Recognition of a Pattern, Call for a Response: A "Rule Out Abuse Campaign" for Physicians (Part 1)

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Over the past 20+ years working with children and adults with intellectual and developmental disabilities who have been victims of abuse, I have noticed a consistent and clear problem: the parents are confused by and concerned with the onset of a constellation of new moods, behaviors, regression or loss of language skills completely different from their child's prior psychological and developmental presentation. Prior state of well-being is absent. There is no identifiable cause. Part II includes statistics showing high rates of disability-abuse. (Click here)

They may take their concerns to their physician (pediatrician, neurologist, psychiatrist). The practitioner, focused on the disability, does not rule out or identify abuse as a possible cause. Yet, the signs and symptoms presented by he parents are those included in lists of "typical signs of abuse." I believe these practitioners, so focused on the disability "forget" that children are vulnerable to child abuse, and adults are vulnerable to dependent adult abuse.

I propose a "RULE OUT ABUSE CAMPAIGN" to urge practitioners to put abuse (back) on their list of possible causes to rule out when asked to examine children or adults with intellectual and developmental disabilities when significant changes occur.

PROBLEM TO BE SOLVED: failure to recognize signs of abuse

Typically a distinct change has occurred in the individual including new fears, regression in previously achieved developmental milestones, new difficulties in communication and mood changes, such as tearfulness/crying and/or anger and aggression and loss of interest in activities previously enjoyed. They live in distress rather than the prior state of well-being.

The parents inform their health care practitioner that they have asked the teachers and aides at the program (school, day program) their child attends, where they are assured that all is well. The parents have not been warned or prepared to know that such persons *may be* lying to them (for their own self-preservation). Further, in the cases in which I have been involved, the administration of the school/program has made efforts to keep the abuse a secret and conspire to protect their staff rather than the students or participants of their programs. It could be a camp, church, or other place frequented by the child. The individual with a disability may be a child or an adult. If an adult, the same pattern described above may emerge while the adult is attending a day program, working, participating in a social experience or residing in a licensed residential program or facility.

The parents, confused and frightened, take the child/adult to their physician at the local Children's Hospital, HMO or private practice. In addition they may seek help from a mental health specialist such as a psychiatrist, psychologist or social worker.

In my experience with dozens of families, none of these practitioners, although specializing in working with individuals with intellectual and developmental disabilities, has identified abuse as a possible cause of the symptoms pattern that, frankly, screams abuse. It appears that abuse is not on their list of contributors or conditions to rule out. Why not? Or better, how can it be quickly added? (continued)

PROPOSED SOLUTION: Health Care Professionals

(1) The major organizations for licensed health care professionals serving children and adults with intellectual and developmental disabilities should issue a bulletin that describes the current knowledge on the incidence and prevalence of abuse of children and adults with disabilities. The bulletin should include a list of typical changes in abuse victims, including how these may manifest in children/adults with I/DD and other disabilities. The bulletin should encourage practitioners to include in their assessments of presenting problems, the practice to rule out abuse as a possible cause of the changes, and comply with the laws in their state for mandated reporting of suspected abuse.

(2) Physicians should advise the parents of signs of abuse and mandatory reporting laws. For example, California law states: "Any mandated reporter who has knowledge of or who reasonably suspects that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, evidenced by states of being or behavior, including, but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, may make a report to an agency specified in Section 11165.9. (Cal. Penal Code § 11166.05)

(3) The health practitioner should also recommend or authorize a two-week release from school/day program to check for any reduction in symptoms during this holiday from school (like a medical holiday). This allows time for the law enforcement agency to conduct its investigation, and time for the child/adult to be free from a possible source of trauma/abuse.

(4) Referral for mental health trauma treatment for the patient should be made. A similar referral for the parents and other family members is also recommended. (Some reviewers of this document suggested that I include Munchausen's or Munchausen's by proxy. While such conditions do exist, they are tiny in number, and this may be a good recommendation. However, most Munchausen's patients (abusers) would not, with their family members, demonstrate the same depression, anxiety, secondary trauma in the way the parents of the victims I have served have done. The parents with whom I have worked are open, and any record, any inquiry is welcomed.)

These recommendations apply to all professionals to whom parents turn for support and intervention for children with disabilities.

(5) I also recommend that the listed professionals (and others) change their curricula to add a course of training on abuse of individuals with I/DD for those currently completing their education to become qualified to practice in their field; a course for those who are in preparation for becoming licensed, and those who are already licensed and will be renewing that license.

This should be made mandatory. While I realize that making anything mandatory may require changes in legislation and policy both by the state and the regulatory agencies, as well as among the University and other entities, it should be done.

Too many people are suffering for too long while the perpetrators continue to abuse and/or protect the abusers. And those to whom the parents turn may be unaware, or are seemingly unaware, that abuse is a *likely* contributor and certainly one that matches, in whole or in part, the list of symptoms recited to them by the parents and guardians.

Part 2 contains details on symptoms and other scientific information. Part 2 is found online: http://disabilityandabuse.org/rule-out-abuse-physicians-2.pdf

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