



# CHILDREN WHO ARE DIFFERENTLY ABLED

## The Bottom Line

Children who are differently abled (those with disabilities) are more at risk for social isolation, negative mental health, and maltreatment. COVID-19 has increased these risks through added caregiver stress, less supervision and opportunities for connection, and fear due to lack of some children's understanding of the pandemic. Increasing assessment, structuring new routines, and frequent explanations are ways to support the protection of these children.

## Physical and Emotional Risks

Children who are differently abled may live in group home environments, increasing the risk of contracting various illnesses. Children with certain types of disabilities may be immunocompromised and face greater health risks should they contract an infection. It is also difficult to control human to human transmission if a child with a disability needs constant physical assistance and/or intervention. For these children, there may be restrictions on who can visit during this period. This may also affect the mental health of a child in care and the family who are not currently the primary caregivers.

## Possible Responses

- Children with developmental disabilities may frequently touch things and put items in their mouth. Sanitization of all items they may come into contact with should be thorough and frequent.
- Advocate for policy reform for future cold and flu season and potential future pandemics and epidemics. The 'one-size-fits-all' approach for visitor restriction and remote learning is not ideal for children with disabilities. Risk versus quality of life should be considered and balanced appropriately.

## Mental Health and Developmental Risks

Children with developmental disabilities often have a harder time understanding abstract concepts such as a virus. This may mean they forget or do not understand the rules of social distancing, hand and mouth hygiene, or mask wearing. It may also be difficult for them to come to terms with change, such as the massive disruption in their daily routine and structure of their lives. Not being able to understand why new rules and changes have been put in place has a large effect on the mental health of children with developmental disabilities. The consequences of sickness such as fear, isolation, 'abandonment' by those with whom they once frequently associated, and abrupt change may also act as a trauma trigger.

Children with disabilities are already more likely to experience social isolation and loneliness than children without disabilities, and online learning may be a nearly impossible task. These feelings may drastically affect the mental health of children with developmental disabilities and those with visual or hearing impairments, as their ability to stay connected is restricted during times where the risk of contracting a virus is high. Internet child exploitation is more likely to occur for children with developmental disabilities. Policy reform during COVID-19 has also exacerbated the lack of inclusion and prejudice towards people with disabilities.

## Possible Responses

- Frequently and appropriately explain, viruses, illnesses, and COVID-19 to children in understandable ways. Do not assume that they are familiar with what is happening, as they may not directly ask for further explanation.
- Find ways to make wearing a mask when they are sick and practicing hand hygiene enjoyable for children so there is a better chance they will participate in these safety measures. Try assisting them in designing their own masks and creating a hand washing song to ensure diligent and proper hand washing.
- Develop a new structured routine that remains as stable as possible. Create new traditions such as scrapbooking each night at the same time to supplement other traditions that can no longer take place.
- Reduce anxiety, depression, and loneliness by sharing and talking about feelings. Ensure children are free to express themselves and feel listened to.

## Possible Responses (Continued)

- To reduce feelings of isolation, play soothing music as background noise in the home.
- Participate in activities that involve shared enjoyment such as creating art projects, watching funny and/or inspirational movies, and telling stories.
- Advocate for policy reform in the provision of personal protective equipment (PPE), opportunities for social inclusion, provision of services and resources, and educational assistance.

## Maltreatment Risks

Children with disabilities may be more likely than children without disabilities to experience maltreatment. Children with disabilities whose physical needs and behaviours are challenging may experience more physical, emotional, and psychological abuse from their caregivers. They may also have a more difficult time differentiating between normal touching and sexual abuse if they are used to people bathing them, taking them to the bathroom, or constantly handling their bodies. Children who are non-verbal may experience more neglect because they cannot easily express their needs. Being non-verbal also makes it difficult for children to disclose maltreatment to others. Although an increase in behavioural problems in children with disabilities does not always imply maltreatment, it is often overlooked as a symptom of distress resulting from maltreatment. This increases the likelihood that maltreatment will be prolonged for the child. They may not disclose maltreatment because they have learned to obey and become less assertive through reliance on those who care for them. Children with disabilities are also less likely to be believed if a disclosure of abuse does occur.

During COVID-19, children with disabilities were even more at risk for maltreatment due to the high stress of caretaking responsibilities, especially when many caregivers were not prepared to take on such heavy duties. Similar to children without disabilities, maltreatment is also less likely to be detected due to less supervision from adults not in the home.

## Possible Responses

- Increase the frequency of maltreatment risk assessment for children with disabilities, especially those with fetal alcohol spectrum disorder (FASD), attention deficit hyperactivity disorder (ADHD), and autism spectrum disorder (ASD).
- If behavioural problems have regressed, do not assume the cause of this regression. Maltreatment should be taken into consideration as a possible cause of this behaviour, especially with developmental disabilities or if the child is non-verbal.
- Children with disabilities should be believed and experience the same level of follow up procedures as children without disabilities if any attempt at communicating abuse is disclosed.
- Some children with disabilities have shown increased happiness since the onset of COVID-19. This may be because life was very complicated for them previously and they no longer feel overwhelmed. However, be aware this may also mean the child was experiencing negative mental health before COVID-19 resulting from experience with abuse. This abuse may have paused once the child was no longer in physical contact with a particular family member or service provider.



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