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Reducing Risk: Child Abuse and Children with AD/HD

CHILD ABUSE IS A SERIOUS PUBLIC HEALTH CONCERN IN THE UNITED STATES.

Promoting the well-being of children and preventing maltreatment are important goals, because children who experience mistreatment can face lasting difficulties related to biological, social, emotional, and cognitive functioning. Children with disabilities, such as attention-deficit/hyperactivity disorder, are at increased risk for abuse and neglect.

According to the United States Department of Health and Human Services, in 2005 child protective service agencies received more than three million reports of child maltreatment, and close to 900,000 of those reports were substantiated or confirmed. The Child Abuse Prevention and Treatment Act, federal legislation that lays the framework for how states classify child abuse and neglect, defines child maltreatment as:

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.

Caretakers can include a variety of individuals, such as relatives, the unmarried partner of a parent, stepparents, foster parents, residential facility staff, child daycare providers, legal guardians, and others involved in the care or education of children.

Of the four major types of maltreatment, children with AD/HD are at highest risk for neglect, physical abuse, and emotional abuse. There are many treatment options for children with AD/HD and, with the help of professionals, individualized care plans can be developed and shared with caregivers to help reduce the risk of abuse. When caregivers of children with AD/HD are knowledgeable about appropriate ways of teaching children about risky situations and responding to their unique needs, the risk for maltreatment can decrease.

Disabilities and child maltreatment

Younger children, children with health problems or disabilities, and those with behavioral and emotional problems are at

increased risk for mistreatment. In 2000 researchers examined the relationship between child maltreatment and disability, and found that children with disabilities were 3.4 times more likely to experience maltreatment than children without disabilities. Behavior problems or emotional disturbance increases the risk.

Maltreatment is a risk for children with disabilities in two broad ways: it can lead to the development of disabilities, and children who have disabilities are at greater risk for experiencing maltreatment. Abuse and neglect cause disabilities in some children. For example, a traumatic brain injury resulting from physical abuse could lead to a variety of problems related to a child's global functioning. Likewise, the environmental and relational deprivation that characterizes neglect can cause a variety of cognitive, social, and emotional problems.

The presence of disabilities also increases risk for maltreatment. Children with disabilities may be less able to detect and report situations that are abusive or neglectful. They are also more likely to have multiple caregivers, and these caregivers may have varying levels of investment in their well being. Children with disabilities often require a higher level of care, and caregivers may not have the skills or support they need to provide adequate care. In addition, children may exhibit significant challenging behaviors that tax the resources and interact with the vulnerabilities of caregivers.

Children with AD/HD can have behaviors that are challenging to address as a caregiver. Although AD/HD has biological origins, it is most often identified behaviorally, with the central behavioral indicators being inattention, hyperactivity,



MORE INFO: For a list of references and helpful resources, visit www.chadd.org/attention/references.



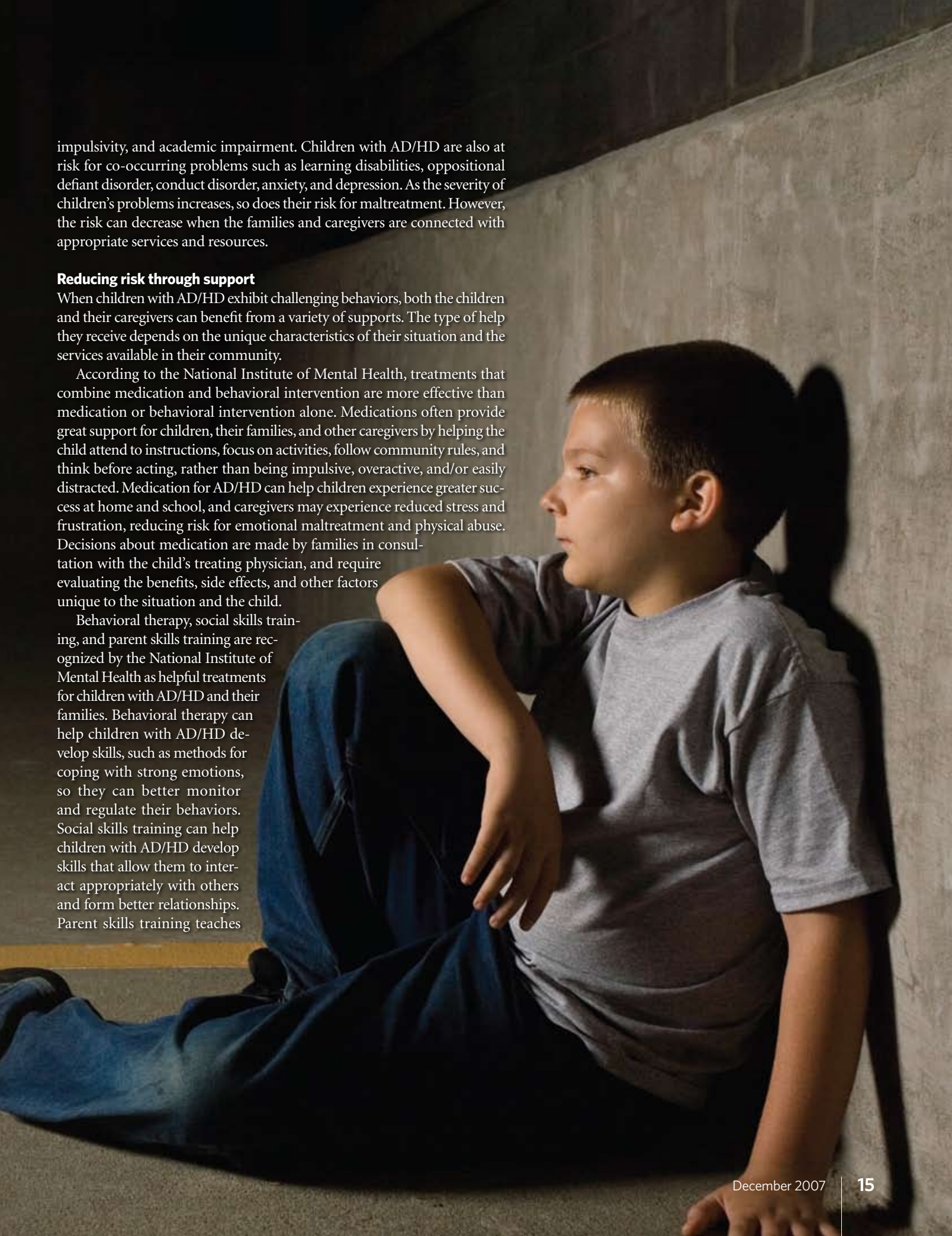
impulsivity, and academic impairment. Children with AD/HD are also at risk for co-occurring problems such as learning disabilities, oppositional defiant disorder, conduct disorder, anxiety, and depression. As the severity of children's problems increases, so does their risk for maltreatment. However, the risk can decrease when the families and caregivers are connected with appropriate services and resources.

Reducing risk through support

When children with AD/HD exhibit challenging behaviors, both the children and their caregivers can benefit from a variety of supports. The type of help they receive depends on the unique characteristics of their situation and the services available in their community.

According to the National Institute of Mental Health, treatments that combine medication and behavioral intervention are more effective than medication or behavioral intervention alone. Medications often provide great support for children, their families, and other caregivers by helping the child attend to instructions, focus on activities, follow community rules, and think before acting, rather than being impulsive, overactive, and/or easily distracted. Medication for AD/HD can help children experience greater success at home and school, and caregivers may experience reduced stress and frustration, reducing risk for emotional maltreatment and physical abuse. Decisions about medication are made by families in consultation with the child's treating physician, and require evaluating the benefits, side effects, and other factors unique to the situation and the child.

Behavioral therapy, social skills training, and parent skills training are recognized by the National Institute of Mental Health as helpful treatments for children with AD/HD and their families. Behavioral therapy can help children with AD/HD develop skills, such as methods for coping with strong emotions, so they can better monitor and regulate their behaviors. Social skills training can help children with AD/HD develop skills that allow them to interact appropriately with others and form better relationships. Parent skills training teaches



parents skills and strategies that can help them prevent behavior problems and respond in ways that enhance the functioning of their child with AD/HD. The Parent to Parent program, accessible through the CHADD Web site (www.chadd.org), is an example of a parent training program.

Support groups are also good resources for reducing stress and enhancing strengths for families of children with AD/HD. Information about local and national support groups for families of children with AD/HD can be found on the CHADD Web site.


Children with AD/HD are cared for by many individuals in a variety of settings such as the home, school, and community. It is important that all caregivers are knowledgeable about appropriate ways of responding to their strengths and weaknesses. Creating plans that promote positive behaviors and reduce challenging behaviors can help prevent maltreatment. Collaboration among health care providers, families, and school personnel to develop individualized care plans is an example of how the various individuals can work together to decide on appropriate methods for caring for children with AD/HD.

Safety strategies

Keeping Our Children Safe, a guide written by Angela Bissada, PsyD, and colleagues, outlines ways families can help children stay safe from abuse and neglect. Three strategies included in the guide are: (1) talking to children about abuse, (2) listening to children, and (3) getting informa-

tion about individuals involved in the care or education of children.

Talking to children about abuse can help children identify and respond to abusive situations. When having a discussion about abuse, families should consider a child's age and level of understanding. It is also important that families are responsive to a child's disclosures about abusive or questionable situations. Any disclosure of abuse should be taken seriously and responded to calmly.

Requiring that individuals involved in the care or education of children provide information—including training and educational background, and strategies to prevent poor care—can reduce the risk of abuse and neglect. Background checks are a must. Additional information can be found at www.uscucedd.org, the Web site of the University of Southern California, University Center for Excellence in Developmental Disabilities. 

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