Prevention & Response to Abuse & Neglect Experienced by Children with Disabilities

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Michigan State University

July 7, 2011
National Exchange Club Symposium
Detroit, MI
Presentation Outline

• Part 1:
  • Who am I?
  • Why am I here?
  • Why am I focusing upon this topic?
  • What do I hope to accomplish via this presentation?

• Part 2:
  • What information can I share with you that will enhance your work to prevent and respond to instances of abuse and neglect as experienced by individuals with disabilities?

• Part 3:
  • How can this symposium provide ongoing support and resources to your center?
Who am I?

• Professor at Michigan State University
• 40 years of experience in the field of Deaf Education
  • Teacher
  • Program Administrator
  • Teacher Preparation
• Co-Leading an international effort to reduce the incidence, duration and impact of abuse and neglect as experienced by children with disabilities
  • Co-Leader: Dr. Christine Pawelski/Teachers College – Columbia University

Disability Child Abuse Action Network

All children have the right to be protected
Why am I here?

• 1971
  ▪ I began teaching children who were deaf/hard of hearing (d/hh) in Memphis TN

• 1974
  ▪ I became the Director of the Memphis City School Program for 250+ children who were d/hh.

• 1975
  ▪ I was invited and supported to become a member of the **East Memphis Exchange Club** (EMEC)

• 1977
  ▪ I decided to leave Memphis and work on my doctorate at the University of Cincinnati. The **EMEC** gave me a $2,500 scholarship to assist with my studies.
• **1980-2006**
  - At Kent State University, I prepared hundreds of teachers for children who were d/hh
  - I sought and was awarded millions of dollars of Federal grants to enhance teaching and via the use of technologies and “Communities of Learners.” One product of this work is the “[Deaf Education Web site](www.deafed.net).”

• **2006**
  - I was recruited by Michigan State University to assume responsibility for the Deaf Education Teacher Preparation Program.
  - In accepting this position, I decided to “take on” the topic of child abuse.
  - This decision was based on frustration, ignorance, a desire to learn, plus a recognition...”if not me, then who?”
Parents of children who are d/hh and the professionals who work with them are largely unaware of the children's’ increased for abuse and neglect.

These individuals do not know how to observe, report, or support children who are d/hh that have been maltreated.

This lack of knowledge is persistent throughout field of Special Education.
• As a result of this lack of knowledge, children with disabilities experience a significantly higher incidence and a longer duration of maltreatment.

• The negative impact of this experience is compounded by the relative lack of investigative and support services for children with disabilities that have experienced maltreatment.

• The impact of this lack of knowledge and services significantly diminishes the health, learning, behavior, academic performance, and life opportunities of children with disabilities.
• As a result, while parents of children with disabilities and the professionals who work with them would prefer to stay within their “comfort zone” and focus upon such traditional topics of learning needs, social behavior, language competencies, and academic performance, there is a **slowly emerging awareness** of the risks, incidence, impact, observation, and reporting of maltreatment.
• Unfortunately, this emerging awareness does not include an understanding, or even trust, of the child maltreatment investigative, legal, and support process.

• My goal is to help establish this understanding and trust, while simultaneously enhancing prevention, investigative and support services for children with disabilities that are at risk for, or who have experienced, maltreatment.
What do I hope to accomplish via this presentation?

- I have spent a significant part of the last five years trying to identify, understand, and apply information from the field of child maltreatment to the field of special education.

- As a result of this effort, I have come to the following conclusions:
  - We have a LOT more information than is generally known.
  - The current system of professional development is essentially based on a “...just in case,” vs. a “…just in time” model of learning.
Most professionals lack sufficient time, or support, to develop expertise in relation to children with disabilities.

Conference presentations, Web sites, articles, etc., in and of themselves, are insufficient to change the “status quo.”

The pace at which we must work almost precludes time for the careful, indepth study of any topic.

The preferred learning style of most adults is both informal and interactive, e.g., a conversation with a colleague, or a quick search of the Web.
• Broad, inclusive concepts are more valued and better remembered than a large array of facts.

• Most us rarely have the opportunity to interact with our peers.

• Each of know of at least a few individuals that do ‘x’ really well and who we contact when we have to do ‘x.’

• The goal of this presentation is to both share key concepts and to propose an collaborative model to enhance our knowledge and work to reduce the incidence, duration, and impact of maltreatment as experienced by children with disabilities.
While I am new to the field of child maltreatment, I am old in the field of special education.

I choose to work on this topic because a persistent lack of awareness and understanding has increased the risks, incidence, duration, and impact of maltreatment as experienced by children with disabilities.

We need an alternative model of collaboration if we are going to prevent, or at least reduce the frequency, duration, and impact of maltreatment.
Part 2: What information can I share with you that will enhance your work to prevent and respond to instances of abuse and neglect as experienced by individuals with disabilities?

- What is the maltreatment rate for children with disabilities?

- Why are children with disabilities at greater risk to experience maltreatment?
Incidence: Disabilities

Number of U.S. Citizens with disabilities (2009 Census Data) = 36,150,710 = 12% of the total U.S. population of 301,472,074

- Individuals w/ disabilities:
  - Under 18 yrs: 2,907,117
  - 18-64 yrs: 19,054,587
  - 65+ yrs: 14,189,006
What is the maltreatment rate for children with disabilities?

- U.S. Dept. of Health & Human Services: Child Maltreatment 2009 - Victims With a Reported Disability
  Presents the number and percent of victims with a reported disability, including different types of disabilities

**Risk Factors**

Children who were reported with any of the following risk factors were considered as having a disability: mental retardation, emotional disturbance, visual or hearing impairment, learning disability, physical disability, behavioral problems, or another medical problem. Children with risk factors may be undercounted as not every child receives a clinical diagnostic assessment from CPS agency staff.

Eleven percent of unique victims were reported as having a disability. Nearly 3 percent (2.9%) of victims had behavior problems, 2.1 percent of victims were emotionally disturbed, and another 3.5 percent of victims had some other medical condition. A victim could have been reported with more than one type of disability. (See table 3–14 and related notes.)

- 2009 data, with 44 states reporting, indicated that 53,514 children with disabilities were victims of maltreatment.
**Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, January 2010**

**Table 4-6. Differences Related to Child’s Disability Status in Incidence Rates per 1,000 Children for Endangerment Standard Maltreatment in the NIS-4 (2005-2006)**

<table>
<thead>
<tr>
<th>Endangerment Standard Maltreatment Category</th>
<th>Without Disability</th>
<th>With Confirmed Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL MALTREATMENT</td>
<td>38.2</td>
<td>22.4</td>
</tr>
<tr>
<td>ABUSE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Abuse</td>
<td>10.9</td>
<td>7.8</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>6.2</td>
<td>4.3</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>2.4</td>
<td>1.4‡</td>
</tr>
<tr>
<td>NEGLECT:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Neglect</td>
<td>29.5</td>
<td>17.4</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>15.5</td>
<td>9.6</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>15.6</td>
<td>9.1</td>
</tr>
<tr>
<td>SEVERITY OF HARM:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious</td>
<td>6.0</td>
<td>9.1</td>
</tr>
<tr>
<td>Moderate</td>
<td>13.3</td>
<td>8.5</td>
</tr>
<tr>
<td>Endangered</td>
<td>15.9</td>
<td>3.3</td>
</tr>
</tbody>
</table>

* All differences are significant at p≤05.
‡ This estimate is less reliable because it derives from fewer than 100 sample children.

The estimated incidence rate for Endangerment Standard neglect was 29.5 per 1,000 children with no disability, in comparison to the rate of 17.4 per 1,000 children with a confirmed disability. Children without a disability had almost 1.7 times the risk of Endangerment Standard neglect than children with a confirmed disability.

Important to note that this was the FIRST TIME disability info included in the report.
NIS-4 2010 (cont.)

Summary finding...children with a confirmed disability are at less risk for maltreatment than their nondisabled peers.

Is this finding correct, or an artifact of the data collection process?

Figure 2-1. Levels of Recognition of Child Abuse and Neglect.
Frequently cited study concerning maltreatment experienced by children with disabilities:


- 50,278 children enrolled in the Public schools of Omaha, Nebraska, during the 1994-1995 school year.

- “Analyses of the circumstances of maltreatment and the presence of disabilities established a 9% prevalence rate of maltreatment for nondisabled children and a 31% prevalence rate for the disabled children.”
Maltreatment of Children With Disabilities
Hibbard, Desch, & American Academy of Pediatrics Committee on Child Abuse and Neglect and Council on Children With Disabilities
Pediatrics, 119(5), 2007

- “Current data on incidence and prevalence of maltreatment in children with disabilities are limited by varying definitions of disability and lack of uniform methods of classifying maltreatment. Nonetheless, children with disabilities and special health care needs are at increased risk of child maltreatment.”

• = confusion in identification and reporting serve to underreport instances of maltreatment

- “This is a Report to the Nation on ending crimes of violence against children and adults with disabilities. This document is a collation and analysis of information from the National Conference on Preventing and Intervening in Violence Against Children and Adults with Disabilities that was conducted on May 6 – 7, 2002 and from an independent review of the clinical and research literature. **This Conference represented the first attempt to address, at the national level, both domains of prevention and intervention in violence against children and adults with disabilities of all types.**” p. 3
“After a comprehensive review of the literature on the topic of children with disabilities who become victims of violence, Sullivan (2002) stated, “The lack of data on the victimization of children and youth with disabilities is universal across the major criminal justice and child maltreatment databases mandated, compiled, and maintained by the federal government.”

She continued by indicating that this lack of information has been the major barrier for understanding the scope and characteristics of violence and disability.” (p. 39)

Note this statement was followed by a review of the literature re. the incidence of maltreatment experienced by individuals with disabilities. An updated review of the literature re. this topic can be found at the The National Children's Advocacy Center, CALio Library, Bibliography “No 10 - Child Abuse Victims with Disabilities”
  - Seven year longitudinal study of sexual abuse, as experienced by typically developing vs. children with disabilities in Israel
  - Examined forensic statements of 40,430 alleged abuse victims
    - 11.0% w/ *minor disabilities
    - 01.2% w/ *severe disabilities
      - *Based on the forensic investigator’s perception of child during the interview process.
        - Children with “minor” disabilities “had difficulty participating in the investigation.”
        - Children with “severe” disabilities “had extreme difficulty responding to the demands of the interview.”
Hershkowitz & Horowitz (2007) (cont.)

- Findings:
  - In comparison to typically developing children (TD), children with disabilities (CWD) ...
    - ...were “overrepresented” as alleged victims of sexual abuse and “underrepresented” as alleged victims of physical abuse.
  - ...experienced more severe sexual abuse, i.e., duration, frequency, and use of force
  - ...viewed as “safe targets for sexual abuse because they are less able to avoid or report victimization.”
  - ...”higher levels of disabilities were associated with increased risks for sexual abuse.”
  - ...”disclosed abuse less frequently and delayed disclosure more often.”
  - ...more frequently abused by parents or “parental figures”
Child Maltreatment in Deaf College Students: An Analysis of the Prevalence, Characteristics, and Clinical Outcomes


Participants (N=425) were college students, 317 hearing (H) and 108 deaf (D) and hard of hearing (HOH), (M age 21.2 years, SD 4.6).

 Reported instances of CM among deaf and hard of hearing (D/HOH), versus hearing (H) participants.

<table>
<thead>
<tr>
<th></th>
<th>H</th>
<th>D/HOH</th>
<th>X² Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Abuse</td>
<td>93 (29%)</td>
<td>52 (48%)</td>
<td>$X^2=12.68$, $p&lt;.0001$</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>57 (18%)</td>
<td>43 (40%)</td>
<td>$X^2=21.34$, $p&lt;.0001$</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>41 (13%)</td>
<td>34 (31%)</td>
<td>$X^2=19.07$, $p&lt;.0001$</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>99 (31%)</td>
<td>47 (44%)</td>
<td>$X^2=5.39$, $p&lt;.05$</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>60 (19%)</td>
<td>48 (44%)</td>
<td>$X^2=27.67$, $p&lt;.0001$</td>
</tr>
</tbody>
</table>
NYS runs 2,000 group homes for individuals with developmental disabilities.

The NYTimes found about 13,000 allegations of abuse in 2009 alone among state workers in group homes serving people with developmental disabilities.

Less than 5% of the cases were brought to the attention of police.

ABUSED AND USED

At State-Run Homes, Abuse and Impunity

By DANNY HAKIM
Published: March 12, 2011

Nearly 40 years after New York emptied its scandal-ridden warehouses for the developmentally disabled, the far-flung network of small group homes that replaced them operates with scant oversight and few consequences for employees who abuse the vulnerable population.

A New York Times investigation over the past year has found widespread problems in the more than 2,000 state-run homes. In hundreds of cases reviewed by The Times, employees who sexually abused, beat or taunted residents were rarely fired, even after repeated offenses, and in many cases, were simply transferred to other group homes run by the state.
“Take –Away” Points:

- There is a significant and consistent difference concerning the incidence of maltreatment, as experienced by individuals with disabilities as, documented within:
  - the 2010 NIS-4 Report to Congress & the 2009 U.S. Dept. of Health & Human Services Child Maltreatment - Victims With a Reported Disability
  - empirical investigations, &
  - documented news reports.

- The difference is due to inconsistencies in the identification and reporting of maltreatment experienced by individuals with disabilities.
• This difference indicates the need for a more effective data collection process concerning the number of individuals with disabilities who are suspected/confirmed victims of maltreatment.

• Could this process begins by asking one question concerning all suspected/confirmed victims of maltreatment, ages birth through 21:
  ▪ Does the individual have a:
    ▪ ...“Individual Family Service Plans?” (IFSP)
      ▪ birth trough 5 yrs
    ▪ ...“Individual Education Plan?” (IEP)
      ▪ 5-21 years
• Could such a question be incorporated into the case management protocol for the Exchange Parent Aide Program?

• If such an incorporation occurred, how could the resulting data be used to not only inform the knowledge base, but also recognize, enhance and provide additional support for the Exchange Parent Aide Program?
Why are individuals with disabilities at greater risk for maltreatment?

- **Child Based Factors:**
  - Impaired communication skills that limit their ability to disclose, be understood, and believed, thus they are “safer” targets for abusers.
  - Lack of privacy (e.g., at residential schools) and social isolation
  - Lack of education concerning sexuality and self-protection
  - Used to being touched by adults for physical assistance, teaching, and interacting + lack of clarity re appropriate and inappropriate types of touching + lack of knowledge that they can say “NO!”
  - Relative social immaturity of some students may lead them to demonstrate behaviors that are misunderstood by others (Project Ability: Demystifying Disability in Child Abuse Interviewing)
• **System Based Factors:**

  • Reduced ability to understand children’s disclosure statements.

  • Lack of awareness that children with disabilities are at higher risk for neglect and abuse + “risky” situations + knowledge of how to recognize and respond to behavioral indicators that suggest a child may have experienced abuse.

  • Lack of expectation that children with disabilities need information re. sexuality.

  • Desire to reduce a child’s relative social isolation, combined with the previous identified factors, may serve to lower parent’s “guard” re. interactions between their child and other individuals. (Project Ability)

  • A lack of understanding re. child’s developmental vs. chronological age and the resulting patterns of behavior.
Cascade of Injustices

People with disabilities are at greater risk for:

Abuse and neglect

Not recognizing abuse and neglect as wrong

Not having a disclosure understood or believed

Not having reports of abuse investigated

Not having investigations lead to trial

Not receiving therapy for the effects of the maltreatment

Not having the therapy appropriate to their needs
• What additional information concerning child and system based risk factors are evident via the work of the Exchange Parent Aide Program?

• Does the presence of a disability, as demonstrated by a child, or a parent, impact the effectiveness of the Exchange Parent Aide Program as indicated data from the pre/post “Initial Needs Assessment” (INA) ?

• What are the frequently encountered problems and solutions within the Exchange Parent Aide Program when working with individuals with disabilities? How can such problems and solutions be systematically identified and used to focus and enhance professional development efforts?
• Maltreatment Rate:
  ▪ Incongruent data concerning the rate of maltreatment experienced by children with disabilities, i.e., NIS-4 Report to Congress, the 2009 U.S. Dept. of Health & Human Services Child Maltreatment - Victims With a Reported Disability, empirical investigations, & documented news reports.

  ▪ Inconsistent definitions, reporting, and data collection process

  ▪ Possible use of IFSP/IEP data to identify the presence and type of disability, plus provide information concerning needed accommodations, services, performance, and assessment measures.

  ▪ Possible use of the Exchange Parent Aide Program, with minimal modifications, to provide needed data concerning the rate of maltreatment experienced by children with disabilities, while simultaneously enhancing Program recognition and support.
• Summary: Part 2 (cont.)
  ▪ Risk Factors:
    ▪ **Children with Disabilities:**
      ▪ Limited communication skills
    ▪ Increased social isolation and immaturity
    ▪ Insufficient knowledge of abuse, sexuality, self protection, and the right to say “**NO!**”
    ▪ Reliance/compliance to adult commands
  ▪ **Parents & Professionals:**
    ▪ Lack of knowledge of the increased risk, risky situations, impact, observation, and reporting
    ▪ Lack of effective communication skills with child and knowledge of developmentally appropriate behaviors
  ▪ The systematic identification of the frequently encountered problems and solutions within the **Exchange Parent Aide Program** could be used to focus and enhance professional development efforts.
Part 3: How can this symposium provide ongoing support and resources to your center?

- One presentation, one symposium, one meeting, regardless of how good they might be, will not significantly change the ‘status quo’

- While we can enjoy the time away from work, the opportunity to be with our friends and to explore a new setting, once we get back to reality, we will very, very likely go back to doing essentially the same thing, in the same way as we did before.
• So how can this presentation, at this symposium provide you and your center with ongoing support and resources?

• How many of you have read this book?

• I read it last year and it has dramatically changed how I work.

• I am going to use the last part of this presentation to describe how the major concepts of this book can help us to become more effective in our work.
One of the key concepts of this text is that change begins by first getting the emotional attention of the individuals.

During the course of the past week, I have been looking at quite a few of the Web pages for your centers. As such I know that IF you can get someone to go to your Web site, or attend one of your sessions, your work can hit an emotional “trigger,” e.g., CASTLE/Exchange Club Center for the Prevention of Child Abuse of the Treasure Coast.
• Unfortunately, once you have an individual’s attention, they can become quickly overwhelmed with the scope of the problem, the depth of the need, and the array of options.

• This has indeed been my experience as I have tried to “figure out” the vast array knowledge sources and agencies/organizations that work on the problem of child abuse and neglect.

• The SWITCH authors use a couple of strategies to deal with this overload, i.e., finding what works, i.e., “Bright Spots,” and then clearly identifying a “doable” number of steps.
• In this case, “Bright Spots” are respected and trusted individuals that you know to have particular knowledge, skills and experiences concerning child abuse and neglect as experienced by children with disabilities.

• In essence, the goal is not to reinvent the wheel, but rather find who makes the best wheels and then share their expertise so that we can ALL make better wheels.

• Once identified, “Bright Spots” are interviewed and their information shared with the larger “Community of Learners” via the use of simply, sustainable, and readily available Web based technologies.

• How can this be realistically accomplished?
Bright Spot: Holly Bridenbaugh

Child Interviewer/Regional Service Provider - CARES Northwest - Portland, OR

Forensic Interviewer

- Video Segments: 3-2-2011 [captions yet to be added]
  - Introduction (3.56 min.)
  - Frequently Encountered Problems & Solutions
    - #1. Professional focus upon child’s disability vs. ability (7.14 min.)
    - #2. Cascade of Injustice (2.24 min.)
  - Resources (3.36 min.)
    - Project Ability: Demystifying Disability in Child Abuse Interviewing
    - Christine Pavelski/Teachers College - Columbia University: (cop241@columbia.edu) - Child Abuse &
      Children with Disabilities: A New York State Perspective
    - National Dissemination Center for Children with Disabilities
    - U.S. Dept. of Justice: Information re. Americans w/ Disabilities Act (ADA)
    - Local resources, e.g., doctors, schools, Individualized Education Plans (IEP), parents, etc.
  - A peas of Topical Resource (2.68 min.)
    - Project Ability: Demystifying Disability in Child Abuse Interviewing
    - Forensic interviewing of children w/ disabilities
    - Disability related topics
    - Professional development

H. Johnson
Interview

Director/Michael B. Christensen Family Support Center

*Video Segments: 6:27-11 [captions yet to be added]*

- Introduction [0:57 min.]
- Frequently Encountered Problems & Solutions
  - #1: Helping parents to understand their child’s developmental vs. chronic age [1:18 min.]
  - #2: Helping parents navigate the school system [1:42 min.]
  - #3: Working with siblings of children with disabilities [1:50 min.]
- Resources [2:00 min.]
  - Massachusetts Society for the Prevention of Cruelty to Children
  - Children’s Behavioral Health Initiative
  - Merrimack Valley Hall
  - Massachusetts Family Network
- Areas of Topical Resource
  - Working with children who have experienced complex trauma and the resulting behavioral issues
  - Working with children who are visually impaired
  - Working with children with mental health concerns

*Note: if you have any difficulty in viewing the video segments, please “click” on this URL “Flash Video Difficulties”*
Parent of a child who is deaf/hard of hearing

Video Segments: 1/20/2011 [captions yet to be added]

- Introduction (0.45 min)
- Frequently Encountered Problems & Solutions
  - #1 Talking with your children re: the topic of abuse (1.30 min)
  - #2 Talking with your children re: the concept of public and private parts of your body (1.25 min)
  - #3 Talking with your children re: safety rules (1.44 min)
  - #4 Talking with your children re: "secrets vs. surprises" (2.06 min)
  - #5 Talking with your children re: other adults (1.57 min)
  - #6 Talking with your children re: how you feel about the topic of abuse (1.05 min)
- Key Resources (2.39 min)
  - ChildHelp: ChildHelp Child Abuse Hotline (1-800-4-A-CHILD)
  - Deaf & Hard of Hearing Children Helplines 1-800-222-4453
  - Kidpower
  - Child Abuse & Neglect Community of Learners for Children with Disabilities
- Areas of Topical Resource (0.53 min)
  - Talking with other parents re: the topic of child abuse and raising children with disabilities
  - Interested in being involved in presentations and researching the topic of child abuse and research as experienced by children with disabilities.
- Additional Information
  - Why I didn’t talk to my kids sooner.pdf

*Note: if you have any difficulty in viewing the video segments, please “click” on this URL “Flash Video”
Executive Director/
Kidpower Teenpower
Fullpower International

irene@kidpower.org
Santa Cruz, CA

- Video Segments: [1/17/2011] (captions yet to be added)
  - Introduction (2.16 min.)
  - Frequently Encountered Problems & Solutions:
    - #1: Perception that children with disabilities are less able to protect themselves (1.58 min.)
    - #2: Children's knowledge of when they have the right to speak up for themselves and when they don't (3.38 min.)
    - #3: Children's perception of self following the experience of abuse (2.18 min.)
- Key Resources (4.45 min.)
  - Kidpower Board Members, Trainers, Partners, Advisors, etc.
  - Kidpower Online Library & Resources
  - Ellen Bass - Writer and Co-Author of The Courage to Heal and Free Your Mind
  - Terry Brickley (deceased) Unlimited Adaptability: Teaching “People Safety” Skills to Individuals With Different Abilities
  - Kidpower - A Tapestry Woven by Many Different Hands
  - Gavin de Becker - The Gift of Fear, Survival Signals That Protect Us from Violence, and Protecting the Gift: Keeping Children and Teenagers Safe (and Parents sane!)
- Areas of Topical Resource (1.52 min.)
  - Serving as advisors for projects working on the prevention of child abuse and neglect, plus projects concerning bullying and issues of personal safety for ALL children and the general public
  - Contributing to resource guides
  - Training, both face-to-face and online, to help individuals safe and help them live happier lives
Chair/Professor - Dept.
American Sign Language & Interpreter Education

Email: Laurence.Hayes@EKU.EDU
Richmond, KY

Video Segments: [1/25/2011] (captions yet to be added)

- Introduction (2.14 min)
- Frequently Encountered Problems & Solutions:
  - #1: Gender Match: Interpreter & Client (1.14 min)
  - #2: Age Match: Interpreter and Client (1.23)
  - #3: Interpreters working with children who have experienced abuse (1.26 min)
  - #4: Interpreter preparation re. the topic of abuse (2.22 min)
  - #5: Interpreter knowledge of the language/jargon re. the topic of abuse (2.25 min)
- Key Resources (2.02 min)
  - DOVE (Advocacy Services for Abused Deaf Women and Children)
  - ADARA
  - Deaf Organizations & Community
    - National Association of the Deaf
    - Gallaudet University Alumni
    - Registry of Interpreters for the Deaf
    - Conference of Interpreter Trainers
- Areas of Topical Resource (2.41 min)
  - Interpreters: Role, Function, Preparation, Professional Development, & Use
  - Networking with state, regional, and national interpreting agencies and organizations
  - Technologies to support interpreter preparation, training, and use
  - Collaborative grant: development and implementation

Note: if you have any difficulty in viewing the video segments, please "click" on this URL "Flash Video Difficulties".
Bright Spot: Ashley Koe

Community Advocate/DOVE: Advocacy Services for Abused Women & Children: Denver, CO

Email: ashley@deafdove.org - Denver, CO

- Video Segments: 2-14-2011 (signed w/ voice over; captions yet to be added)
  - Introduction (1.43 min.)
  - Frequently Encountered Problems & Solutions
    - #1: Lack of adequate communication skills by very young children who are deaf/hard of hearing (1.16 min.)
    - #2: Lack of culturally accessible interviewing (2.14 min.)
    - #3: Lack of Deaf cultural knowledge by child welfare workers (2.51 min.)

- Key Resources
  - Denver Children's Advocacy Center
  - National District Attorney Association: National Center for the Prosecution of Child Abuse. Suzanne Tiapula, Director (stiapula@nclaa.org)
  - White Paper: Addressing the Trauma Treatment Needs of Children Who Are Deaf or Hard of Hearing and the Hearing Children of Deaf Parents

- Areas of Topical Resource
  - Child sexual assault and prevention
  - Teen dating violence
  - Effects of domestic violence on children

- *Note: if you have any difficulty in viewing the video segments, please "click" on this URL. "Flash Video Difficulties"
• **Imagine IF** we collaborate in identifying the “Bright Spots” in the network of Exchange Club Abuse Prevention Centers.
  - That is those individuals who have indepth knowledge, skills and experiences in working with children with disabilities that are suspected, or confirmed, to have experienced maltreatment.

• **Imagine IF** we use university students who are in preparation to become our colleagues to conduct actual, or virtual (e.g., ooVoo enabled), interviews.
• **Imagine IF** we begin to conduct such interviews to answer four simple questions, i.e.,

  - **Introduction:**
    - What is your current "role/position" and a brief deception of your work with children with disabilities and the topic of child abuse and neglect?

  - **Frequently Encountered Problems & Solutions:**
    - What are one to three "Frequently Encountered Problems" you have experienced and addressed in your work with children with disabilities and the topic of child abuse and neglect?

  - **Key Resources:**
    - What are one to three resources, e.g., Web sites, agencies, texts, etc., that you have found to be particularly helpful in your work with children with disabilities and the topic of child abuse and neglect?

  - **Areas of Topical Resource:**
    - What are one to three areas, or topics on which you would be willing to share information concerning with children with disabilities and the topic of child abuse and neglect?
Imagine IF the resulting brief videos, resources, and areas of topical resources were used to create an “on demand” multimedia knowledge base of:

- “Bright Spots”
- Frequently Encountered Problems & Solutions
- Key Resources
- Areas of topical Expertise

Imagine IF that knowledge base and technology was used by a “virtual” community of learners to:

- ...learn “just in time” what they need to know to work with a child with disabilities.
- ...know who to contact with a question about ‘x’ re. ‘y’ type of child.
- ...provide focused, specialized professional development opt.
- ...enable widely dispersed individuals to work collaboratively in an effective and efficient manner that DID NOT require travel.
• Imagine IF the Exchange Club Abuse Prevention Centers “Community of Learners” joined with other online communities, e.g., Hands & Voices that also have a nation wide network of home based, parent centered, intervention programs:
• **Imagine IF** the online community included state, national, and international organizations that have all agreed to collaborate in a common effort to prevent, or at least reduce the frequency and impact of child abuse and neglect as experienced by children with disabilities.
• Collaborative Partners
  • 2007: Hands & Voices
  • 2008: Advocacy Services for Abused Deaf Women & Children
  • 2008: Childhelp
  • 2009: Association of College Educators – Deaf/Hard of Hearing
  • 2009: Convention of American Instructors of the Deaf
  • 2009: Child Abuse & Children w/ Disabilities
  • 2009: Described & Captioned Media Program
  • 2009: KidPower
  • 2010: American Society for Deaf Children
  • 2010: National Exchange Club Foundation
  • 2010: National Child Protection Training Center
  • 2010: Conference of Educational Administrators of Schools & Programs for the Deaf
  • 2010: National Children’s Advocacy Center
  • 2010: FEHI: Florida Educators of Deaf/Hard-of-Hearing Individuals
  • 2010: Division for Communicative Disabilities & Deafness (DCDD)
• **Imagine** what we would learn...

• **Imagine** the problems we would solve...

• **Imagine** the resources we would develop...

• **Imagine** the support we could establish **IF** we identified and shared our “Bright Spots” to establish what we know and learn what we need to prevent, or at least reduce the frequency and duration of child abuse and neglect experienced by children with disabilities

Susan Mitchell/Director of the Michael B. Christensen Family Support Center

OUR first Exchange “Bright Spot”
• Thank you for this opportunity to talk with you today.

• Later this morning we will have the opportunity to interact with one another to see how we might use some of the information and ideas I have shared with you this morning to move from “imagine” to “actual.”
Thank You
Together We CAN Make a Difference

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