

# Preventing Abuse of Deaf and Hard of Hearing Children: What Teachers Can Do

*By Jennifer A. L. Johnson*

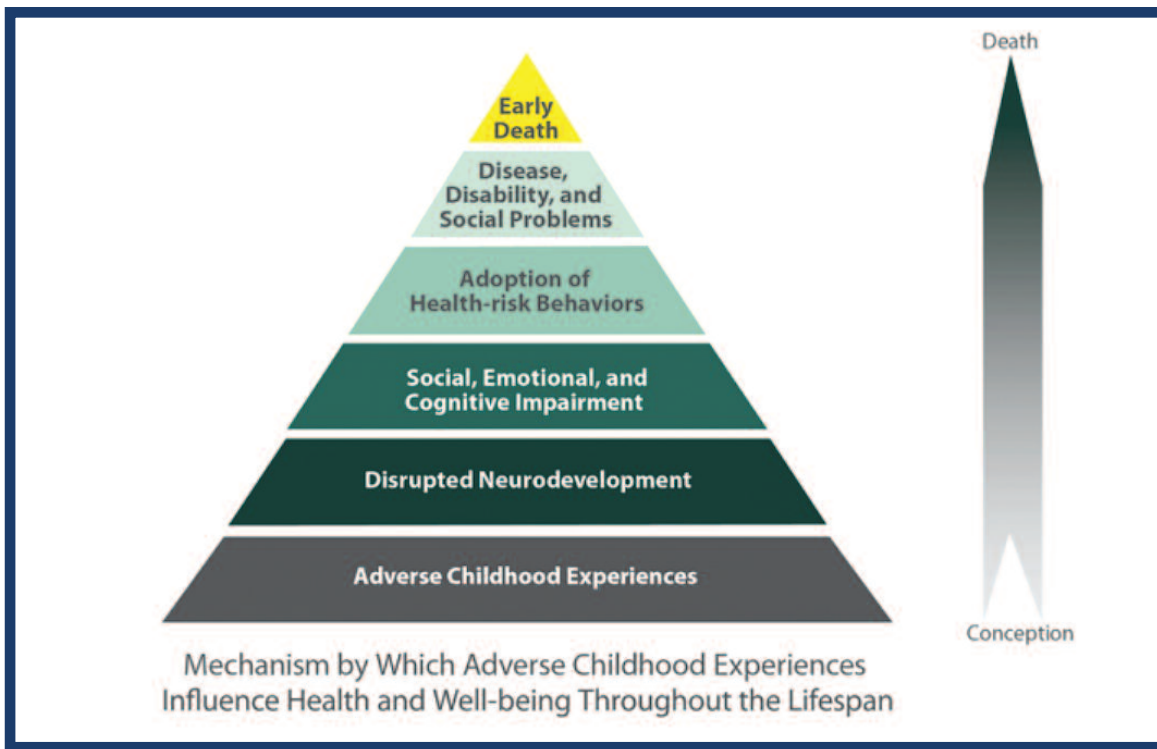
When the bell rang, Michael\*, one of my most behaviorally challenged students, charged through the door followed by his classmates. Typically my students, sleepy from their early morning bus ride to school, came in, went to their desks, and put their heads down. This morning was different, and the ruckus immediately got my attention. Michael was upset. His classmates were pointing at him and asking questions—and he had cuts all over his face. I gave the other students a job to do and brought Michael to my desk.

I knew Michael well. He was in my third grade class. Tall for his age, with dark hair and eyes, he had a profound hearing loss and his parents had never learned sign language. It was suspected that his mother had an intellectual disability. He did not have access to communication except at school. As a result of his limited exposure to language, he really struggled to communicate basic ideas. He primarily used gestures and pantomime interspersed with nouns. I knew the conversation we were about to have would be difficult.

“What happened to your face?” I asked. Through pantomime, gestures, and a few formal signs, Michael explained. His dad had pushed him through a window. He didn’t seem to understand that this wasn’t normal, that most fathers do not push their sons through windows. I knew of previous incidents in prior years, and I had no reason to doubt his story. When my students went to PE a couple of hours later, I consulted with the building counselor, explaining what Michael had told me and asking her how she thought I should respond. Together, we went to speak with the principal, who asked

*Photos and illustrations courtesy of Jennifer A. L. Johnson*

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**Left:** The ACE Pyramid represents the conceptual framework for the ACE Study. The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course. (Centers for Disease Control and Prevention, 2016)

that I file a report with Child Protective Services before I left school that day. In Texas, there are two ways to fill out a form—via phone or online. I chose to fill out the online form, and it took me over an hour.

About a week later, a case worker from Child Protective Services, accompanied by an interpreter, came to the school to talk with Michael. Due to district policy, I was not permitted to be present during the interview. After approximately 30 minutes, the case worker and interpreter came out of the interview and told me that it didn't seem as though Michael understood the questions being asked.

The case worker, unable to ask questions that could be perceived as leading, couldn't phrase questions so that Michael understood them; the questions that she did ask were too abstract for him to understand. For example, whenever Michael was asked about his father, he said that his father worked far away and described his physical characteristics. The interpreter said she interpreted exactly what the case worker said, but Michael didn't have the expressive language skills to explain what happened in a way that the interpreter could understand.

I was frustrated. Michael didn't have the knowledge to understand that something abnormal was happening to him, and the case worker was less than skilled at interviewing a student who was deaf and had limited language skills. The interpreter had not been able to understand him either, and she had simply conveyed the few signs and gestures she'd been able

to understand to the caseworker. As a result, nothing changed in Michael's living situation. A few years later a report was filed with Child Protective Services on behalf of his sister, who is hearing. As a result of that report, his mother said that she had to leave the father or the state would remove the children from the home. The mother fled to another state for a few months, but then she returned to Texas to live with Michael's father.

As I received updates, my heart went out to a boy who was helpless to understand—let alone report—what was happening to him. I began to look for resources and information to teach my students about abuse ... how it could come from parents or friends, how they should be prepared to identify it, and how they should not submit to it. Unfortunately, there was nothing that was appropriate for use in my class.

Four years later, when I went back to school to begin work for my doctorate, one of my goals was to explore how teachers of the deaf could help students—especially those with delayed language—be able to identify and refuse to accept abuse. I realized that we needed to teach our students that when people behave violently and hurtfully to children, especially repeatedly, we call this abuse and it is not acceptable. That same year I went to the American College Educators–Deaf and Hard of Hearing (ACE-DHH) conference, and I learned that the ACE-DHH had a working group that was starting to address maltreatment of children with communicative disabilities and deafness. I joined the group and have been working with them for the last two years.

## A Plan to Protect Children Safety and the IEP

The ACE-DHH Child Maltreatment Work Group has targeted two documents in which the inclusion of safety statements could protect deaf and hard of hearing children as well as children with communicative disabilities. These documents—the Individualized Family Service Plan (IFSP), the document that guides and supports families of children who are deaf or hard of hearing up to 3 years old, and the Individualized Education Program (IEP), the document that supports the education of deaf and hard of hearing children from ages 3 to 21—are familiar to educators of deaf and hard of hearing children. Our work group feels that statements of safety and safety objectives should be included in both documents.

## Signs That a Child Is Experiencing Abuse

- The child shows sudden changes in behavior or school performance.
- The child has not received help for physical or medical problems brought to the parents' attention.
- The child has learning problems or difficulty concentrating that cannot be attributed to specific physical or psychological causes.
- The child is always watchful, as though preparing for something bad to happen.
- The child lacks adult supervision.

\*Information from  
[www.childwelfare.gov/pubs/factsheets/whatiscan](http://www.childwelfare.gov/pubs/factsheets/whatiscan)

## FOR MORE INFORMATION

Michigan State University, College of Education, Child Abuse and Neglect Wiki, <http://deafed-childabuse-neglect-col.wiki.educ.msu.edu>

O.U.R Children Project, [www.handsandvoices.org/resources/OUR/index.htm](http://www.handsandvoices.org/resources/OUR/index.htm)

Kidpower, [www.kidpower.org](http://www.kidpower.org)



For example, some deaf and hard of hearing children, like other children with delayed language acquisition, are unable to answer questions beginning with “who,” “what,” “when,” “where,” “why,” and “how.” This inability puts a child at greater risk of being abused because perpetrators know that the child will not be able to communicate, even to answer relevant questions, when abuse is suspected. The ACE-DHH, therefore, proposes including a statement as an objective in the IFSP and the IEP that addresses the critical need of answering these questions.

A work group of the Council for Exceptional Children has been tasked with the same objectives, addressing child maltreatment in children with deafness and communicative disabilities, and for the same reasons. Other organizations, including Hands & Voices, a parent advocacy group for children who are deaf or hard of hearing, and Kidpower, a group that provides resources for all children to prevent abuse, have supported the inclusion of these statements as well.

In September 2017, the Council for Exceptional Children, Hands & Voices, Kidpower, and the ACE-DHH released a letter addressing both the knowledge and the action necessary to protect these children. Protection occurs on three levels:

**1. AWARENESS AND UNDERSTANDING**—At least 25 percent of children with exceptionalities will experience maltreatment by age 18 (Jones et al., 2012). Perpetrators of abuse are typically those with which the child has familiar contact, such as parents, relatives, friends, clergy, and teachers. Abuse has long-term negative effects on the child’s well-being throughout adulthood (Centers for Disease Control and Prevention, 2016).

**2. RECOGNITION AND REPORTING**—Forty-eight states have laws regarding those who are required to report suspected child abuse. Professionals who are frequently mandated to report include social workers, teachers, principals, physicians, nurses, counselors, therapists, child care providers, medical examiners, and law enforcement officers (Child Welfare Information Gateway, 2016). The needs of the child must come first, and teachers and other professionals should never hesitate to take actions to protect the child. For detailed information about the requirements of each state, visit [www.childwelfare.gov/topics/systemwide/laws-policies/statutes/mandat/](http://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/mandat/).

**3. PREVENTION AND RESPONDING**—In addition to the inclusion of safety statements in the IFSP and the IEP,

teachers and other professionals should know the warning signs that abuse may be occurring and respond appropriately. Warning signs include sudden changes in behavior as well as physical or medical problems that, though brought to the parents' attention, are not resolved. Trust your gut. If a teacher suspects abuse is occurring, he or she should check in with the child (Johnson, 2017). For more information on signs and symptoms of abuse, visit [www.childwelfare.gov/pubs/factsheets/whatiscan/](http://www.childwelfare.gov/pubs/factsheets/whatiscan/).

### A Responsibility for Training

Schools have a responsibility to prepare teachers and staff to recognize and report signs of abuse. Some states now mandate training, and other states are in the process of developing materials (Townsend & Haviland, 2016). Schools also offer a variety of approaches to provide training and support. These include:

- **Online training for all employees.** The organization Darkness to Light offers the Stewards of Children program,

an evidence-informed child sexual abuse prevention, recognition, and intervention training program for educators (Townsend & Haviland, 2016). Darkness to Light also offers a course called Recognizing and Responding to Child Abuse and Neglect for \$5 per person (Darkness to Light, n.d.).

- **Training select teachers who will train other teachers.** Kidpower offers a three-day program called the Kidpower Skills for Child Protection Advocates Institute. The fee for the program is \$1,250 (Kidpower Teenpower Fullpower International, 2017). Participants can then return to their districts to use and teach safety skills from the Kidpower program to those who were unable to attend the program.
- **Establishing a responsible internal office.** For example, the Dallas Independent School District has established the Office of Child Abuse and Domestic Violence Prevention that provides training, information, support, and assistance in reporting suspected child abuse to the proper authorities.

## 5 Tips to Incorporate Abuse Prevention in the Classroom

The following tips\* can help educators eliminate risk factors associated with child abuse.

- **Teach children they can say, “No.”** This means giving children choices and allowing them to question and even express their displeasure when they engage in an activity they do not enjoy.
- **Teach children language needed to express themselves.** This means teaching them words to express emotions (e.g., happy, sad, excited) and physical states (e.g., hungry, in pain, lonely). They should also know the vocabulary for each of the parts of their body and the names of individuals with whom they have contact. Children need to be able to interpret and respond to questions related to who, what, where, when, why, and how. They need to know the difference between secrets and surprises and telling and tattling.
- **Teach children to identify positive interactions with friends and family.** Children should be able to identify through drawing, writing, role playing, or telling the appropriate individuals with whom they interact each week and to describe what they do with those individuals on a weekly basis.
- **Teach children how to avoid and, if necessary, react in unsafe situations.** Children should be able to identify through drawing, writing, role playing, or telling three to five unsafe situations and how they can be avoided. Children should also be able to identify what to do in an unsafe situation if it cannot be avoided.
- **Teach children how changes in their bodies affect their health, decisions, and emotional well-being.** Teachers should actively teach about sexuality by following the National Sexuality Education Standards as identified by grade level. (See [www.futureofsexed.org/documents/josh-fose-standards-web.pdf](http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf).)

\*Adapted from [www.deafed.net/Forms/03\\_22\\_16\\_Safety\\_Checklist\\_Document.pdf](http://www.deafed.net/Forms/03_22_16_Safety_Checklist_Document.pdf)





If we can  
stop the cycle  
with even  
one child,  
one family...  
our efforts are more  
than worthwhile.

The district also provides a handbook for employees as well as an internal hotline (Dallas Independent School District, 2011).

- **Including general training for teachers.** Every teacher should be aware of the National Child Abuse Hotline (1-800-4-A-CHILD); a counselor at this number can help teachers decide whether to call Child Protective Services or the police. Teachers may be trained to communicate with the child about whom they care and will do all they can to help (Johnson, 2017).

- **Writing safety statements and objectives in the IFSP or IEP.** This allows educators and parents to take an active role in preventing maltreatment.

It is up to all of us to do our part in preventing child abuse, and especially to be alert to the potential for abuse of children with communicative disorders. We have a responsibility to keep children safe. Participating in training and learning how to recognize the signs are key.

\*Michael is a pseudonym

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