

# Position Statement on Child Maltreatment



Division for  
Early  
Childhood

of the Council for Exceptional Children





# Position Statement on Child Maltreatment

Division for Early Childhood (DEC)  
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## Terminology



We use “maltreatment” as an overarching term inclusive of child abuse, neglect, and trauma. This position statement was written to be inclusive of young children who are both at risk for and already identified with disabilities and delays. Additionally, this position statement is written to be inclusive of young children who are either at risk for or already have experienced maltreatment. For consistency and brevity, we use the term “young children with disabilities who have experienced maltreatment and their families” as an inclusive term throughout this position statement.

## Overview



Young children, especially those with disabilities, are disproportionately affected by abuse, neglect, and trauma. For the first time, DEC is providing guidance on how our field can prevent and reduce instances of maltreatment as well as how to intervene to support young children with disabilities and their families who have experienced maltreatment. This document includes an overview of the issue, DEC’s position, and DEC’s recommendations to the field.


All 50 states have child abuse and neglect reporting laws that mandate professionals report suspected child abuse and neglect to a child protective services (CPS) agency. Federal legislation identifies a set of acts or behaviors that define child maltreatment, but each state has its own definitions that are based on standards set by federal law. The Child Abuse Prevention and Treatment Act (CAPTA), as amended by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at a minimum:

Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm (42 U.S.C. §5101).

The majority of states recognize four major types of maltreatment: neglect, physical abuse, psychological maltreatment, and sexual abuse. These forms of child maltreatment can be found separately or they can occur in combination.

As a national organization DEC strives to ensure support for children (Birth to 8 years old) at risk for and with disabilities and developmental delays and their families. DEC’s work is inclusive of both prevention and intervention efforts related to issues of practice, pre- and in-service preparation, research, policy, and interdisciplinary collaboration. DEC has identified three key reasons our community must take action on child maltreatment:

1. Young children are disproportionately affected by child maltreatment.
2. There is a bi-directional relationship between child maltreatment and disability or developmental delay. Meaning, children with disabilities/delays are at a higher likelihood



for experiencing abuse and children who experience abuse are at a higher likelihood for developing a disability or delay.

3. Young children who have been maltreated are participants in early childhood programs (e.g. early intervention, childcare, preschool).

First, young children (birth-8 years of age) are the most frequent victims of maltreatment. During the first year of life, children are at the highest risk for being maltreated, with 24 out of every 1,000 children experiencing child maltreatment (Child Maltreatment, 2014). Children under three years of age comprise 70% of child maltreatment fatalities. At least one parent was involved in 79% of child maltreatment fatalities (Child Maltreatment, 2014). Tragically, young children in our communities experience maltreatment at an alarming rate.

Second, overall, children who are maltreated are at a higher risk for developing a disability than their peers who have not had this experience (Larson & Anderson, 2006; Musheno, 2006). Conversely, children with a disability are at a higher risk of experiencing maltreatment (Sedlak et al., 2010; Sobsey, 2002). Paired with the increased likelihood because of age, very young children with disabilities are often doubly vulnerable to experiencing maltreatment.

Third, children with disabilities who have experienced maltreatment and their families are regular participants in early childhood programs, including home visiting, childcare, preschool, and kindergarten. Furthermore, children with disabilities who have experienced maltreatment and their families are often simultaneously supported by multiple service systems (e.g., child care, child welfare, early intervention, pediatrics, and early childhood). Despite being involved in multiple service systems, the health, developmental, educational, and social needs of young children with disabilities who have experienced maltreatment and their families often go unmet (Corr & Danner, 2013; Hibbard & Desch, 2007; Kenny, 2004; Manders & Stoneman, 2009; Stahmer et al., 2005).

## DEC's Position

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All young children deserve the opportunity to safely develop physically, socially, and emotionally within their family and community. However, a disturbing proportion of children with disabilities experience maltreatment during the first eight years of their lives. Despite the stark relationship between disability and maltreatment, young children with disabilities who have experienced maltreatment and their families are a population that have not received sufficient attention with regard to research, policy, and practice recommendations. While DEC has made great strides in supporting young children with disabilities, DEC has yet to explicitly focus resources on research, policy, practice, collaboration, or leadership efforts to support young children who have experienced maltreatment and their families. Therefore, as individual members and as an organization, DEC will focus on prevention and intervention efforts to better support young children with disabilities who have experienced maltreatment and their families.

## Individual Roles

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- a. As individual early childhood practitioners, researchers, and policymakers, we should be vigilant in our role as mandated reporters but move beyond that role in protecting children. We should advocate for supporting young children who have experienced maltreatment and their families in our early childhood programs and placements. By doing so, we recognize and assume responsibilities in both prevention and intervention efforts at local, state, and national levels.



b. As individual early childhood practitioners, researchers, and policymakers, we should be respectful of and responsive to families while being aware of personal biases. The DEC Recommended Practices should guide our prevention and intervention efforts. Thus, we should employ strengths-based and family-centered approaches with at. To do this well, we must regularly and intentionally reflect on our biases, culture, and actions. The guidance offered by the DEC recommended practices coupled with reflective processes will promote ECSE professionals' sensitivity and responsiveness to unique familial circumstances (e.g., strengths and resources of parents who have maltreated their children or who may be at risk of maltreating their children, shifts in parental custody, transitions between foster homes, termination of parental rights).

## Organizational Roles

a. As early childhood practitioners, researchers, and policymakers, DEC should actively start discussions to build trust, communication, and mutual objectives across diverse systems (i.e., child welfare, infant mental health, pediatrics, juvenile justice) to support young children with disabilities who have experienced maltreatment and their families. DEC should simultaneously focus these efforts at the local, state, and national levels.

b. As early childhood practitioners, researchers, and policymakers, DEC should share the responsibility and the work of building dynamic systems of support. Shared understanding about the meaning and impact of maltreatment should be the starting point for creating a system of services and supports for children with disabilities and their families. Such a system must reflect a continuum of multidisciplinary services and supports that respond to the needs and characteristics of children with disabilities who have experienced maltreatment and their families. To build a strong foundation to grow robust early childhood systems of support, DEC will first focus on recommended practices and pre- and in-service programs.

*i. Identify and utilize recommended practices.* DEC recognizes the existing evidence base for supporting young children who have experienced maltreatment. DEC will use this evidence base alongside DEC's recommended practices to advocate for supports that are effective for children with disabilities who have also experienced maltreatment and their families.

*ii. Pre- and In-service programs.* DEC recognizes the complex issue of maltreatment cannot be "taught" in isolation. No single course or professional development offering could be sufficient to prepare responsive and supportive early childhood professionals for this work. Therefore, DEC will work with multidisciplinary pre- and in-service programs (i.e., ECSE, social work, psychology, pediatrics, etc.) to find appropriate and innovative ways to create and incorporate content related to maltreatment prevention and intervention efforts for young children with disabilities into existing coursework and professional development offerings (i.e., offerings related to child development, social emotional development, families, intervention, and research methodology).



## DEC's Call to Action/Recommendations

DEC believes meaningful collaborations are at the heart of this complex work. Therefore, DEC will establish the "Protection and Well-Being Special Interest Group (SIG)." This SIG will be comprised of researchers, practitioners, and policymakers who are focused on supporting the well-being of young children with disabilities who have experienced maltreatment and their families. The Protection and Well-Being SIG will actively lead and foster meaningful multi-system collaborations related to better support young children with disabilities who have been maltreated and their families. In order to make comprehensive and efficient progress, this work will simultaneously address practice, pre-and in-service preparation, collaboration, research, and policy. Furthermore, in an effort to take immediate action and sustain this work, DEC has crafted both long- and short-term goals across all areas of focus.

### 1. Practice

DEC members will identify evidence-based practices related to supporting young children with disabilities who have been maltreated and their families.

#### *Short-term goals*

DEC members will identify evidence-based practices to support young children with disabilities who have been maltreated and their families.

#### *Long-term goals*

DEC members will embed these practices within the DEC Recommended Practices. For example, transition practices should acknowledge and identify appropriate transitions across programs (i.e., early intervention and child welfare) and/or homes (i.e., foster home to biological home).

### 2. Pre- and In-service preparation

DEC members will explicitly incorporate content, experiences, and supports into pre-/in-service early childhood/early childhood special education (EC/ECSE) programming related to young children with disabilities who been maltreated and their families to improve coordination efforts and improve the continuum of support and care.

#### *Short-term goals*

DEC members will examine to what extent EC/ECSE personnel preparation programs and professional development offerings meet the needs of practitioners supporting young children with disabilities who have been maltreated and their families.

#### *Long-term goals*

DEC members will identify and collaborate with partners to incorporate content and experiences specifically related to young children with disabilities who have been maltreated and their families into pre- and in-service programming.

### 3. Research

DEC members will advocate for more funding for research focused on young children with disabilities who have experienced maltreatment. This research should include the identification of effective models of service system coordination. Furthermore, DEC members will prioritize, include, and make differentiations for young children with disabilities who have been maltreated and their families in research agendas.

#### *Short-term goals*

DEC members will identify the research gaps pertaining to supporting young children with disabilities who have been maltreated and their families.



*Long-term goals*

DEC members will collaborate with identified partners to address research gaps by highlighting priorities and identifying potential funding sources to develop and support the continuation of this research agenda.

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#### **4. Policy**

DEC members will advocate for policies supporting young children with disabilities who have been maltreated and their families.

*Short-term goals*

DEC members will use research to identify policies that can improve the coordination of multiple service systems for young children with disabilities who have been maltreated and their families.

*Long-term goals*

DEC members will collaborate with identified partners to examine and address policy issues related to supporting young children with disabilities who have been maltreated and their families.

DEC is committed to improving the quantity and quality of early childhood special education services for young children with disabilities who have been maltreated and their families. By expressing DEC's values as a community, creating the DEC Protection and Well-Being SIG, and setting short- and long-term goals, DEC will raise awareness and foster and strengthen cross-system collaborations to better support young children with disabilities who have been maltreated and their families. These coordinated prevention and intervention efforts will support families to prevent disability and delays in young children and to address the needs of young children who are already experiencing delays and disabilities.



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## References

- CAPTA Reauthorization Act, PL 111-320 (2010).
- Corr, C., & Danner, N. (2013). Court-appointed special advocate strong beginnings: Raising awareness across early childhood and child welfare systems. *Early Child Development and Care, 9-10*, 1–11. doi: 10.1080/03004430.2013.845564
- Hibbard, R. A., & Desch, L. W. (2007). Maltreatment of children with disabilities. *Pediatrics, 119*, 1018–102. doi:10.1542/peds.2007-0565
- Kenny, M. (2004). Teachers' attitudes toward and knowledge of child maltreatment. *Child Abuse and Neglect, 28*, 1311-1319.
- Larson, S. A., & Anderson, L. (2006). Children with disabilities and the child welfare system: Prevalence data. *Impact, 19*, 6–7.
- Manders, J. E., & Stoneman, Z. (2009). Children with disabilities in the child protective services system: An analog study of investigation and case management. *Child Abuse & Neglect, 33*, 229–37. doi: 10.1016/j.chiabu.2008.10.001
- Musheno, K. (2006). Children with disabilities and the Child Abuse Prevention and Treatment Act. *Impact, 19*, 13.
- Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). Fourth national incidence study of child abuse and neglect (NIS-4): Report to Congress, executive summary. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- Stahmer, A. C., Leslie, L. K., Hurlburt, M., Barth, R. P., Webb, M. B., Landsverk, J., Zhang, J. (2005). Developmental and behavioral needs and service use for young children in child welfare. *Pediatrics, 116*, 891-900.
- Sobsey, D. (2002). Exceptionality, education, and maltreatment. *Exceptionality, 10*, 29–46. doi: 10.1207/S15327035EX1001\_3
- U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2016). *Child maltreatment 2014*. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>





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