

**PHYSICAL ABUSE, SEXUAL ABUSE, EMOTIONAL ABUSE
AND NEGLECT AS DETERMINANTS OF CHILD ABUSE
AMONG PERSONS WITH DISABILITIES: COUNSELLING
IMPLICATIONS**

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INTRODUCTION

Children in most cultures all over the world are appreciated and loved to the extent that their absence in married couples life is not received comfortably. Children as well are easily labeled delinquent immediately they are found performing certain behaviours considered exclusively for adults. Furthermore, children that are considered as inestimable jewels are most expected to be seen and not heard to the extent of being considered as having any rights. On this premise adults most often impose their wishes on children without any recourse for their feelings. This flagrant imposition has instilled so much fear in the heart of children to the extent that most adults conveniently abuse children with and without disabilities. Child abuse has become a focus of concern in today's society. Children with disabilities have often suffered more abuse from parents and adults largely because of their disabilities and their lack of assertiveness attributable to poor self concept. The signs and symptoms of abuse in people with disabilities have not been effectively recognized, assessed, or treated. Preconceived ideas, institutionalization, lack of creative communication and technologies, and poor self concept influence the incidence of abuse. In addition, many people have difficulty believing that children with disabilities can be victims of physical abuse, sexual abuse, emotional abuse and neglect. This misperception creates an exaggerated level of vulnerability, as children with disabilities, and their families, are not prepared psychologically, intellectually, or physically to resist or respond to these abuse.

Development of a supportive culture, education, professional attitudes, and prevention however are the tools education providers may use in partnership with people receiving their services to effectively respond to circumstances of abuse. According to Baladerian, (1991); Crossmaker, (1991); Enfield, (1992); Sobsey & Doe,(1991) an increased risk of abuse in persons with disabilities, especially if they have been institutionalized. Abuse ranges from overt physical attacks to more insidious forms of intimidation and neglect. When people with disabilities report abuse themselves, they are not always believed. Some caretakers devalue the abilities of these people they work with, influencing their acceptance of these reports. Some people with disabilities cannot verbalize their thoughts or feelings completely, confounding the process of discovery. Recognizing signs and symptoms of abuse is complicated when the victim cannot respond verbally to questions. Talk about abuse, injuries of unknown origin, increase in self-abuse, aggressive behaviors toward a specific individual, emotional outbursts when near a particular person, and withdrawal from daily activities or people are some signs of abuse that may be seen singly or in combination. Unfortunately, for children with severe disabilities, discovery of their abuse is usually dependent upon the emergence of incontrovertible physical signs (e.g., death, pregnancy, venereal disease, physical injury) and/or obvious behavioral signs (e.g., sudden changes in behavior that re-enact the abuse). Less obvious behavioral signs do not necessarily alert the untrained caregivers to possible abuse. Even more problematic is that professionals providing services to children with disabilities have too often attributed clear signs of abuse to a disability. This oversight has left children in abusive situations, in some cases for several years.

- Child abuse and neglect was identified as a "national epidemic" in the 1991 report of the U.S. Advisory Board on Child Abuse and Neglect. In 1993, the National Committee to Prevent Child Abuse (NCPCA) determined that approximately 2.9 million children were identified and/or reported as victims of child abuse and neglect throughout the United States. Until recently, however, the number of children with disabilities who have been abused and neglected has not been well documented.
- Physical abuse refers to striking or beating another person with the hands or an object, but may include assault with a knife, gun, or other weapon. Physical abuse also includes such behaviors as locking someone in a closet or other small space, depriving someone of sleep, burning, gagging, or tying them up. Physical abuse of infants may include shaking them, dropping them on the floor, or throwing them against the wall or other hard object.
- Sexual abuse refers to inappropriate sexual contact between a child or an adult and someone who has some kind of family or professional authority over them. Sexual abuse may include verbal remarks, fondling or kissing, or attempted or completed intercourse. Sexual contact between a child and a biological relative is known as incest, although some therapists extend the term to cover sexual contact between a child and any trusted caregiver, including relatives by marriage. Girls are more likely than boys to be abused sexually. According to a conservative estimate, 38% of girls and 16% of boys are sexually abused before their eighteenth birthday.

- Emotional/psychological abuse covers a variety of behaviors that hurt or injure others even though no physical contact may be involved. In fact, emotional abuse is a stronger predictor than physical abuse of the likelihood of suicide attempts in later life. One form of emotional abuse involves the destruction of someone's pet or valued possession in order to cause pain. Another abusive behavior is emotional blackmail, such as threatening to commit suicide unless the other person does what is wanted. Other behaviors in this category include the silent treatment, shaming or humiliating someone in front of others, or punishing them for receiving an award or honor.
- Neglect is the most common type of abuse. Some research claims children are more likely to be neglected if they're poor because parents are preoccupied with survival – but wealthy families definitely can and do neglect their kids. Neglect occurs when parents or guardians don't provide food, shelter, safety, supervision, clothes, education, attention, or medical treatment – often it's about what they *don't* do. This is an abusive relationship.
- Interpreting these symptoms accurately is a challenge; a number of other events may be attributed to them. All forms of abuse, including multiple types of abuse with the same child, multiple perpetrators of abuse, and multiple victims within a grouping of children, are found within the population of children with disabilities. The vast majority of the perpetrators are well known to the abuse victim. Perpetrators may include family members and service providers such as teachers, doctors, administrators, direct care providers, therapists, and transportation providers.

- According to a 1990 study, 53% of child abuse related fatalities were children under one year of age, and 90% of the children were under five years of age (April 1994 Carnegie Report). Head trauma is the leading cause of death for children who die from child abuse (Michael Durfee, 1994). It is unknown how many more children suffer "near misses" and retain serious permanent disabilities due to head and neck trauma. Specific causes of brain and other central nervous system injuries may result from the "shaken baby syndrome," blows to the head (e.g., slapping, hitting, child tossing), as well as asphyxiation (due to suffocation or strangling).
- The signs of abuse characteristic of children in the general population are pertinent to children with disabilities. These signs include the following: physical injuries including unexplained bruises, welts, broken bones, burns ,frequent unexplained injuries, aggressive or withdrawn behavior ,unusual fears ,craving for attention ,wary of physical contact ,afraid to go home, destructive to self and others ,poor social relations ,fatigue ,fatigue ,lack of concentration and unusual knowledge of sex . Unfortunately, for children with severe disabilities, discovery of their abuse is usually dependent upon the emergence of incontrovertible physical signs (e.g., death, pregnancy, venereal disease, physical injury) and/or obvious behavioral signs (e.g., sudden changes in behavior that re-enact the abuse). Less obvious behavioral signs do not necessarily alert the untrained caregivers to possible abuse. Even more problematic is that professionals providing services to children with disabilities have too often attributed clear signs of abuse to a disability. This oversight has left children in abusive situations, in some cases for several years.

STATEMENT OF THE PROBLEM

Many people have difficulty believing that children with disabilities can be victims of abuse and neglect. This misperception creates an exaggerated level of vulnerability, as children with disabilities, and their families, are not prepared psychologically, intellectually, or physically to resist or respond to abuse. Several studies has been carried out on child abuse among persons without disabilities in Nigeria while scanty research has been done on persons with disabilities. This could be as a result of the fact that oftentimes it is assumed that persons with disabilities can not be victims of abuse. Based on this , this present study aim at knowing the determinants of child abuse among persons with disabilities as there is the need to empirically determine this.

SIGNIFICANCE OF THE STUDY

It is hoped that this study will help policy makers and counsellors to know the determinants of child abuse among persons with disabilities which will enable them to find ways of reducing and eliminating incidences of child abuse among persons with disabilities.

RESEARCH QUESTIONS

1. What is the combined contribution of physical abuse, emotional abuse, neglect and sexual abuse on the prediction of abuse among persons with disabilities?
2. What is the separate contribution of each of physical abuse, emotional abuse, neglect and sexual abuse on the prediction of abuse among persons with disabilities?

- **METHODOLOGY**

- **RESEARCH DESIGN**

- The ex-post facto research design was adopted for the purpose of this study. This is as a result of the fact that the four independent variables under investigation have already occurred and were therefore not manipulable. On the basis of this, the research interest was limited to the retrospective examination of these independent variables on the dependent variable with a view to establish causal-links between them.

- **SAMPLE**

- The target population from which the sample of this study was drawn was schools for persons with disabilities in Oyo State. Purposive sampling technique was used to select the two hundred and fifty persons with disabilities in primary schools .One hundred and twenty one females and one hundred and nine males with disabilities participated in the study. Their age range between 6 to 17 years with a mean of 10.25years and a standard deviation of 4.12 years

- **RESEARCH INSTRUMENT**

- The basic research instrument used in this study is a questionnaire. The questionnaire titled prevalence of child Abuse Among School children was used in the study. The questionnaire was designed and validated by Gesinde 2008. The reliability index of the instrument on fifty subjects produced the Pearson coefficient correlation of 71. A re-validation of the instrument was done by the researcher using test retest method of a week interval on thirty persons with disabilities who are not part of the study. Richard Kinderson formula was used for the test and the result was 0.75 which was found to be adequate for the study. The questionnaire contains 5 sections. Section A is on the demographic data of the participants, section B is on physical Abuse, section C on Emotional abuse while Section D is on Neglect and Section E is on sexual abuse. Each section contains 8 items. The items are twenty four (24) in number. Three likert scale was used often (2) Sometimes (1) and Never (0)

- **PROCEDURE**

- The collection of data on the determinant of abuse among persons with disabilities took place in their respective schools. All the schools were visited by the researcher with the assistance of two research assistants that were trained for the purpose of this study. This is necessary because the items has to be explained to them carefully due to their disabilities especially the intellectually and developmentally disabled. The questionnaires were retrieved the same day it was administered in each school.

DATA ANALYSIS

Data generated from the prediction of abuse among persons with disabilities questionnaires were subjected to statistical analysis using multiple regression analysis for the two research questions at 0.05 level of significance.

RESULTS

The results of the data analysis obtained for the research questions are presented table I & II below.

Table 1

Summary of regression analysis between the predictor variables and child abuse.

Regression Analysis	Analysis of variance					
	Source	Df	Ss	Ms	F ratio	P
Multiple R = .684	Regression	4	31.151	7.788	53.877	NS
Multiple R Square .468 Multiple adjusted R Square = .459	Residual	245	35.413	0.145		
Standard Error .380	Total	249	66.546			

Going by the result displayed in Table I, it is evident that the combination of physical abuse, emotional abuse, neglect and sexual abuse to the prediction of child abuse among persons with disabilities yielded a coefficient of multiple regression of .684, multiple regression square of .468, multiple adjusted regression of .459 and standard error of .380. in the same table, the analysis of variance of the multiple regression yielded on f value of 53.877 at 0.05 level of significance.

- The multiple R2 translates to 4.68% which is the observed variance in child abuse. It may thus be said that about 50% of the total variability in child abuse of persons with disabilities is accounted for by a linear combination of the four variables.

Table II: The relate contribution of the four Aetiological variables to the prediction of child abuse.

No of variable	Variables description	B	SE β	BETA	T	P	S
1	Physical	0.385	0.069	0.316	5.616	0.00	S
2	Emotional	7.51	0.093	0.048	0.808	0.420	NS
3	Neglect	0.362	0.044	0.432	8.173	0.00	S
4	Sexual	0.154	0.047	0.172	3.282	0.00	S
	(Constant)	0.413	0.086		4.823	0.01	S

- The results in Table II indicated that the standardized regression weights (B) ranged from 0.362 to 7.51 while the in standardized regression weights (Beta), on the other hand, ranged from 0.048 to 0.423. the standard error of estimate (SE β) according to the table ranged from 0.044 to 0.093 while the t-ratios ranged from 0.808 to 8.173. since the t-ratio associated with each of the four aetiological variables is significant at .00 level of significance except emotional abuse t 0.420.

- The conclusion therefore, is that each of the variables that is physical abuse, neglect and sexual abuse contributed to the prediction of child abuse among persons with disabilities.
- **DISCUSSION**
- The results of the statistical analysis of the research question revealed that the combination of the four variables jointly accounted for the total variance in abuse of persons with disabilities.

The observed f-ratio of 53.877, significant at .05 level is an evidence that the effectiveness of a combination of the independent variables in the prediction of abuse of person with disabilities could not have occurred by chance. Furthermore, the coefficient of multiple correlation of .484 and a multiple R square of .468 showed the magnitude of the relationship between abuse of persons with disabilities and the combination of the independent variables. The result indicated that a linear relationship of the independent variables accounted for only 5% of variables accounted for only 5% of the total variance in abuse among persons with disabilities

- The result on Table 2 revealed the contribution made by each independent variable to the prediction of abuse among persons with disabilities. The t ratio value associated with each independent variable showed that physical abuse, neglect and sexual abuse contributed significance to the prediction whereas emotional abuse did not.
- Based on the above, physical abuse, neglect and sexual abuse are the most important predictors of abuse among persons with disabilities. However, the extent to which each of the variables contributed to the prediction of abuse among persons with disabilities differs because the values of standardized regression weights associated with these variables indicates that neglect is the most potent contributor to the prediction with the t-ratio of 8.173, followed by physical abuse with the t-ratio of 5.616 while sexual abuse with the t-ratio of 3.282 and emotional abuse with the t-ratio of 0.808. despite the fact that emotional abuse factor was significantly correlated with abuse, it remains the least predictor of abuse out of the four independent variables.

- **COUNSELING IMPLICATIONS**

- The implications of the findings for counseling practice in schools for persons with disabilities is that the four independent variables should be the primary targets in attempt to prevent abuse among persons with disabilities. All the signs of these variables should be closely observed in persons with disabilities because more often than not they do not report cases of abuse and it is often assumed that they could not be abused or their abuse goes unnoticed due to their disabilities.
- Persons with disabilities should be made to participate in group counseling experience as well as individual counseling experience to enable them air out their feelings about abuse. The counselor should be able to create rapport and a conducive environment wherein persons with disabilities can relate their experience and counseled in the right perspective as there are different perpetrators of abuse persons with disabilities.

- Another implication is that despite the low correlation obtained between most of the independent variables especially emotional abuse, one should not discountenance its importance in the prediction of abuse among persons with disabilities.
- The school counselor should mount of programmes that consider the sexuality and abuse of persons with disabilities that can help to reduce the incidence and prevalence of abuse among persons with disabilities. Preventive and corrective programmes should also be organized on the issue of abuse among persons with disabilities, parents, guardians and care givers

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