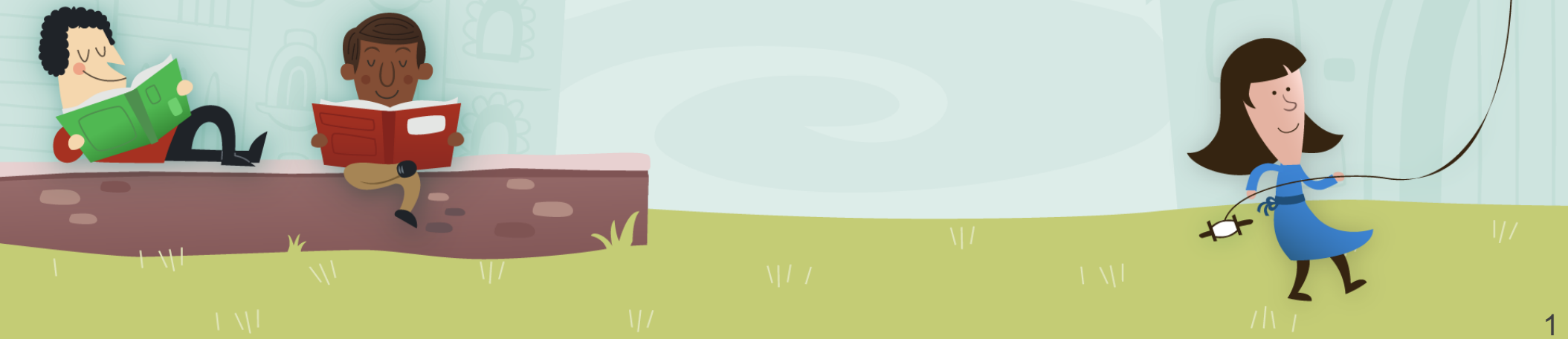


Promoting the Safety of the D/HH Student: Hands & Voices O.U.R. Project

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Strategies, tools, and insights to support prevention and intervention

Today's presentation will provide an in-depth overview of The O.U.R. Children Project, a critical initiative dedicated to advancing the safety and well-being of Deaf and Hard of Hearing (D/HH) children. This presentation will introduce the O.U.R. Children's Safety Project, a vital initiative focused on promoting the safety and well-being of Deaf and Hard of Hearing (D/HH) children. Participants will explore key challenges faced by D/HH children and students, including the heightened risk of bullying and barriers to reporting and support. The session will highlight practical strategies and advocacy tools for educators, families, and community members to create safer, more inclusive environments. Attendees will leave with actionable insights to help empower D/HH youth and families to promote childhood safety.



Hands & Voices O.U.R. Children's Safety Project

Observing : Understanding : Responding

The O.U.R. Children's Safety Project enhances parents and professionals' awareness and ability to *observe*, *understand*, and *respond* to child abuse and neglect to enhance the safety and success of deaf and hard-of-hearing children with a focus on prevention and response.

A heartfelt thank you goes to Harold Johnson, Sara Kennedy, and Janet DesGeorges for whom the O.U.R. Children's Safety Project would not be possible without. It is an honor to be a co-director with you all.



Protecting Children



While the information today protects ALL children, it is imperative to know that children with disabilities are 3-4 times more likely to be maltreated (neglected & abused) than their nondisabled peers ([Sullivan & Knutson, 2000](#)).

It is estimated that 25+% of children with disabilities will experience one or more forms of maltreatment between birth and 18 years of age ([Fang et al, 2022](#)).

Particular types of disabilities, e.g., those with behavior and/or communication disabilities, experience higher rates of maltreatment ([Lori et al, 2021](#)).



Karni-Visel et al. (2020) found that the odds of being identified as a suspected victim of maltreatment were 6.2 times higher for children with disabilities than for those without disabilities.

Multidisciplinary Digital Publishing Institute (MDPI)

The American Academy of Pediatrics Clinical Report shares that national data from 2015 demonstrates that child victims with a disability accounted for 14.1% of all victims of abuse and neglect from a clinical report in May of 2021.

One in Three Children With Disabilities Has Experienced Violence: Global Study

Mailman School of Public Health

March 23rd, 2022

According to The Lancet Child & Adolescent Health, “Children with cognitive or learning disabilities or mental health conditions, and children with disabilities from lower income settings, are especially likely to experience violence”

A 2024 article in *Frontiers in Psychology* noted that a, “lack of acceptance and the stigma of having a DHH child may cause negative familial attitudes, which may expose the child to aggression and abuse ([Wakeland et al., 2018](#)). Thus, poor communication may hinder the ability of DHH children to report abuse or identify sources of assistance within the community ([Fellinger et al., 2012](#)). Further, the stigma, social isolation, and rejection associated with hearing disabilities may contribute to the higher vulnerability to abuse. For instance, DHH individuals may sometimes be viewed as inferior or less humane than their hearing peers, and therefore, they may be more vulnerable to aggression and abuse as compared to their hearing peers ([Admire and Ramirez, 2021](#))”.

Continued data supports the increased incidence for child abuse and neglect for children who have disabilities



Key information regarding Child Abuse and Neglect



Perpetrators:

- Most individuals who neglect children are female vs. most individuals who abuse children are males.
- Individuals who have the most contact with, control over, and isolated time with a child have the greatest opportunity to abuse the child.
- In the majority of cases, such individuals are the child's caregivers, followed by those who are known and trusted by the parents.
- Most perpetrators are in the early to late 20s.
- Perpetrators “groom” their victims to keep bigger and more sinister “secrets” that increasingly make the victim feel complicit in the abuse, i.e., somehow it is their fault, that they did something wrong.

(Bennett et al, 2023)



Increased risks for children who experience abuse



- Depression, learned helplessness, attachment disorders, inability to trust others, difficulty in regulating stress, suicidal behavior (Dye, 2018)
- The probability of experiencing obesity, high blood pressure, and cardiovascular disease (Dye, 2018)

- Self-injurious behaviors, eating disorders, aggression, substance abuse (Dye, 2018)
- Decreased school attendance, poor academic performance, and increased school dropouts
Fry, D., Xiangming, F., Stuart, E., Casey, T., Xiaodong, Z., Jiaoyuan, L., Lani, F., & Gillean, M., 2018)

For an in-depth look at the impact of child maltreatment visit:

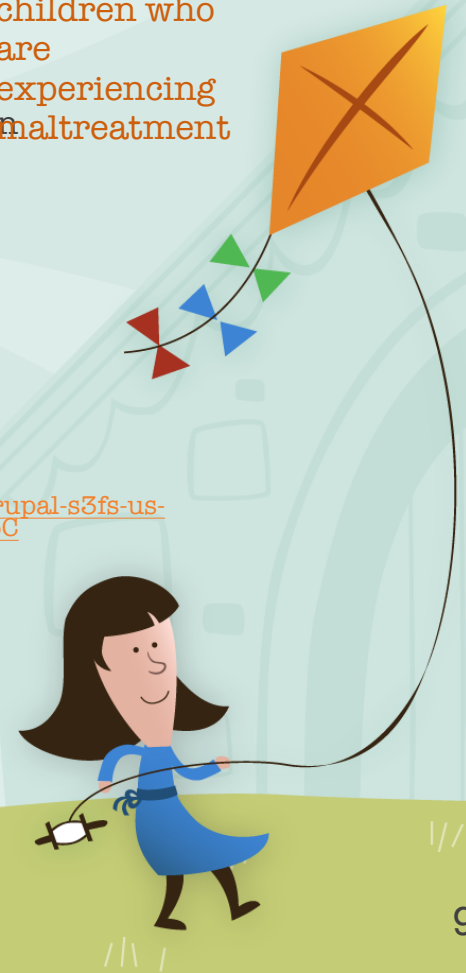
[Centers for Disease Control and Prevention Adverse Childhood Experiences \(ACEs\) Website](#)

Children who are experiencing maltreatment often:

- * Show sudden changes in behavior
- * Have not received help for physical or medical problems brought to the parents' attention
- * Are excessively vigilant/watchful
- * Are overly compliant, withdrawn, or aggressive
- * Comes to school or other activities early, stays late, and does not want to go home
- * Are reluctant to be around a particular individual or go to a particular setting

These are some of the signs and symptoms associated with children who are experiencing maltreatment

Web Resource: What is Child Abuse and Neglect? Recognizing the signs and symptoms: <https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/whatiscan.pdf?VersionId=UOHkrMZQXaWjXsxIIzqaExex3mHINm5C>



Fear of being
wrong or guilt of
not knowing

Lack of knowledge
of what happens
after a report has
been made

The child has
asked them not
to tell anyone

Often, there is significant
hesitancy to report a child
suspected of experiencing
maltreatment because of...

Uncertainty around how to
make a report

1.800.4.A.CHILD

<https://www.childhelpline.org/>

(Alvarex, Kenny, Donohue & Carpin, 2004; Bonner, & Hensley, 1997; Kenny, 2001; 2004)

The belief that
reporting may
make things
worse for the
child



Actively listen to the child (stop what you are doing, look at them, respond by nodding and making supportive sounds).

Control your expression of panic, shock or horror.

Express your belief that the child is telling the truth.

Use the child's language and vocabulary.

Tell the child that this has happened to other children and that they are not alone.

Reassure the child that to disclose was the right thing to do, emphasizing that, whatever happened, it was not their fault, and they did nothing wrong.

Tell the child that you will do your best to support and protect them.

Indicate that you will need make a report of the incident to the appropriate party to keep them safe.



Avoid:

Making any judgmental statements about the alleged perpetrator. The child may well love this person and only want the abuse to stop.

Seeking details beyond those the child freely wants to tell you. Your role is to listen to the child, not to conduct an investigation.



What to do when speaking with a child suspected of experiencing maltreatment

(Cossar, J., Belderson, P., Brandon, M., 2019)

O.U.R. Children's Safety Project's Parent Toolkit

“Bullying is when someone repeatedly hurts, mocks, shuns, badmouths, or threatens another person on purpose. Keeping up with the fast-paced social interactions of peers and trying to determine intent can be challenging for our deaf/hard of hearing children”.

Prevention:

1. Recognize that bullying happens to kids who are deaf or hard of hearing in higher incidences.
2. Be alert that bullying might be happening to your child.
3. Help create a communication-friendly environment in your child's school
4. Teach your child to self-advocate as they grow; responding quickly often stops bullying in its tracks.



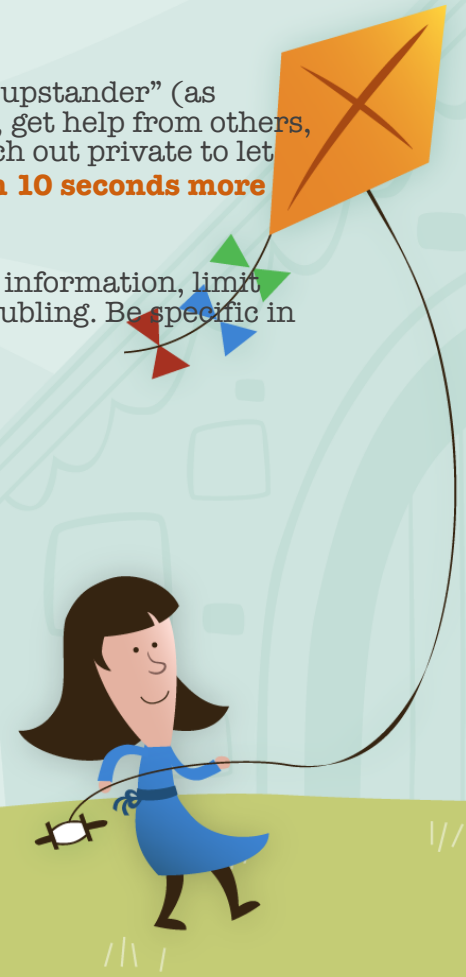
5. Teach your child to recognize bullying of other kids, respond and report to caring adults. An “upstander” (as opposed to a “bystander”) can question the bully’s behavior, use humor to redirect the situation, get help from others, including other bystanders and nearby adults, and/or walk with the person being bullied or reach out private to let them know they are not alone and are cared about. It makes a difference. **Bullying stops within 10 seconds more than 57% of the time that bystanders intervene.**

6. Beware of cyberbullying online, text, or other digital modalities. Give your child digital safety information, limit access, and check in regularly with them, asking kids to report anything they receive that is troubling. Be specific in your teaching about what that might be.

Additional Resources:

“What Should You Do If Your Deaf or Hard of Hearing Child is Bullied?”

“Bullying Solutions for All Ages”



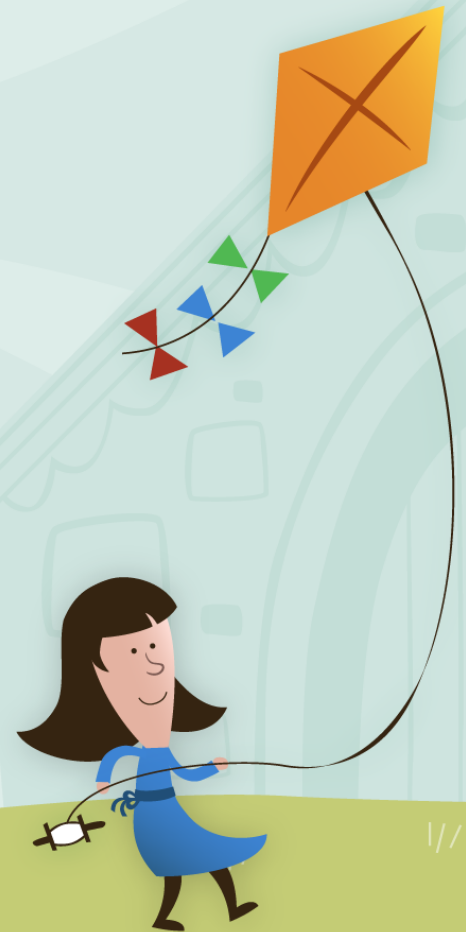
Intervention

1. Be supportive if you discover that your child is being bullied; don't wait.
2. Gather information, find out everything you can about the incident(s).
3. Communicate your concerns calmly with the school. Positive communication is usually the key to getting results.
4. Be persistent. Bullying is not to be tolerated after it has been discovered and reported.
5. Utilize your child's Individualized Education Program (IEP). Once a school knows there is an issue, they have an obligation to take action.

Final Word: There is no quick fix to the problem of bullying. It is a serious situation that requires the ongoing involvement of family, school staff, and community members.



Additional Strategies to support a child at home and school





The Strengthening Families Protective Factor Framework includes the following five protective factors:

1. Parental Resilience
2. Social Connections
3. Knowledge of Parenting and Child Development
4. Concrete Support in Times of Need
5. Social and Emotional Competence of Children

The Hands & Voices Guide by Your Side program has made strong progress in early intervention efforts by incorporating these into Individual Family Service Plans (IFSPs)

Protective Factors Framework from Children's Alliance

NOTE: Other lists of these factors include parents understanding and effectively responding to the learning differences and needs of their children with disabilities.

<https://ctfalliance.org/protective-factors/>

The Children's Alliance

- Cars: Always wear our seatbelts in the car. Never get into the car with a stranger. The family “phrase” must be used if someone unexpected is picking up.
- Whereabouts: Children must tell parents where they are going and with who they will be with. Contact parents with any changes that occur in the plan.
- Water: Children must be supervised around water and learn how to swim as soon as possible. Test lakes and ponds with a finger before getting in for electricity. Never dive in unknown depths. Never swim alone.
- Dogs: Move away from dogs that are barking and lunging.

https://www.ed.gov/sites/ed/files/parents/academic/involve/safety/personal_safety.pdf

<https://handsandvoices.org/pdf/OUR-Toolkit.pdf>



Weapons: Children are never permitted to be in a setting where guns are not properly secured. If someone is playing with a gun, leave the room immediately and tell an adult.

Discomfort: Children are to contact a parent if they ever feel uneasy or afraid in a situation. Use the "code word" decided upon if desired for help.

Restrooms: Children should not go to a public bathroom alone, always ask a friend to go with you.

SURPRISE versus SECRET: **DO NOT** keep "secrets," instead keep "surprises." The difference is that "surprises" are meant to be shared at the right time. If anyone ask you to keep a secret, tell your parent and/or a trusted adult.



Incorporate maltreatment prevention efforts into the educational planning documents (IFSP, IEP & 504 plans)

Invite the team to formally consider the following questions:

Does the child...

- ...understand what constitutes maltreatment?
- ...have the knowledge and skill of when and how they can say “No!” and what to do if that right is not respected?
- ...have age-appropriate friends so that they are not socially isolated and lonely;



...have sufficient communication skills to express emotions and tell others the what, when, where, who, and how of their experiences?

...understand their emerging sexuality

...know how to recognize or protect themselves in “risky situations”?

Additional support:

<https://handsandvoices.org/resources/OUR/SafetyAttachmentPlanTemplate.pdf>



Ensure the individuals who regularly interact with the child know the...

- ...increased risk for maltreatment
- ...signs of maltreatment
- ...protocols to report a maltreatment suspicion

If the answer to any of the preceding questions is “no” or “not sure, then the IEP/504 document would be designed accordingly.

Hands & Voices Parent Safety Toolkit
“Prevention is a Daily Practice”



Daily Check- in

Mealtimes, bedtime, as well as time spend in transit offer excellent opportunities to connect.

Potential Questions

1. What was the best part of your day?
2. What part of your day did you not like?
3. What was something unexpected that happened today?
4. What are you looking forward to tomorrow (or in the future)?



Repeat the questions
daily;
build a familiar routine.

Learn more about the VOOK CLUB

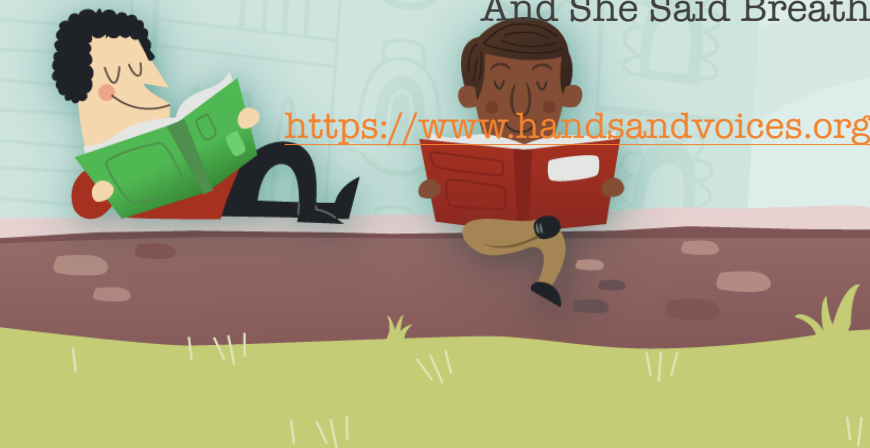
The VOOK Club's mission is to read, evaluate, and recommend literature that adults can use to initiate important conversations with children about physical and emotional safety. We prioritize books that address themes such as self-awareness, emotional regulation, safety, self-worth, inclusion, and diversity. We believe that reading with children not only strengthens bonds but also opens pathways to essential discussions about their physical and mental well-being.

Below are a few highlighted titles from the VOOK Club list:

My Many Colored Days by Dr. Seuss
Today I Feel Silly by Jamie Lee Curtis
The Color Monster by Anna Llenas
The Way I Feel by Janan Cain
I Am Peace by Susan Verde

And She Said Breathe by Kathy Marvel and Dr. Kristen Race

<https://www.handsandvoices.org/resources/pubs/OURChildrenVookClubSept2021.pdf>



KEY TAKEAWAYS

- ALL children deserve to grow up safely
- When you suspect abuse, contact 1.800.4.A.CHILD
- Hands & Voices O.U.R. Children's Safety Project page for many resources to prevent and respond to child abuse, bullying, and neglect



Additional O.U.R. Children's Safety Project Resources

- Monthly Meetings
- Bright Spots

<https://www.handsandvoices.org/resources/OUR/index.htm>





"Anyone who does
anything to help a
child in his life is a
hero."

Fred Rogers



Thank you so much for
the gift of your time- if
this presentation can
protect one child, it was
time very well spent.



Thank you again!
Please feel free to email with any
additional questions:

Please reach out with any questions

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