Minnesota Department of Health Fact Sheet Summer 2004

Children with Special Health Needs Violence At School

Size of the Problem

Analysis of the 2001 Minnesota Student Survey of 6th, 9th and 12th grade students provides insight into the issue of school violence and students with special health care needs.[i]

- An estimated 27,000 (41%) of students with special health needs have been kicked, hit or bitten at school.
- Students with special health needs are twice as likely to disagree or strongly disagree with the statement, "I feel safe at school" than their peers.
- Other students needs have insulted 74% of students with special health needs.
- 40% of students with special health needs have been threatened at school.
- 60% of students with special health needs have been pushed, shoved or grabbed by another student.
- 52% of students with special health needs have had their property stolen or damaged by another student.

Preliminary analysis of reported child maltreatment in Minnesota schools suggests that while students in special education represent approximately 12% of the total student population, they represent approximately 40% of the child victims of adult maltreatment in schools.[ii]

In a national survey, 25% of teachers see nothing wrong with bullying or putdowns and consequently intervene in only 4% of bullying incidents.[iii]

SERIOUSNESS

In comparing students with special health care needs to their healthy peers, they are:

- More likely than their same aged peers to be victims of school violence;
- less likely to feel safe at school
- Twice as likely to skip school because they feel threatened;
- More likely to have carried a weapon at school;
- At three times the risk of non-familial sexual abuse than their healthy peers;
- Three times more likely to commit self-injury with suicide attempts than their healthy peers

Since 1992, there have been 250 violent deaths in schools, and bullying has been a factor in virtually every school shooting.[iv]

Unless bullying is proactively addressed by school and community leaders, it can lead to serious consequences for students, including higher dropout rates, more incidents of violence in school, lower self-esteem, fewer friends, declining grades, and increased illnesses. Lifelong problems include involvement with the criminal justice system, mental health issues, and poor relationship development for both the bully and victim.[v]

INTERVENTIONS

Some researchers suggest that children with disabilities may have increased vulnerability to abuse because of society's response to the disability, rather than the disability itself.[vi]

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Child maltreatment [and bullying] prevention programs are rarely made available or accessible to children with disabilities. This is often due to a lack of funding or a mistaken belief that this population does not need prevention information. In actuality, withholding knowledge from individuals with disabilities concerning self-protection increases their vulnerability to abuse and neglect.

Child-focused prevention programs for children with disabilities should include sharing information about abuse (how to identify it, how to respond to it, how to tell others) and talking about feelings that may occur if abuse is attempted.[vii]
The LET'S PREVENT ABUSE puppet program helps children and adults gain information about physical, sexual and emotional child abuse and helps children develop personal safety skills.[viii]

Peer Violence
Labeling and separating students based on athletic or academic aptitude provides an atmosphere ripe for support of bullying, teasing, and development of cliques. Continued non-participation by students with disabilities in general education classes, mainstream educational clubs and organizations, and athletic programs perpetuates a lack of understanding and interaction among students with and without disabilities, as well as among staff outside of special education.[ix]

The Second Step Curriculum is based on more than 15 years of classroom application and the most current academic, social, and emotional research. The curriculum focuses on the three essential competencies—empathy, impulse control and problem solving, and anger management at the elementary and middle school levels. A comparison of 2nd and 3rd grade students showed a 29% decrease in aggression in classrooms implementing the curriculum and a 41% increase in aggression in non-Second Step classrooms over the course of a year.[x]

The ADAPT Program through the Range Mental Health Center is a successful intervention that provides training in the identification of the results of bullying, taunting, teasing and sexual harassment or abuse in students with special health needs. In addition to recognizing the signs of being victimized. An enforced reporting mandate must be in place that does not victimize the child a second time. Schools need to recognize that adult school staff can and do victimize children; that bullying, taunting and other forms of violence against children with special health needs must be addressed in policy.[xi xii]

Count Me In is a puppet program available for presentation by PACER Center volunteers and is geared toward improving disability awareness among preschoolers through 4th grade students. 190,000 children have participated in the program since its inception in 1979. The puppets and scripts are available to schools and communities wishing to develop their own disability awareness programs. In addition to these resources, adults need to be aware of the impact that negative statements about ability, appearance or description of an illness or disability made in the presence of a child can have. School staff needs sensitivity training each year on how to speak to students with disabilities.[xiii]

Maltreatment by Adults in School
Much of the literature examining prevention of non-familial abuse and neglect of children with disabilities focuses on the policies and procedures of agencies providing services to this population. These include careful screening of job applicants, training for staff in positive behavior management techniques, effective staff/client ratios, realistic staff expectations, strong supervision and support, and an explicit commitment to child protection.

Families can play a role in preventing abuse and neglect by other caregivers by getting to know and being involved with a child's caretakers. Parents should tell people who care

for and interact with the child that the child has been trained in abuse prevention techniques and should discuss abuse awareness with their child.

Status

As of 2003, at least 15 states have passed laws addressing bullying among school children and many others have considered legislation. Most laws have been in effect since 2001.[xiv] In Minnesota most school districts have instituted training programs to reduce the risk for violence. Instances of school violence are to be reported to the Minnesota Department of Education. However, compliance is not universal by all of Minnesota's school districts. School employees are mandated to report incidents of suspected child maltreatment by adults in school to the Minnesota Department of Education.

The American Medical Association, The National Association of School Nurses, The Commission for the Prevention of Youth Violence and The American Academy of Pediatrics have all issued policy directives addressing the issue of school violence and the role health professionals have in ending this violence at the individual patient level and at the policy level.

In partnership with more than 70 health, safety, education, faith-based organizations and youth, the US Department of Health and Human Services has launched a campaign to stop bullying and youth violence. "Take A Stand. Lend A Hand. Stop Bullying Now!" Public awareness materials, a website including 'webisodes' and other information are available at: http://stopbullyingnow.hrsa.gov/index.asp

[i] DATA SOURCE: Minnesota Student Survey 2001.
[ii] Discussion with Barbara Jondahl, JD., Minnesota Department of Education.
[iii] Maternal and Child Health Bureau. Stop Bullying Now Campaign. State Laws Related to Bullying Among Children and Youth. US Health Resources Services Administration
[iv] National Center on Secondary Education and Transition (2003), Bullying and Teasing of Youth With Disabilities: Creating Positive School Environments for Effective Inclusion. Institute on Community Integration. University of Minnesota. *Issue Brief.* Vol. 2 No. 3. http://www.ncset.org/publications/issue/NCSETIssueBrief_2.3.pdf. Accessed 7/23/04.
[v] ibid
[vi] Prevent Child Abuse America. Factsheet: Maltreatment of Children with Disabilities. http://www.preventchildabuse.org/learn_more/research_docs/maltreatment.pdf
[vii] National Clearinghouse on Child Abuse and Neglect Information. IN FOCUS: The Risk and Prevention of Maltreatment of Children with Disabilities (2001). US Department of Health and Human Services.
[viii] The PACER Center, Inc
[ix] National Center on Secondary Education and Transition (2003), Bullying and Teasing of Youth With Disabilities: Creating Positive School Environments for Effective Inclusion. Institute on Community Integration. University of Minnesota. *Issue Brief.* Vol. 2 No. 3. http://www.ncset.org/publications/issue/NCSETIssueBrief_2.3.pdf. Accessed 7/23/04.
[x] Grossman, D. C., Neckerman, H. J., Koepsell, T. D., Liu, P. Y., Asher, K. N., Beland, K., Frey, K., and Rivara, F. P. (1997). Journal of the American Medical Association, 277, 1605–1611.
[xi] National Clearing House on Child Abuse and Neglect Information
[xii] ADAPT Program-Range Mental Health Center
[xiii] Minnesota Association of Children's Mental Health
[xiv] Maternal and Child Health Bureau. Stop Bullying Now Campaign. State Laws Related to Bullying Among Children and Youth. US Health Resources Services Administration