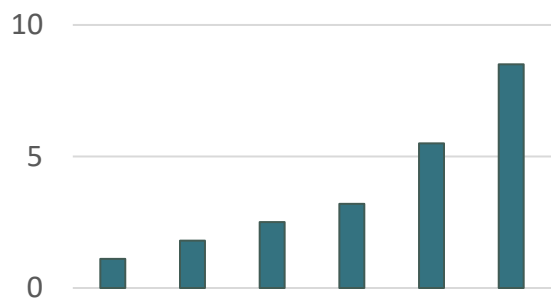
Cancer



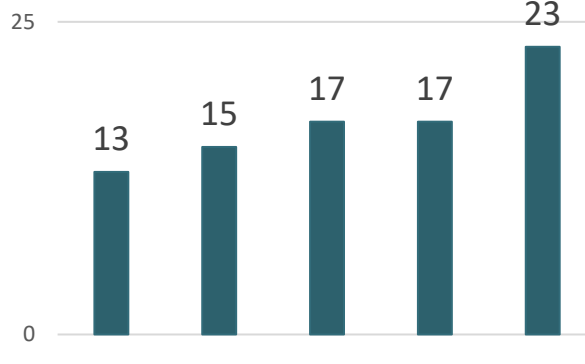
Work Injury/Illness



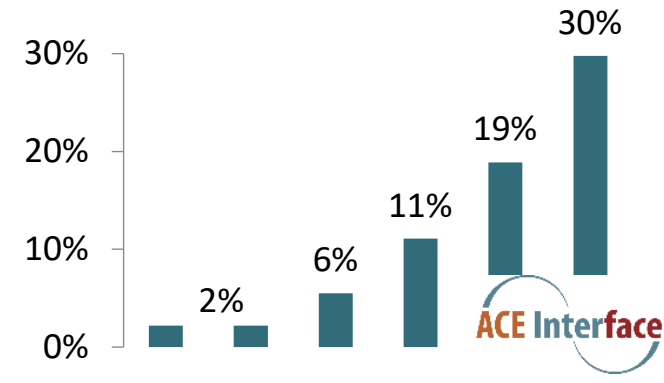
Missed 15 of 30 Work Days (MH)



Unemployed



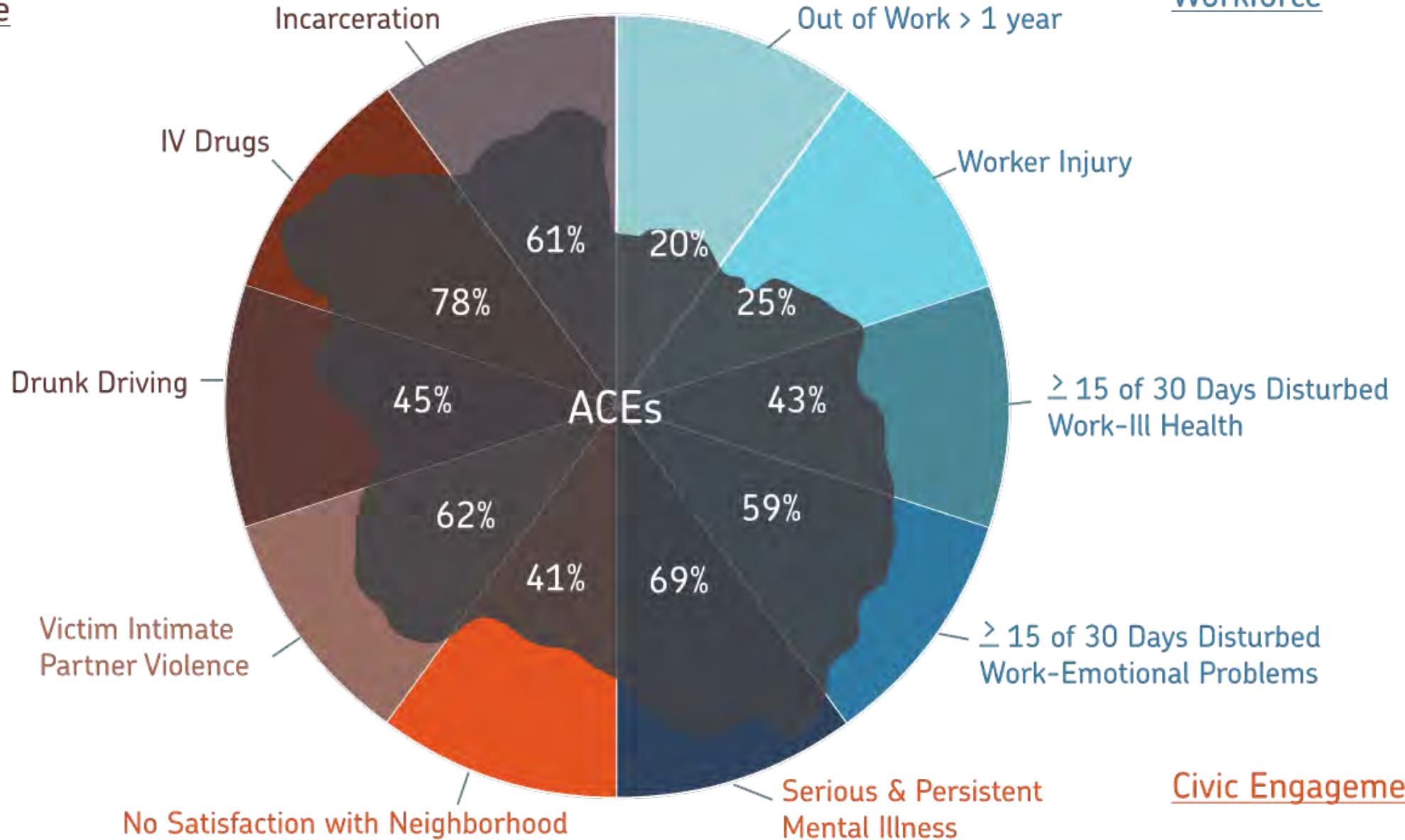
Homeless



Population Attributable Risk

Law & Justice

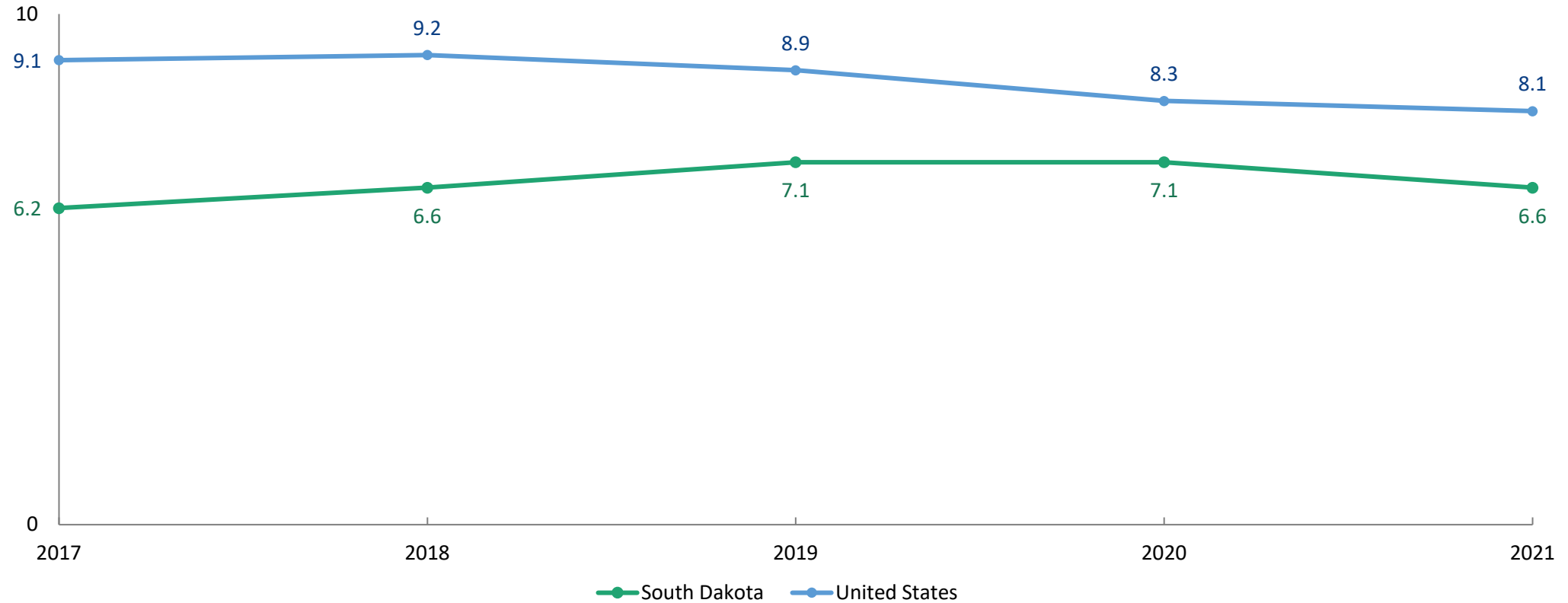
Workforce



Safety

Civic Engagement

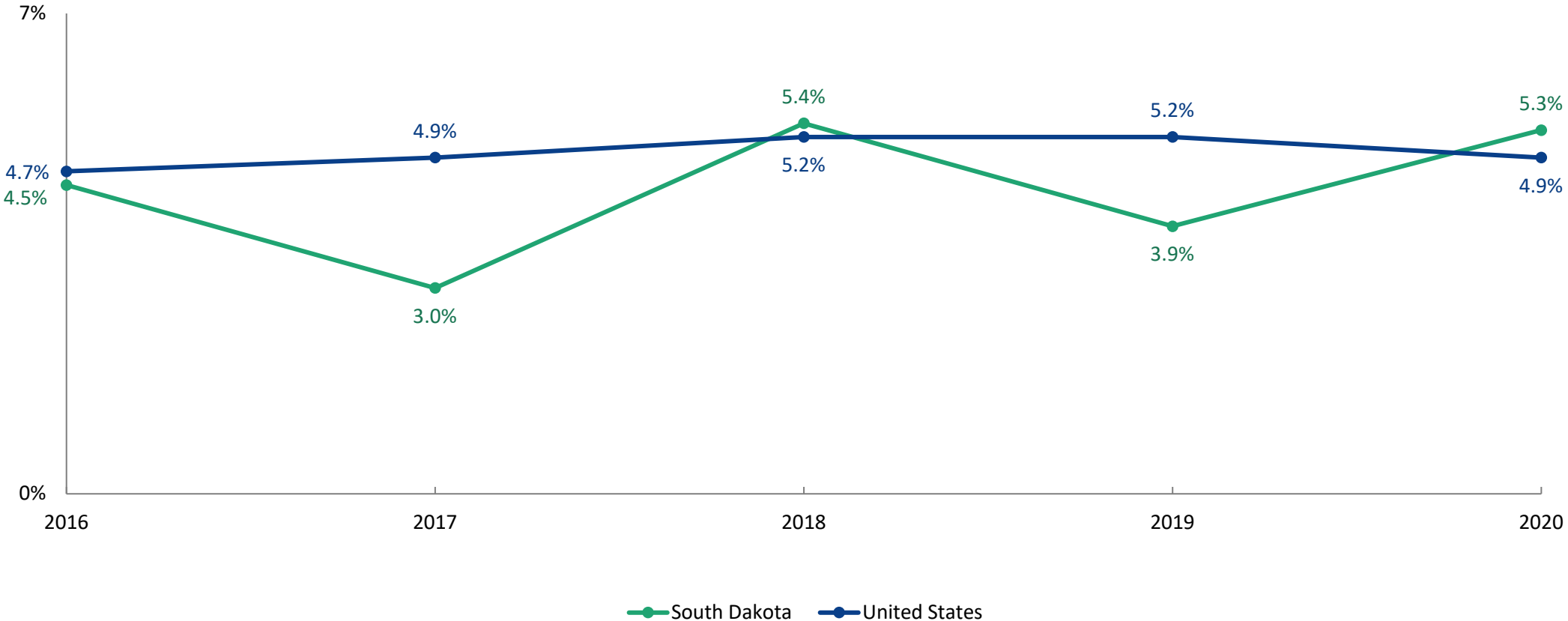
Child maltreatment rate per 1,000 children in South Dakota and the U.S.: 2017-2021



McMahon, T., Bruggeman, B., & Kyei, M. (2023) *State of South Dakota Children's Well-being Data Initiative: 2023 Annual Report*. Center for the Prevention of Child Maltreatment.

<https://www.sdcpcm.com/data-initiative/>

Percent of South Dakota and U.S. children who saw or heard parents or adults slap, hit, kick punch one another in the home: 2016-2020



McMahon, T., Bruggeman, B., & Kyei, M. (2023) *State of South Dakota Children's Well-being Data Initiative: 2023 Annual Report*. Center for the Prevention of Child Maltreatment.

<https://www.sdccpm.com/data-initiative/>

	SD	US
Figure 86. Percent of South Dakota and U.S. children (age 12-17 years) who receive services needed for transition to adult health care: 2016-2020	26.2%	21.4%
Figure 87. Percent of South Dakota and U.S. children (ages 0-17 years) with special health care needs (CSHCN), who receive care in a well-functioning system: 2016-2020	23.1%	15.0%
Figure 88. Percent of South Dakota and U.S. children (ages 0-17 years) currently receiving special services to meet their developmental needs such as speech, occupational, or behavioral therapy: 2016-2020	7.1%	7.8%

McMahon, T., Bruggeman, B., & Kyei, M. (2023) *State of South Dakota Children's Well-being Data Initiative: 2023 Annual Report*. Center for the Prevention of Child Maltreatment.

<https://www.sdcpcm.com/data-initiative/>

If they could do well,
they would do well.

- ROSS GREENE -

Important Considerations

- The best way to support families is to avoid blame and shame.
- We need to recognize how systemic inequalities contribute to traumatic experiences
 - Barriers to accessing services/ lack of available services
 - Marginalization
- Take care of yourself! Please feel free to take a break if needed today.

Definitions



- Varying definitions
- Limited research available
- Reporting issues/errors
- Shared language is needed

Disability

Medical

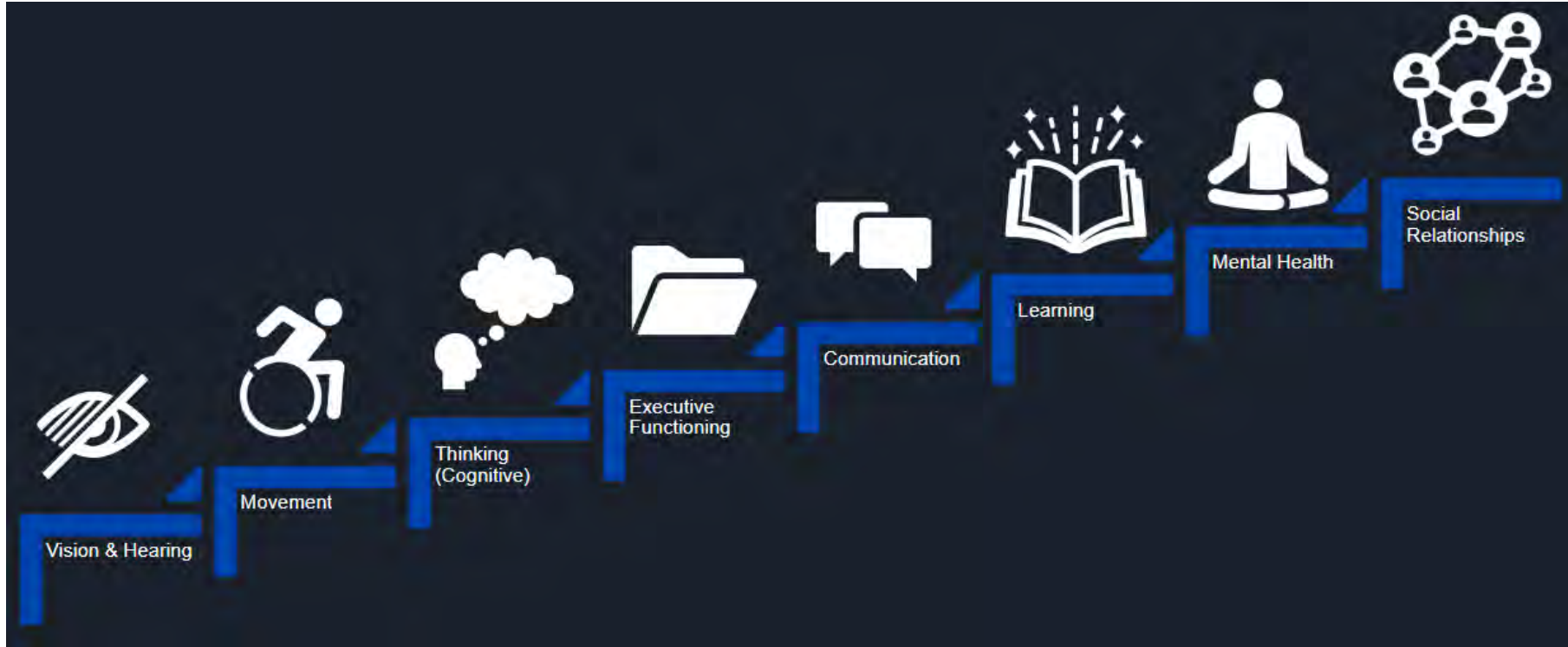
- Labels, provides criterion, and diagnoses
- Provides access to reimbursement, supports, and services

Educational (IDEA)*

- Views disability through an eligibility lens
- Not all students with medical diagnoses of disability will be eligible for educational services

Social

- Highlights barriers, prejudice, and exclusion
- Can also provide a sense of community



Disability

Developmental Disabilities: Autism Spectrum Disorder; Behavior Disorders; Brain Injury; Cerebral Palsy; Down Syndrome; Fetal Alcohol Syndrome; Intellectual Disability; Spina Bifida

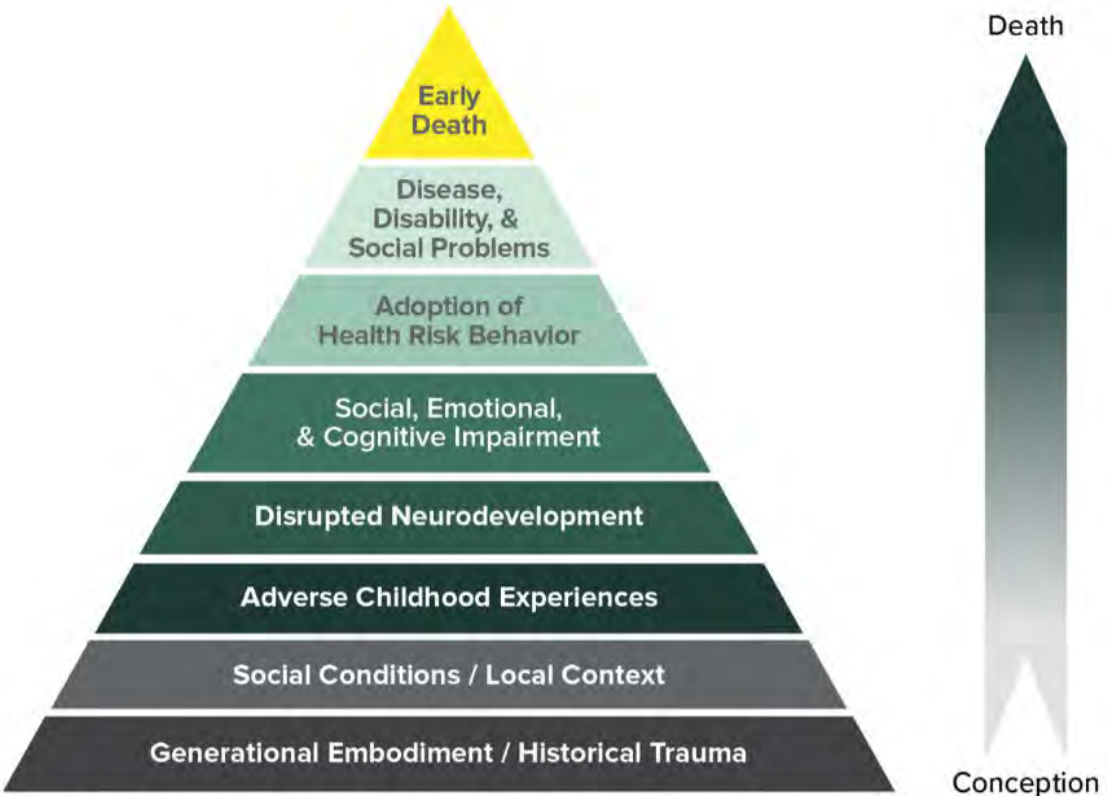
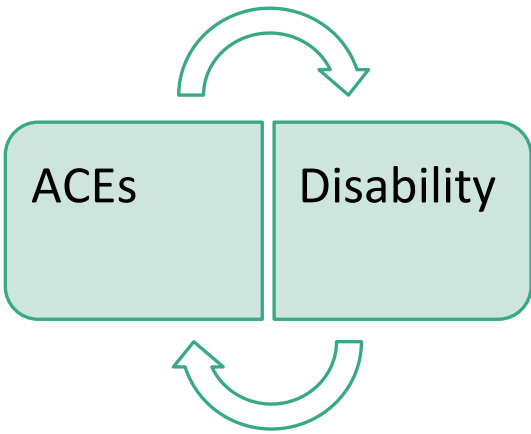
Child Disability Rates in South Dakota

Children in South Dakota		
	Total	Percentage
Special health care needs (2020)	37,957/210,872	18%
Special education (2021)*	22,220/140,826 (+1080)	15.78%
Children with disabilities (2017)*	8,400/243,600	9.5%
Total child population (2021)	220,429	100%

How can we measure maltreatment?



Disability and ACEs



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Disability and ACEs

- 80% of children with an intellectual disability experience one or more ACEs and 20% experience four or more (Vervoort-Schel et al., 2021)

ACE-Associated Health Conditions: Pediatrics

Symptom or Health Condition	For \geq X ACEs (compared to 0)	Odds Ratio
Asthma ^{26, 33}	4	1.7 - 2.8
Allergies ³³	4	2.5
Dermatitis and eczema ³⁹	3*	2.0
Urticaria ³⁹	3*	2.2
Increased incidence of chronic disease, impaired management ²⁵	3	2.3
Any unexplained somatic symptoms ²⁵ (eg, nausea/vomiting, dizziness, constipation, headaches)	3	9.3
Headaches ³³	4	3.0
Enuresis; encopresis ⁵	—	—
Overweight and obesity ³	4	2.0
Failure to thrive; poor growth; psychosocial dwarfism ^{5, 2, 41}	—	—
Poor dental health ^{16, 22}	4	2.8
Increased infections ³⁹ (viral, URIs, LRTIs and pneumonia, AOM, UTIs, conjunctivitis, intestinal)	3*	1.4 - 2.4
Later menarche ⁴⁰ (\geq 14 years)	2*	2.3
Sleep disturbances ^{5, 31}	5**	PR 3.1
Developmental delay ³⁰	3	1.9
Learning and/or behavior problems ³	4	32.6
Repeating a grade ¹⁵	4	2.8
Not completing homework ¹⁵	4	4.0
High school absenteeism ³³	4	7.2
Graduating from high school ²⁹	4	0.4
Aggression; physical fighting ²⁸	For each additional ACE	1.9
Depression ²⁹	4	3.9
ADHD ⁴²	4	5.0
Any of: ADHD, depression, anxiety, conduct/behavior disorder ³⁰	3	4.5
Suicidal ideation ²⁸	For each additional ACE	1.9
Suicide attempts ²⁸	For each additional ACE	1.9 - 2.1
Self-harm ²⁸	For each additional ACE	1.8
First use of alcohol at < 14 years ⁷	4	6.2
First use of illicit drugs at < 14 years ¹⁰	5	9.1
Early sexual debut ²¹ (<15-17 y)	4	3.7
Teenage pregnancy ²¹	4	4.2

*Odds ratio represents at least one ACE, but also includes other adversities

**Prevalence ratio represents at least one ACE, but also includes other adversities

Reconceptualizing maltreatment and disability



Individual Risk Factors for Children with Disabilities

Trained to be compliant to authority figures

Often unable to meet parental expectations

Dependent on caregivers for longer periods with personal care and supervision

More likely to be placed in residential care facilities

More credulous and less prone to critical thinking, which may result in it being easier for others to manipulate them

Often not provided with general sex education

Increased need for care may have a negative impact on their relationships with their parents

Different risk associated with disability type (ID- less likely to grow up at home, Nonverbal- neglect or sexual abuse)

Risk Factors for Caregivers

Physical Health and Stress

- Financial stress
- Increased need for supervision
- Increased physical and emotional strain on parents
- Distress from discrimination against child

Lack of Support

- Social isolation
- Difficulty finding appropriate childcare providers

Family Functioning

- Feelings of grief about not having a “typically developing” child
- Time spend at appointments or providing in-home care

Systemic Issues

Ableism

- discrimination against people with disabilities on the belief that typical abilities are superior

Poverty

- Poverty \neq Neglect
- Policies in place to keep people with disabilities in poverty

Health Disparities

- physical barriers to the health care facility
- knowledge and attitudinal barriers on the part of health care providers



Maltreatment and Disability- Nationally

- Children with disabilities are 3 times more likely to be abused or neglected and are more likely to be seriously injured
- 1/3 of children in foster care have a disability
 - Child disability is the “circumstance associated with removal” in 2% of cases nationally in 2021
- Intersectionality example
 - In SD, AI/AN youth are 9.4 times more likely to be in out of home care than white children

Maltreatment and Disability- South Dakota

Abuse and neglect (2021)

- More than 29.1% percent of child maltreatment victims have a developmental delay or disability (only ages 0-2*)
- 41.8% of children served under Part C IDEA services have been maltreated

Foster Care

- Exits of children from foster care- 17% have a diagnosed disability
- Less likely to be reunified with birth family and more likely to discharge to other non-permanent placements (relative placement, transfer to another agency, etc.)

ACEs

- State level data of ACEs in SD children (general)
- No publicly available data at this time on the intersection of disability and ACEs

Signs and Symptoms of Trauma

Typical Signs of Trauma in Children

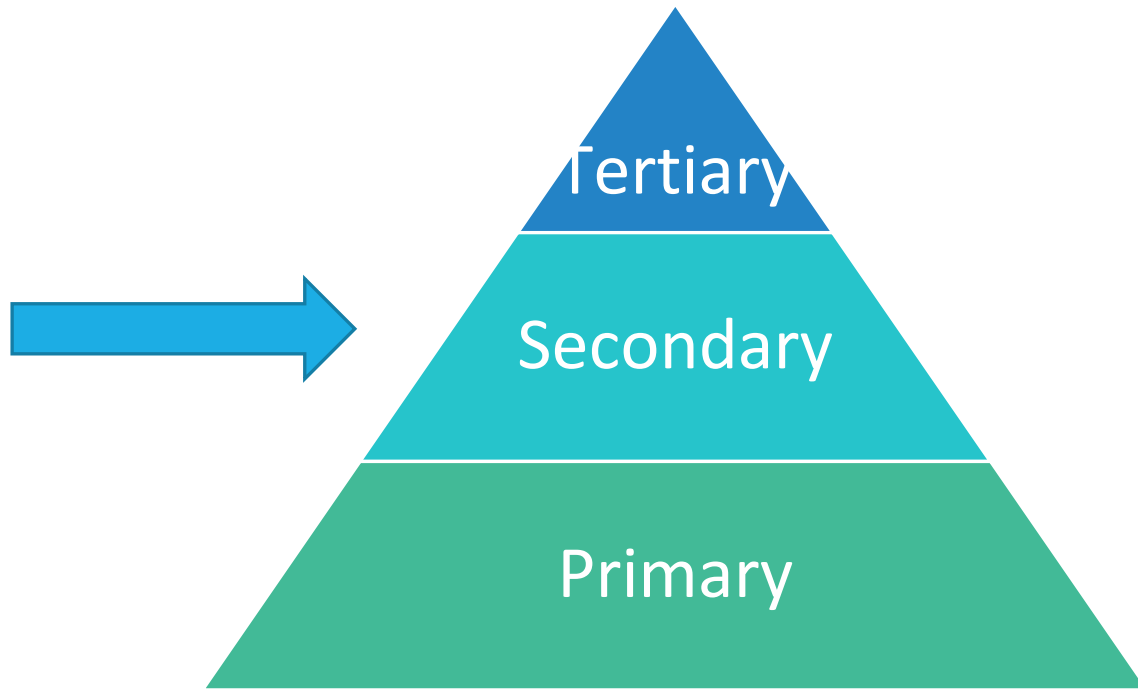
- Attachment- Difficulty trusting others or seeking help
- Physical- Increased medical problems (sensorimotor development problems, problems with coordination, etc.)
- Affect Regulation- Problems with emotion regulation
- Behavioral- Poor impulse control, aggressive behavior, sleep disturbance, etc.
- Cognitive- Difficulty paying attention, processing information
- Self-Concept- Low self-esteem, shame, guilt

Diagnostic Overshadowing

- Individual's disability prevents others from looking for co-morbidity
- An estimated 30 to 35 percent of all individuals with a developmental disability also have a mental health disorder

Signs and Symptoms of Trauma in Children with Disabilities





Tertiary- Focus on families where maltreatment has already occurred and seek to reduce negative outcomes of maltreatment and recurrence

Secondary- Populations that have one or more risk factors associated with child maltreatment. This is targeted for communities.

Primary- Directed at general population and attempt to stop maltreatment before it begins.

Prevention

Preventing Child Abuse and Neglect

Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none">• Strengthening household financial security• Decrease barriers to financial wellness
Change social norms to support parents and positive parenting	<ul style="list-style-type: none">• Public engagement and education campaigns• Use strength-based approaches
Provide quality care and education early in life	<ul style="list-style-type: none">• Preschool enrichment with family engagement• Increased access to childcare for children with disabilities
Enhance parenting skills to promote healthy child development	<ul style="list-style-type: none">• Early childhood home visitation• Parenting training on different and delayed development
Intervene to lessen harms and prevent future risk	<ul style="list-style-type: none">• Enhanced primary care and increased accessibility• Behavioral parent training programs• Treatment to lessen harms of abuse and neglect exposure• Treatment to prevent behaviors of concern

Supports and Services

- Intervene at multiple service levels
- Increase supports and services and access to these services
- Respite care
- Social support/ support groups
- Increase awareness and acceptance of disabilities
- Advocate for policies that support everyone; highlight how it affects those with disabilities



SD Resources

- Parent Connection- [Resources for Families with Disabilities | SD Parent Connection](#)
- Lifescape- [LifeScape | Empowering people to live their best life \(lifescapesd.org\)](#)
- Center for Disabilities- [Center for Disabilities | University of South Dakota \(usd.edu\)](#)
- Independent Living Choices- [Independent Living Choices - Sioux Falls, SD \(ilcchoices.org\)](#)
- Department of Human Services; Developmental Disabilities- [SD Department of Human Services](#)
 - Family Support 360
 - Strengthening Families
 - Respite Care
 - Choices
- Disability Rights- [Disability Rights South Dakota - Formerly SD Advocacy Services \(drsdlaw.org\)](#)
- Social Security- [Supplemental Security Income \(SSI\) | SSA](#)
- Medicaid- [Department of Social Services \(sd.gov\)](#)

For more information:

- Adoption and Foster Care Analysis and Reporting System- <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/afcars>
- Child Abuse Prevention and Treatment Act- <https://www.help.senate.gov/imo/media/doc/052621%20CAPTA%20117th%20Section-by-Section.pdf>
- Child Maltreatment Report (Children's Bureau)- <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>
- Child Welfare Information Gateway- <https://www.childwelfare.gov/topics/systemwide/service-array/services-disabilities/youth/>
- IDD-MH guide; diagnostic considerations- <https://centerforstartservices.org/IDD-MH-Prescribing-Guidelines/introduction>
- The National Child Traumatic Stress Network- <https://www.nctsn.org/search?query=disability>
- University of Minnesota; Center for Advanced Studies in Child Welfare- <https://cascw.umn.edu/>

Resources

- Adoption and Foster Care Analysis and Reporting System (2022). *South Dakota context data*. Retrieved from <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/south%20dakota.html>.
- Center for Disease Control and Prevention (2023). *Prevention strategies*. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/prevention.html>.
- Children’s Bureau (2022). *Child Maltreatment 2021*. Retrieved from <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf>.
- Children’s Bureau (2022). *Entry and disproportionality rates- FY 2020*. Retrieved from https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.acf.hhs.gov%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2Fcb%2FEntry_Disproportionality_Rates-FY2020.xlsx&wdOrigin=BROWSELINK .
- Children’s Bureau (2022). *The AFCARS report*. Retrieved from <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-29.pdf>.
- Child Welfare Information Gateway (2018). The risk and prevention of maltreatment of children with disabilities. Children’s Bureau. <https://www.childwelfare.gov/pubpdfs/focus.pdf>.
- Commonwealth of Virginia (2013). *Collection of evidence-based practices for children and adolescents with mental health treatment needs* (5th edition). Retrieved from http://vcov.virginia.gov/pdf/Collection_HouseDoc7041513withcover.pdf.
- Erickson, W., Lee, C., & von Schrader, S. (2019). 2017 disability status report: South Dakota. Cornell University Yang-Tan Institute on Employment and Disability (YTI). Retrieved from https://www.disabilitystatistics.org/StatusReports/2017-PDF/2017-StatusReport_SD.pdf?CFID=20874417&CFTOKEN=d5891c7524095d23-666A43BB-F81A-9953-24014456A437C1F0.
- Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. *Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention*.
- Kids Count Data Center (2023). Child population by gender in South Dakota. Annie E. Casey Foundation. Retrieved from <https://datacenter.kidscount.org/data/tables/102-child-population-by-gender?loc=43&loct=2>.
- Kids Count Data Center (2023). Children with special health care needs in South Dakota. Annie E. Casey Foundation. Retrieved from <https://datacenter.kidscount.org/data/tables/9703-children-with-special-health-care-needs?loc=43&loct=2>.
- National Child Traumatic Stress Network (2004). Facts on traumatic stress and children with developmental disabilities: Adapted trauma treatment standards. Retrieved from https://www.nctsn.org/sites/default/files/resources/traumatic_stress_and_children_with_developmental_disabilities.pdf.
- Prokup, J.A., Andridge, R., Havercamp, S.M., & Yang, E. A (2018). Healthcare disparities between children with developmental disabilities and typically developing children in Ohio. *Child Indicators Research*, 12, 667–687 .
- South Dakota Department of Education; Birth to Three (2023). IDEA part C- child count and settings release. Retrieved from <https://doe.sd.gov/birthto3/documents/22-SDCC.html>.
- South Dakota Department of Education; Special Education (2023). Statewide child count statistics. Retrieved from <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fdoe.sd.gov%2Fofm%2Fdocuments%2F21-SWCC-StatsC.xlsx&wdOrigin=BROWSELINK>.
- Division of Child Protection (2023). Health care oversight and coordination plan 2023. *South Dakota Department of Social Services*. Retrieved from https://dss.sd.gov/docs/childprotection/cfsf/Health_Care_Oversight_and_Coordination_Plan.pdf.
- University of Minnesota, School of Social Work (2013). CW360; A comprehensive look at a prevalent child welfare issue. Retrieved from https://cascw.umn.edu/wp-content/uploads/2013/12/Spring2013_360_web-FINAL.pdf.
- Vervoort-Schel, J., Mercera, G., Wissink, I., Van der Helm, P., Lindauer, R., & Moonen, X. (2021). Prevalence of and relationship between adverse childhood experiences and family context risk factors among children with intellectual disabilities and borderline intellectual functioning. *Research in Developmental Disabilities*, 113, 1-12. <https://doi.org/10.1016/j.ridd.2021.103935>.

Questions?
