

APPENDIX 9

COMMUNITY CARE LICENSING DISTRICT OFFICES

Los Angeles Northwest Child Care
6167 Bristol Parkway Suite 400
Culver City, CA 90230
(310) 377-4333 phone
(310) 377-4360 fax

Los Angeles Child Care East
1000 Corporate Center Dr. Suite 200A
Monterey Park, CA 91754
(323) 981-3350 Phone
(323) 981-3355 fax

Los Angeles and Tri-Coastal Counties Children's Residential Program Regional
Office 1000 Corporate Center Dr. Suite 200A
Monterey Park, CA 91754
(323) 981-3300 phone
(323) 981-3425 fax

Los Angeles Metro and Valley Children's Residential Program Regional Office
6167 Bristol Parkway Suite 400
Culver City, CA 90230
(310) 568-1807 phone
(310) 417-3680 fax

CHILDREN WITH DISABILITIES OR SPECIAL NEEDS

Children with a disability or special needs can be helped through the trauma of child abuse or neglect with a response that recognizes their particular need(s). Disabilities (mobility, cognitive, communication/sensory, mental health, and health) are addressed in subsections below.

A list of disability assistance and advocacy agencies is contained in the appendix.

Responding personnel who initially encounter a child with a disability or special need should also attempt to obtain information regarding how to contact any other professionals who may already be involved in the child's life and initiate contact with those professionals as soon as circumstances permit. Depending on the nature of the disability, such contact may need to be a high priority. If a disability is suspected, but not yet confirmed, sensitivity should be used in having the child evaluated by the appropriate professional. Remember that most children with disabilities are not unhealthy, they may just need an accommodation to be able to communicate or move around, often times, the lack of providing accommodations or effective communication is what keeps the child vulnerable to continued abuse. Personnel should treat the child with a disability or special need in a manner similar to a child without a disability or special need.

Children with disabilities are 2.4 times more likely to be maltreated than children without disabilities (Sullivan and Knutson, 2000) Abuse and neglect among children with any type of communication barrier are thought to be up to 10 times more likely than children without communication barriers. Risk factors for children with disabilities have at their root the attitudinal barriers and stereotypes of society and how society tends to perceive and treat children and adults with disabilities. In the majority of cases involving all types of abuse, the offender is known to the victim. Many children with disabilities experience assault/abuse at the hands of teachers, attendants, older siblings, parents, relatives and others. Disabilities that affect the risk to a child can include: limited ability to communicate, limited mobility, compliance behaviors, dependency on caregivers and service providers and cognitive delays.

When interviewing children with disabilities, personnel should not use family members, friends or neighbors to interpret or assist with the communication for the interview. Providing auxiliary aids and services (as required under the Americans with Disabilities Act, Title II - State and Local Government) to ensure effective communication may be necessary to ensure the confidentiality, accuracy and most of all, the safety of the child.

COGNITIVE DISABILITY

DEVELOPMENTAL DISABILITY (examples include: Mental Retardation, Down's Syndrome, Cerebral Palsy, Autism, Epilepsy, Fetal Alcohol Syndrome)

A child with a developmental disability is at greater risk for experiencing all types of abuse. Children with developmental disabilities who have been abused display similar

symptoms to children without developmental disabilities (Mansell, 1998).

Project Heal is a University of Southern California- affiliated program at Children's Hospital Los Angeles that provides comprehensive mental health treatment services to child and adolescent trauma victims and their families. They have published a booklet for caregivers and providers of children with developmental disabilities in an effort to reduce the risk of abuse.

There are 21 Regional Centers in California serving more than 150,000 individuals with, or at risk for, developmental disabilities and their families. Area boards have been established to ensure that the legal, civil, and service rights of persons with developmental disabilities are adequately guaranteed. Area boards work within their specific geographic region. Area Board 10 has the monitoring responsibility for Los Angeles County, which is divided by general areas and is served by 7 different Regional Centers. (See Index of Appendices)

ACQUIRED/TRUMATIC BRAIN INJURY

Caused by external forces applied to the head or may occur suddenly in the course of normal development. Most common causes are auto accidents, falls, acts of violence, sports injuries, "shaken baby", and stroke.

Injuries can affect both the cognitive and physical functioning. Potential disabilities are multiple and may not be confined to one area of the brain.

LEARNING DISABILITY (examples: dyslexia, dyscalculia, dysgraphia, dysphasia)

Learning disabilities affect approximately 4 million children in America. Children with learning disabilities have normal intelligence, but may have difficulty in processing information thus if not recognized, can lead to the child falling behind in their education or being non-compliant. Learning disabilities are manifested by significant difficulties in listening, speaking, reading, writing, reasoning, and/or mathematical ability.

PHYSICAL DISABILITY

(examples: Amputation, Muscular Dystrophy, Multiple Sclerosis, Polio/Post Polio syndrome, Spina Bifida, Spinal Cord Injuries)

Physical disabilities may be visible or hidden. They can be caused by Cerebral Palsy, spinal cord injury, stroke, arthritis, muscular dystrophy, amputation, polio or other conditions that make take the form of paralysis, muscle weakness, nerve damage, stiffness of the joints or lack of balance and coordination.

Individuals may use wheel chairs or other mobility aids, such as, crutches, canes, walkers or scooters.

If an organization is involved with the child and the family, make an effort to contact a familiar support person.

COMMUNICATION AND SENSORY DISABILITY

It is estimated that communication disorders (including speech, language, and hearing disorders) affect one of every 10 people in the United States.

BLIND OR VISUAL DISABILITY (Loss of central vision, loss of parts of the visual field, tunnel vision, loss of contrast, blindness)

A visual disability can range from slight loss to functional blindness. Children with partial sight may use contact lenses, glasses, canes and other visual aids or may have a Guide Dog, which assist them with daily activities. Many individuals with a visual disability can see shapes, light and colors.

When contacting a child with a visual disability, ensure that they have or have access to their visual aids. When it is necessary to remove the child from the home, all efforts should be made to ensure that the needs of the child are accommodated, including the Guide Dog..

If an organization is involved with the child and the family, make an effort to contact a familiar support person.

DEAF OR HARD-OF-HEARING

Not all hearing losses are the same. There are four levels of hearing loss - mild, moderate, severe and profound. Some signs of hearing loss in children are:

- Not turning to sound
- Not awakening when there is a loud noise
- Not looking at the speaker
- Having delayed speech and language development
- Having difficulty following directions

Children with undiagnosed hearing loss are often mistaken for being defiant, inattentive, having mental retardation, attention deficit disorder, mental illness, brain injury or a learning disability.

Even a slight hearing loss can cause a delay in the development of communication skills. Ninety percent of deaf children have hearing parents, the majority of which do not use sign language in the home, resulting in greater delays of developing communication skills. Some children with hearing loss may benefit from using a hearing aid or may have a cochlear implant. Not all individuals who are deaf or hard of hearing use hearing aids or have a cochlear implant. Hearing aids and Cochlear Implants do not "restore" hearing and each child benefits differently from their device. Many children who are deaf or hard of

hearing rely upon visual communication and American Sign Language (ASL) or other sign systems. Some individuals may also use a service animal or hearing dog.

Not all individuals who are deaf or hard of hearing can lip-read well. The most adept lip-reader, providing the environment is optimal, receives approximately 33% of the information that is spoken, the other 66% depends on familiarity with the speaker, accents, facial hair - moustache or beard, lighting, etc.

In situations of abuse and neglect involving children who are deaf or hard of hearing, ensure that they have or have access to their hearing aids or cochlear implant. If the child uses ASL, a qualified sign language interpreter should be provided immediately for the interview. Do not use family members, friends or neighbors to interpret unless there are exigent circumstances, and it is believed that a delay in obtaining information could cause harm or injury. (Providing a sign language interpreter does not necessarily "solve" the communication need, the child may still not want to interact or talk.)

When it is necessary to remove the child from the home, all efforts should be made to ensure that the needs of the child are accommodated and that aids are transported with the child, including the batteries and charger for the devices and the service animal. The sign language interpreter may also need to accompany the worker and child to the next location.

If an organization is involved with the child and the family, make an effort to contact a familiar support person.

SPEECH AND LANGUAGE DISABILITY

Speech and language disabilities refer to problems in communication and related areas such as oral motor function. These delays range from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech and feeding. Some causes of speech and language disabilities include hearing loss, neurological disorders, brain injury, mental retardation, drug abuse, physical impairments such as cleft lip or palate, and vocal abuse or misuse. Frequently, however, the cause is unknown.

Speech disabilities refer to difficulties producing speech sounds or problems with voice quality. They might be characterized by an interruption in the flow or rhythm of speech, such as stuttering, which is called dysfluency. Speech disorders may be problems with the way sounds are formed, called articulation or phonological disorders, or they may be difficulties with the pitch, volume or quality of the voice. There may be a combination of several problems.

A language disability is an impairment in the ability to understand and/or use words in context, both verbally and nonverbally. Some characteristics of language disabilities include improper use of words and their meanings, inability to express ideas, inappropriate grammatical patterns, reduced vocabulary and inability to follow directions. One or a

combination of these characteristics may occur in children who are affected by language learning disabilities or developmental language delay. Children may hear or see a word but not be able to understand its meaning. They may have trouble getting others to understand what they are trying to communicate.