



Child with Disability – A Scene Behind the Scenario & we, The People.

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ABSTRACT

An attempt has been made to understand the facts behind a sympathetic word 'Disability'. This paper looks at few case studies and the focus undermines that disability in India is still functioning in the realm of social welfare instead of a right based model. It suggests the steps to be taken at individual level, community level and eventually at societal level. The researcher has tried to provide a lens that more sharply categorizes the hardness of the information. The issue of child abuse and disability initiates an empowerment-based and comprehensive approach to provide proper care and training to the stakeholders, and shows the ways in which these dynamics can bring health equity and reform practices.

KEYWORDS

Disability, social welfare, right based society, safe guarding

Two years back, a news highlighted on a renowned news paper in the Hyderabad Edition stating that children with disabilities are more likely to face abuse. In this news it was also mentioned children with disabilities are four times more likely to experience violence or abuse and far more prone to physical and sexual violence, humiliation and neglect than normal kids. Although activists here said the general trend in attitude towards the disabled here is positive and sympathetic, many cases of physical abuse and negligence go unreported. The following case studies are the evidences of the same:

Case – 1

Asha (name changed) is 10 years old girl with Autism. Her father died when she was only 2. Her elder sister is 15 years old. Her mother is a rag picker and they live in a colony located in an outskirts area of the city. One fine morning she reacted in a very strange way to her yoga teacher. After a while, her class teacher (special educator) observed drastic change in her behavior as she became so violent with all the male staff in the school.

After thorough investigation it was revealed that she was raped by one of her mother's male friend and her elder sister was the witness of this episode. Unfortunately, the elder one is with hearing impairment so her gestures and signs remained unheard.

Outcome: School management refused to take care of Asha as, there the clinical psychologist suggested institutional care for the child. After this incident, her family left the colony; nobody knows where they have gone.

Case – 2

Nidhi (name changed) is 14 years old girl with moderate intellectual disability. She belongs to a well off family and studies in a special school where she goes by school bus. Once she asked her mother to lift her skirt and brush the fingers over her thighs. Mother could not understand her strange demand and tried to know the seed of this. While conversing bit by bit with her daughter, she came to know that her driver 'bhaiya' loves her so much, he makes her sit near his seat and many time he does the same with her. She likes it so much and on request she also does the same to him.

Outcome: Nidhi's parents lost the trust on school authorities and put the child in home. Now, she does not have friends and she is absolutely away from what she had learnt in the school.

Case – 3

Razia (name changed) is a 12 years old girl with quadriplegia (a form of Cerebral Palsy in which voluntary control over all motor activities is affected). Both of her parents are working in a MNC and she is looked after by her caretaker. Due to her physical disability in all the activities of daily living including feeding, toileting, dressing and grooming she is fully dependent on her caretaker. Once, her caretaker was busy in other daily chores and her elder son (20 years old) happened to see Razia lying on bed just after bath. He got the opportunity to see the female body without and resistance. He was about to do an undesirable behaviour, by the time, his mother came in and scolded him badly. Within that week itself he raped Razia brutally in the absence of his mother.

Outcome: In spite of all the efforts taken by her caretaker, Razia has been sent to a home meant for these children, there also she is not safe at all.

In view of disability, let us see the frequently used term – 'Child abuse'. Actually speaking, it is a state of emotional, physical, economic and sexual maltreatment meted out to a person below the age of eighteen and is a globally prevalent phenomenon. However, in India, as in many other countries, there has been no understanding of the extent, magnitude and trends of the problem. The growing complexities of life and the dramatic changes brought about by socio-economic transitions in India have played a major role in increasing the vulnerability of children to various and newer forms of abuse.

Child abuse has serious physical and psycho-social consequences which adversely affect the health and overall well-being of a child. According to WHO: "Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power." (WHO, 1999)

In India children with disabilities are seen under the purview of the [Ministry of Social Justice & Empowerment](#). Some of the issues are dealt with by the health ministry. But no single ministry has been assigned the protection of these children, which leads to varying data about occurrence of disability amongst children. In India 1.67% of the 0-19 population has a disability. 35.29% of all people living with disabilities are children.

Disability in India is still functioning in the realm of social wel-

fare instead of a rights perspective. Teachers are not trained and schools don't have the infrastructure to deal with children with disabilities. Neither are paediatric wards of hospitals equipped to deal with them. There is not enough data on the number of children living with disabilities to allow the government to provide the necessary services. Children with disabilities face discrimination not only in services but also in the justice system as they are often not considered credible witnesses.

In accordance with the Government of India's commitment to women and children's issues, the Ministry of Women and Child Development was created in early 2006. India's children are India's future as the strength of the nation lies in a healthy, protected, educated and well-developed child population that will grow up to be productive citizens of the country.

Critical Concerns

- ✓ Every fifth child in the world lives in India
- ✓ Every third malnourished child in the world lives in India
- ✓ Every second Indian child is underweight
- ✓ Three out of four children in India are anaemic
- ✓ Every second new born has reduced learning capacity due to iodine deficiency
- ✓ Decline in female/male ratio is maximum in 0-6 years: 927 females per 1000 males
- ✓ Children born with low birth weight are 46% (NFHS-III)
- ✓ Children under 3 with anaemia are 79% (NFHS-III)
- ✓ Immunization coverage is very low (polio -78.2%, measles-58.8%, DPT-55.3%, BCG-78% (NFHS-III)

In 2008, CHILDLINE India Foundation published a study on Mentally Challenged Children in Sholapur District, Maharashtra. The study gives information at all three levels: village, taluka and district. Key findings of the study were that in 24% of the children were with intellectual disability, one of the parents were with intellectual disability. 11% of mothers of these children were below eighteen years. 36% of mothers reported complications during pregnancy while 41.2% reported stress. Only 8% children with intellectual disability attended school with normal children. 33% of parent didn't allow their children to interact with other children due to fear of them being teased, accidents, aggressive behaviour, etc.

Children with disabilities are covered under the Persons with Disabilities (Equal Protection of Rights and Full Participation) Act 1995. In 1992, India adopted the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region. As a signatory of this proclamation, India's Ministry of Law, Justice and Company Affairs proposed an act to safe guard the rights of Persons with Disabilities (PWD). On the 1st of January 1996 the Government of India passed the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995. The following is an outline of the provisions in this law that pertains to children below the age of 18. The act calls for the appointment of a chief commissioner who will hear complaints or pleas made with regard to the deprivation of rights of PWD. It is also the governments' economic responsibility to take care of any PWD who cannot provide for themselves or does not have family support system to do so through unemployment allowances.

Under this act there are also penalties doled out to people without disabilities who use services meant for PWD. In this act disability is defined as blindness, low vision, leprosy-cured, hearing impairment, loco-motor disability, mental retardation and mental illness. The act calls for the forming of two central committees and two state committees: The central coordination committee and the central executive committee; the state coordination committee and the state executive committee. The coordination committees are responsible for insuring the rights of the PWD by advising the correct bodies about changes that need to be made in policy and programmes with regard to the rights of PWDs. These committees are the central and state respectively focal points on disability matters. The

respective executive committees are responsible for carrying out the decisions of the larger coordination committee. The act calls for the government to take the necessary steps to ensure the prevention of disabilities. In accordance with this agenda, the government must screen all the children at least once a year to determine risk factors that lead to disability and attempt to protect the child from such factors. It is also necessary for the state to take measure to reduce risks to prenatal and post natal mothers and child. According to chapter V, children with disabilities should be provided free education by the appropriate government. The government must take steps to integrate children with disabilities into regular schools, but also make space for special schools that cater expressly to the needs of these children. In addition to the basic education schools, government are also required to make non-formal education programmes for children with disabilities that help attain literacy, rejoin school, impart vocational training, and provide them with free books and educational material. Teachers need to be specially trained to educate and see to the needs of children with disabilities. In October 2007, India ratified the [United Nations Convention for Rights of Persons with Disability](#). Since then advocates of PWD rights have been calling for an amendment of the [PWD act](#) so that it better aligns with the provisions of the convention.

According to UN Enable, around 10% of the world's populations, 650 million people, live with disabilities. Women and girls with disabilities are particularly at a risk of abuse, 30% of street youth are disabled and they are at a 1.7 times greater risk of being subjected to some form of violence.

Safeguarding

Research into effective safeguarding for children with disability is again very limited. However, the following issues are identified to be essential components of any safeguarding strategy.

An effective strategy must consider the social and environmental context in which children with disability live.

i) Society level

There needs to be a shift in values and attitudes and awareness so that:

- Children with disability are recognised and valued as equal citizens with equal rights
- Individuals recognise and act on their responsibility towards removing the barriers for children with disability in participating fully in society
- The safeguarding of children with disability becomes a priority

ii) Community level

Safeguarding of disabled children requires supportive and safe environments that empower children with disability. This includes:

- A choice of safe and accessible community and leisure services
- Effective networks and support systems
- Flexible support that is responsive to individual need and which places a value on the views of the children with disability. Policies and practices within schools and other establishments that safeguard, respect and empower these children. These should include clear child protection and other relevant procedures and guidelines e.g. intimate care, management of behaviour; recruitment and screening of staff; staff training and supervision and consultation with these children.

iii) Caregiver level

- Improved co-ordinated and inter-agency planned support for caregivers
- Holistic assessments of need that attach a value to the child's religious and cultural needs
- Consultation with children with disability in matters related to their care
- Awareness raising of caregivers to the vulnerability of chil-

dren with disability, indicators of abuse and of their potential role in safeguarding

- Early and comprehensive multi-agency assessments of need that consider possible underlying causes of any presenting causes for concern
- Communication with the child and the taking of active steps to remove barriers and promote communication
- Training, supervision and appraisal of staff.

iv) Individual level

- Empowerment of child or young person through seeking their views wishes and feelings, ensuring choice, provision of opportunities
- Sex Education and safety and awareness work.

Policy

- To ensure the specific needs of disabled children in relation to their particular vulnerability to abuse and neglect are understood and responded to effectively.
- A national safeguarding strategy for disabled children is required to raise awareness of disabled children and abuse and to promote their safeguarding. This needs to be developed in the context of the Social Model of Disability and Diversity principles and should be informed by consultation with disabled people.
- Further research is needed into the vulnerability and abuse of disabled children and the potential role of support services in preventing abuse.
- Systematic collection and analysis of data is required in respect of disabled children who are subject to the child protection process.
- Local multi-agency safeguarding strategies should be developed within the context of national guidance to promote the safeguarding of disabled children and ensure the effective implementation of child protection policies and procedures.
- The training needs of staff should be reviewed to ensure that child protection staff have skills in working with disabled children and those staff who are working with disabled children are aware of child protection issues. Managers should also receive training to ensure they are able to provide effective supervision.
- The accessibility of support services should be reviewed and promoted in consultation with disabled young people.
- Advocacy services should be developed for children with disability and young people to promote their individual needs and independent visitor schemes should be established for these children who are looked after.
- Policies and guidance should be developed for all professional staff in a care role with disabled children to ensure care is provided in a sensitive, empowering, respectful and safe way. The rights of children and young people should be clearly recognised.
- Sex education and safety awareness programmes with specific relevance for disabled children should be developed and made available.
- Therapeutic support should be available to all children with disability who need this. Community and Mental Health Services need to become more accessible.
- A review should be undertaken of the effectiveness of the special measures under the Youth Justice and Criminal

Evidence Act (1999) and the guidance for vulnerable and intimidated witnesses in respect of disabled children. This should identify unmet access needs and provide further guidance and recommendations as appropriate.

Conclusion

In addition to children with disability and abuse, another attitude still prevails in society that children of mothers who have an intellectual disability may be at increased risk of neglect or abuse. A study done by Glaun et al. (1999) retrospectively examined Children's Court Clinic case notes and records of 12 families before the Court on child protection grounds, in which the mother had a documented intellectual disability. Predominantly neglect rather than abuse was alleged. Mothers frequently had a history of deprivation, neglect or sexual abuse in their own childhoods. A high prevalence of co-morbidity, such as drug abuse, psychiatric or medical disorder, was a significant finding in these mothers. Fathers were often absent, but when involved, many were ill equipped to help because of intellectual or health problems. Possible risk factors within the child were high levels of developmental delay and multiple handicaps. Findings suggest that the cumulative weight of stressful emotional, physical and social factors, in combination with limited intellectual resources, precipitated a crisis in child care.

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