

Violence against Children with Special Needs: Types, Causes and Health Consequences

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Abstract

Children with disabilities are very vulnerable as a result of the entrenched social structural discrimination against them. The disabled children are often denied access to educational services, medical services, psychosocial care, legal and other services because of the society's perception about their inability to act well due to their disability. The societal perception about children with disability has placed this population on the disadvantaged position. Children with disabilities face particular challenges to reporting abuse against them, which in turn makes them particularly vulnerable. The study examined the various types of disabilities, violence and indicators for measuring violence against children with special needs. It also investigated the causes of violence against children with special needs and the implication on their health. The study then recommended among others preventive interventions that address the social and structural discrimination that prevent these children from accessing services, care and support.

Introduction

Globally, children with special needs are mostly discriminated in the world at large. It was estimated that about 200 million children have a disability, 80% of who live in the developing world, and are largely ignored, and remain almost media; and other opinion-formers and decision-makers, and remain almost invisible in the mainstream society (UNICEF, 2005). Children with special needs are especially vulnerable as a result of entrenched social and structural discrimination against them. Many live in relative isolation and are invisible to the society, often kept indoors and out of sight. They have less interaction with peers or adults in whom they could confide. Stigma surrounding disability can result in their needs and rights being dismissed by communities, authorities and families (US Department of Justice, 2010). This is compounded by acute lack of access; as or a child could suffer a traumatic brain injury from a car crash, which may affect the child's memory.

Conditions causing disability are classified: inherited (genetically transmitted), congenital (caused by an infection or other disease during pregnancy, embryonic or foetal developmental irregularities, or by injury during or soon after birth), acquired (such as conditions caused by illness or injury, or of unknown origin). Types of disability may also be categorized in the following ways:

a. Physical disability:

Any impairment which limits the physical function of limbs, fine bones or gross motor ability is a physical impairment, not necessarily a physical disability. The social model of disability defines physical disability as manifest when impairment meets a non-universal design or

programme, e.g. a person who cannot climb stairs may have a physical impairment of the knees when putting stress on them from an elevated position such as with climbing or descending stairs. If an elevator was provided or a building had services on the first floor, this impairment would not become a disability.

b. Sensory Disability:

Sensory disability is an impairment of one of the senses. The term is used primarily to refer to vision and hearing impairment, but other senses can be impaired.

c. Vision Impairment:

Vision impairment (visual impairment) is the loss of vision of a person to such a degree as to qualify as an additional support need, through a significant limitation of visual capability resulting from either disease, trauma, congenital or degenerative conditions that cannot be corrected by conventional means, such as refractive correction, medication or surgery (Arditi and Rosenthal, 1998).

d. Hearing Impairment:

Hearing impairment, hard of hearing or deafness refers to conditions in which individuals are fully or partially unable to detect or perceive at least some frequencies of sound which can typically be heard by most people. Mild hearing loss may sometimes not be considered a disability.

e. Intellectual Disability:

Intellectual disability is a broad concept that ranges from mental retardation to cognitive deficits too mild or too specific (as in specific learning disability) to qualify as mental retardation. Intellectual special needs may appear at any age. Mental retardation is a subtype of intellectual disability, and the term intellectual disability is now preferred by many advocates in most English speaking countries.

f. Mental Health and Emotional Special Needs:

A mental disorder or mental illness is a psychological or behavioural pattern generally associated with subjective distress or disability that occurs in an individual, and perceived by the majority of the society as being outside of normal development or cultural expectations. The recognition and understanding of mental health conditions has changed over time and across cultures, and there are still variations in the definition, assessment and classification of mental disorders, although standard guideline criteria are widely accepted.

g. Developmental disability

Developmental disability is any disability that results in problems with growth and development. Although the term is often used as a synonym or euphemism for intellectual disability, the term also encompasses many congenital medical conditions that have no mental or intellectual components, for example, spinal bifida.

Types of Violence Experienced by Children with Special Needs

Violence against children with special needs is a global phenomenon, the causes of which are deep-rooted, varied complex and interlinked. A key factor that underlies the treatment of children with special needs is people's attitude and understanding of disability, which are often rooted in cultural traditions and beliefs. In some cultures, disability is viewed as a curse or punishment for sins committed in an earlier life, so as a child born with impairment is an embodiment of past failure, inadequacy or wickedness of the individual and sometimes the mother (Mpinga, 2007). The Western regional Coalition to End Violence in 2014 categorized violence against children with special needs as physical violence, sexual violence, psychological or emotional violence and neglect. They were further defined as:

a. Physical Violence

Physical violence is any act or treatment that causes injury or discomfort, such as slapping, pushing or hitting. It may include over or under-medicating and the use of physical restraints.

b. emotional Abuse:

Emotional abuse is any act which lowers a person's dignity and self-worth. This may include yelling at, criticizing, threatening, humiliating or isolating the elderly or disabled person.

c. Sexual Abuse:

Sexual abuse is any unwanted asexual act. This may include unwanted touching, kissing or fondling.

d. Financial Abuse:

Financial abuse is any act involving the misuse of the elderly or disabled person's money or property without their full knowledge and consent. This includes theft of money, pension cheques or property, as well as misuse of power of attorney.

e. Neglect

Neglect happens when a caregiver does not properly care for, and attend to an elderly or disabled person who cannot fully look after him or herself. Neglect can be intentional or unintentional. It may include withholding food, personal hygiene, care, health service, clothing, help or companionship. Neglect may also be self-neglect. This happens when a person refuses delays or is unable to arrange for his or her own care and attention. According to a survey conducted by Western Regional Coalition to End Violence (2014), it was revealed that persons with special needs are 4 to 10 times more likely to become a victim of violence, abuse, or neglect than persons without special needs. Children with special needs are more than twice as likely to be physically or sexually abused as children without special needs, due to the influence of some cultural and traditional practices existing in the country. They further stated the following indicators for measuring violence against children with special needs;

- a. **Indicators of physical abuse:** fear of caregiver, unexplained injuries, delay in seeking treatment, over-sedation, unusual patterns of bruises, history of changing doctors, scalp injuries.
- b. **Indicators of emotional abuse:** low self-esteem, appearing nervous around caregiver, confusion, suicidal, avoidance of eye contact with caregiver, fear of abandonment, lethargic/withdrawn.
- c. **Indicators of sexual abuse:** unusual fear of person, stained, torn or bloody clothes, pain and bruising, change in sexual behavior, pregnancy, sexually transmitted diseases.
- d. **Indicators of neglect:** malnourishment, wandering without supervision, lack of heat/electricity, unkempt appearance, missing dentures, glasses and hearing aids, skin conditions or pressure sores, untreated medical problems, alcohol or medication abuse.

Causes of Violence Children with Special Needs

Abuse of children with special needs is a complex phenomenon with multiple causes (Fontana, 1995). Understanding the cause of violence in children with disability is crucial to addressing the problem of violence.

Unwanted Pregnancies

Disabled children resulting from unwanted pregnancies are more likely to be abused or neglected. This is by far the most common form of violence against children with special needs, which accounted for more than 78% of all cases handled in developing countries like Nigeria (Department of Health and Social Services, 2012).

Unemployment and Financial Difficulties

Unemployment and financial difficulties are associated with increased rates of violence in children with special needs (Longan, 2011). For poor families, particularly where limited or no social protection or basic services are available, the birth of a child with special needs could be very challenging. The family is likely to face increased pressure and stress. In these circumstances, the child is at greater risk of being viewed as a social and economic burden rather than as an asset. This is particularly the case in cultures where part of a child's role is to help support their parents in old age. The child may become the focus of frustration, leading to anger, rejection and sometimes violence. This threat is even greater for children who need high levels of intimate or physical care.

Unfavourable Culture/traditional Practices

A key factor that underlies the treatment of children with special needs is people's attitude and understanding of disability, which are often rooted in cultural traditions and beliefs. In some cultures, disability is viewed as a curse or punishment for sins committed in an earlier life, so a child born with an impairment is the embodiment of past failure, inadequacy or wickedness of the individual and sometimes their mother. In some African cultures, people with special needs are regarded as a threat to highly-valued social norms. For example, they are perceived as having limited capacity to contribute to family and community life or to biologically reproduce and, in some cases, are associated with witchcraft (UNICEF, 2005). Where such attitudes are held, not surprisingly, the child with a disability can be viewed with hostility, shame and resentment by their family and wider community.

Non-Existence of Policies, Laws and Legislations to Protect Children with Special Needs from Violence

The UN study on violence against children considered the vulnerability of children on the issue, which concluded that while all children are at risk, children with special needs are at significantly increased risk (UN Committee on the rights of the Child, 2007).

Health Consequence of Violence on Children with Special Needs

Frequently, healthcare and law enforcement professionals are untrained about victimization of children with special needs (US Department of Justice, 2010). Thus, they may not have the specialized knowledge or skills to identify and assist these children when victimized. Children with special needs often lack accessible services due to limited resources, lack of transportation (especially in rural communities), or structural limitations or service facilities (Chang, 2003).

Disabled children who are victims of violence lack the skills or abilities necessary to act independently to seek help therefore, resulting in deteriorating health condition (West Virginia Coalition against Domestic Violence, 2014). Disabled children who are victims of violence also lack knowledge about services. Public information and awareness education are generally not distributed in Braille, large prints or audio tapes, and do not define domestic violence in ways that people with special needs can relate to. Children with special needs who are victims of violence are heavily dependent on their abusive primary caregivers and run the risk of losing their caregiver if they report abuse (West Virginia Coalition against Domestic Violence, 2014). Victims may also experience an increased risk of being institutionalized or losing their basic decision-making rights if they are viewed as unable to take care of themselves without the help of their abuser. Disabled victims may be at greater risk for losing child custody if they are viewed as being unable to care

for children independently from an abusive primary caregiver (West Virginia Coalition against Domestic Violence, 2007).

Conclusion and Recommendations

The needs of persons with special needs cut across the mandates of different departments and agencies, at both the national and international levels. In planning for the future, the voices of children with special needs and their families need to be much more clearly heard in the councils of the world. The movement towards developing truly inclusive societies is already underway in many parts of the world. It is gaining strength from the Millennium Declaration and the Millennium Development Goals, from other international commitments such as education for All and 'A Word Fit for Children and, above all, from the Convention on the Rights of the child and the new Convention on the rights of Persons with Special needs. With the necessary national and international commitment to establishing more just and inclusive societies, this momentum will decisively grow. Day by day,, diversity is coming to be understood as a resource and more children with special needs are being given the opportunity to contribute to the life of their family, community and country. We should imagine a society where voices of children with special needs will be heard and not only seen.

To fulfill the purpose of this paper, below are some of the recommendations;

- 1) Prohibition of all forms of discrimination that may hinder access to justice, medical, psychological and social services, by enacting legal laws that ensures the right of disabled children.
- 2) Development of child protection mechanisms, inspection services and other measures that are age, gender, culture and language appropriate and provision of relevant information in suitable formats for different disability groups in the medical, legal, social, educational and other services to respond to sexual violence against children with special needs.
- 3) Provision of support and empowerment for children with special needs and their families so as to take part in all relevant processes, which include decision-making process, social activities and acquisition of vocational skills.
- 4) Planning and implementation of services and programmes that are accessible to all disable groups in order to ensure that children with special needs have access to information on their rights, so that they can identify, prevent and act upon a violation against them.
- 5) More research should be conducted on violence and other issues affecting children with special needs, promoting greater professional and academic knowledge of sexual violence against children with special needs, increasing networking and information exchange between child protection and disability services, disability advocacy and human rights organizations.

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