



Training Manual for Professionals

on

Child **PROTECTION**

for

Children with **DISABILITIES**

Table of Contents

Forward	
Acknowledgement	
Abbreviation	
Introduction	
1 Children with disability	
1.1. What is disability and who are children with disability?.....	
1.2. Impact of disability	
1.3. What are the rights of children with disability?	
2 Child protection	
2.1. What is child protection?	
2.2. What is abuse?	
2.3. Why children with disabilities are vulnerable to abuse?	
2.4. Types of abuse in children with disability	
2.5. What can you do to protect against abuse?.....	
3. Key partners	
4 References	



Abbreviations

ABS	Ability Bhutan Society
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disability
DPAB	Disabled Persons Association Bhutan
ICF	International Classification of Function
NCWC	National Commission for Women and Children
RBP	Royal Bhutan Police
RENEW	Respect, Educate, Nurture and Empower Women
UNICEF	United Nation Children’s Fund
UNCRPD	United Nation Convention on the Rights of Persons with Disability
WHO	World Health Organization
YDF	Youth Development Fund



Foreword

This training manual is developed by expert professionals in the field of disability for the welfare of individuals with diverse abilities. The first need was to build the capacity of the caregivers and workers in the field of disability to play a significant role in protecting children with diverse abilities from child abuses. Secondly it is to promote reporting of child abuse cases in Bhutan. This training manual emphasizes on the rights of children with diverse abilities, identifying the signs of child abuses and highlighting a single stand point against child abuse within various organizations such as ABS, RBP, NCWC, RENEW, and JDWNRH (one stop crisis center). Training manual contains an optimistic description of how environments can be changed to enhance the richness of a particular impairment.

Integral to the fabric of this manual is the “Voice” of the children with diverse abilities, a voice that must be heard if we are to change the world for a better place to live for children with diverse abilities.



Acknowledgment

I would like to thank Mrs. Karma Lhaki (Physiotherapist) and Mrs. Victoria Johnson (Physiotherapist) from JDWNRH for developing the training manual on Child Protection for children with disability.

An acknowledgment and special thank you to everyone who helped prepare and finalize the Training Manual. Without the support and guidance of the Executive Team, this training manual would not have been possible. I extend my gratitude to all stakeholders for their inputs in developing training manual. Ability Bhutan Society extends their deepest gratitude and appreciation to UNICEF for funding this project towards improvement of the quality of life for children with diverse abilities.



Introduction

The Convention on the Rights of the Child (CRC) recognizes the human rights of all children, including those with disabilities. Children with disabilities encounter different forms of exclusion and are affected by them to varying degrees depending on the type of disability they have, where they live and the culture or class to which they belong. Children with disabilities are often regarded as inferior, and this exposes them to increased vulnerability. Discrimination against and exclusion of children with disabilities renders them disproportionately vulnerable to violence, neglect and abuse. As with all children, a safe and secure childhood provides the best chance of achieving a healthy, well adjusted adulthood. Adverse childhood experiences, including violence, are known to be related to a wide range of negative health and social outcomes in later life. Their rights need to be understood and addressed both in practice and at policy level.

Children with disability in Bhutan should live in a society that is abuse free and inclusive. This will also significantly contribute towards achieving an important element of GNH.

Aim of the booklet

The aim of this booklet is to provide clear guidance to professionals who come in contact with children with disabilities on how to (1) prevent abuse, (2) identify concerns relating to protection and (3) steps to be taken to ensure children with disabilities are protected at all times.





1 Children with Disabilities

1.1. What is disability and who are children with disabilities?

The *medical model* views disability as a feature of the person, directly caused by disease, trauma or other health condition, which requires medical care provided in the form of individual treatment by professionals. Disability, on this model, calls for medical or other treatment or intervention, to 'correct' the problem with the individual.

The *social model* of disability, on the other hand, sees disability as a socially created problem and not at all an attribute of an individual. On the social model, disability demands a political response, since the problem is created by an unaccommodating physical environment brought about by attitudes and other features of the social environment.

On their own, neither model is adequate, although both are partially valid.

Disability is a complex phenomena that is both a problem at the level of a person's body, and a complex and primarily social phenomena. Disability is always an interaction between features of the person and features of the overall context in which the person lives, but some aspects of disability are almost entirely internal to the person, while another aspect is almost entirely external.



The more useful model of disability might be called the *biopsychosocial model*.

International Classification of Functioning, Disability and Health (ICF) is based on this model, an integration of medical and social.

The *International Classification of Functioning, Disability and Health: Children and Youth Version* (ICF-CY) regards **disability** as neither purely biological nor social but instead the interaction between health conditions and environmental and personal factors. Disability can occur at three levels:

- an impairment in body function or structure, such as a cataract which prevents the passage of light and sensing of form, shape, and size of visual stimuli;
- a limitation in activity, such as the inability to read or move around;
- a restriction in participation, such as exclusion from school.

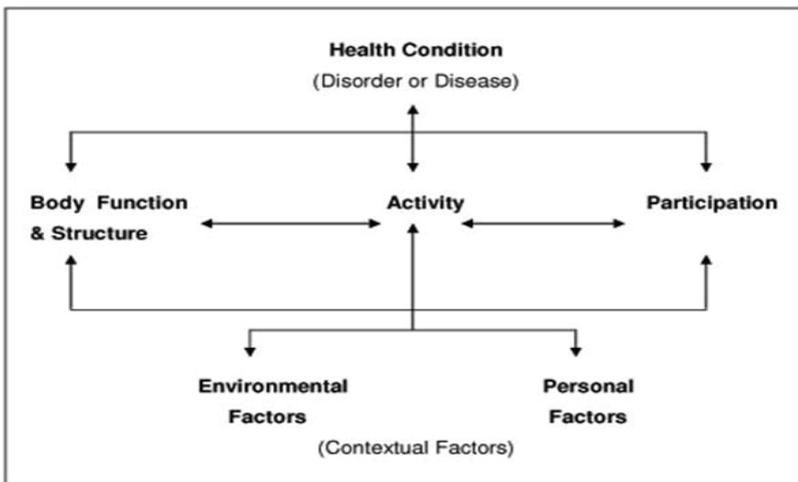


Figure 1. ICF Model of Disability



Some children will be born with a disabling health condition or impairment, while others may experience disability as a result of illness, injury or poor nutrition. Children with disabilities include those with health conditions such as cerebral palsy, spina bifida, muscular dystrophy, traumatic spinal cord injury, Down syndrome, and children with hearing, visual, physical, communication and intellectual impairments. A number of children have a single impairment while others may experience multiple impairments. For example a child with cerebral palsy may have mobility, communication and intellectual impairments. The complex interaction between a health condition or impairment and environmental and personal factors means that each child's experience of disability is different.

According to the Two-Stage Child Disability Prevalence Study from 2010-2011, the overall prevalence of any disability in children of aged 2- 9 years is 21.3% in Bhutan.

1.2. Impact of disability

1.2.1. Poverty

Although disability can occur in any family, poverty and disability are strongly interlinked: poverty may increase the likelihood of disability and may also be a consequence of disability.

Pregnant women living in poverty may experience poor health, restricted diet, and exposure to toxins and environmental pollutants, all of which can have a direct effect on fetal development. Children living in poverty are more likely to experience developmental delays than children from higher socio-economic backgrounds because they are disproportionately exposed to a wide range of risks. These



include: inadequate nutrition; poor sanitation and hygiene; exposure to infection and illness; lack of access to health care; inadequate housing or homelessness; inadequate child care; exposure to violence, neglect and abuse; increased maternal stress and depression; institutionalization; and inadequate stimulation.

There is also evidence to suggest that children with disabilities and their families are more likely to experience economic and social disadvantage than those without disability. Disability can contribute to increased poverty at the household level as parents take time away from income-generating activities, siblings are taken out of school to care for a brother or sister with a disability, and families are required to meet the additional costs associated with disability, for example payments for health care and transportation.

1.2.2. Stigma and Discrimination

Children with disabilities are among the world's most stigmatized and excluded children. Limited knowledge about disability and related negative attitudes can result in the marginalization of children with disabilities within their families, schools and communities. In cultures where guilt, shame and fear are associated with the birth of a child with a disability they are frequently hidden from view, ill-treated and excluded from activities that are crucial for their development. As a result of discrimination, children with disabilities may have poor health and education outcomes; they may have low self esteem and limited interaction with others; and they may be at higher risk for violence, abuse, neglect and exploitation.

1.2.3. Child-parent/caregiver interaction

Stimulating home environments and relationships are vital for nurturing the growth, learning and development of children.



The quality of child-caregiver interaction may be compromised when a child has a disability. Some children with disabilities have high support needs as a result of disabling health conditions and impairments and this dependency, in addition to other social and economic barriers, can place considerable stress on caregivers.

Caregivers may be isolated in communities that hold negative attitudes and beliefs towards disability. They may experience poverty and lack needed economic support; have limited access to information needed to provide appropriate care for their children; and have limited social support. These factors can have a detrimental effect on the physical and mental health of mothers and fathers and their ability to respond to the child's developmental needs. Research in high-income countries finds that rates of divorce and abandonment among parents of children with disabilities may be significantly higher than for parents of children without disabilities in the same communities. Siblings may also feel the effects, with parents having less time to devote to them as they struggle to meet the needs of their child with disability.

1.2.4. Limited access to programs and services

Physical/architectural barriers like lack of access to buildings and transportation limit the access for children with disabilities to mainstream services such as health and education. Children with disabilities often miss out on essential vaccinations and basic treatment for common childhood illness. In addition, rehabilitation services in are mostly available in urban areas thefamilies living in rural areas are left with no rehabilitation facilities. Without accessible transportation, families face difficulty in bringing their children to hospital and school which then eventually led to isolation and negligence of children with disability.



Children with disabilities are less likely to start school and have lower rates of remaining in school. It is estimated that one third of all primary aged children who are not in school are children with a disability. Those in school are all too often excluded within the school setting, are not placed with peers in their own age group and receive poor-quality learning opportunities.

1.3. What are the rights of children with disability?

No child should be defined by disability. Each child is unique and has the right to be respected. Children with disabilities should not be treated or regarded simply as the recipients of charity. They have the same rights as others- among these, the right to life and to the opportunities that flow from good health care, nutrition and education, the right to express their views and participate in making decisions and the right to enjoy equal protection under law.

The Convention on the Right of the Child (CRC) applies to all children in the world, including children with disabilities. It spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. It also recognizes the importance of family assistance and support. Bhutan has also signed and ratified the CRC in 1990, and committed itself to ensure that all children in the country have the right to grow up with love, care and respect.

Article 23 of CRC protects the rights of children with disabilities. It states that children with disabilities have the;

- Right to enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance



- ☛ Right to active participation in the community
- ☛ Right to special care and support appropriate to the child’s condition and to the circumstances of the parents or others caring for the child.
- ☛ Right and special needs to effective access to education, training, health care services, rehabilitation services, preparation to employment & leisure(for full social integration and individual development)

1.3.1. Laws and clauses to protect the Rights of Children with Disabilities in Bhutan

Child Care and Protection Act of Bhutan	2011
Child Care and Protection Rules and Regulation	2015

1.3.2. Child Care and Protection Act 2011

Clauses	Chapter, Section, Pages
The child justice system is essential to uphold the <i>rights of children</i> keeping them safe and promoting their <i>physical and mental well-being</i> .	Chapter 2, Section 6, p.3
The Central and Local Government through concerned agencies or institutions shall provide community based services responding to <i>special needs</i> , problems, interests and concerns of children including appropriate counselling and guidance to the children, guardians and families.	Chapter 3, Section 25, p. 8



1.3.3. Child Care and Protection Rules and Regulations of Bhutan 2015

Clauses	Chapter, Section, Page
This Rules and Regulations shall apply to: a. all matters pertaining to children in conflict with the law and children in difficult circumstances who are under the age of 18 years in line with Section 16 of the Act;	Chapter 1, Section 2, p. 1
Where a child is in need of care and protection, the following matters shall be considered in determining the child’s best interest; a . age , gender, mental capacity, background and special needs of =the child. b. protection and promotion of child’s right and welfare c. protection from harm or risk of harm including but not limited to mental ,physical and sexual violence , abuse or neglect	Chapter 2, Section 7, p.3

**Bhutan also signed the United Nation Convention on the Rights of Person with Disabilities (UNCPRD) in 2010 but needs to ratify it*



2

Child Protection

2.1 What is child protection?

UNICEF uses the term ‘child protection’ to refer to preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/cutting and child marriage.

2.2 Child abuse

WHO defines Child maltreatment (child abuse) as “all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child’s health, development or dignity.” WHO recognizes five sub-types namely– (i) physical abuse; (ii) sexual abuse; (iii) neglect and negligent treatment; (iv) emotional abuse; and (v) exploitation.

The perpetrators of child abuse may be:

- ☛ parents and other family members;
- ☛ caregivers;
- ☛ friends;
- ☛ acquaintances;
- ☛ strangers;
- ☛ others in authority – such as teachers, soldiers, police officers and monks;



- ☛ employers;
- ☛ health care workers;
- ☛ other children

2.3 Why children with disabilities' are vulnerable to abuse?

Children with disabilities are more vulnerable to physical, sexual and psychological abuse and exploitation than non-disabled children. Children with disabilities are almost four times more likely to experience violence than non-disabled children. (WHO, July 2012)

2.3.1 Why might this be?

This could happen in their own homes or in other environments such as care centers or institutions.

- ☛ Children's need for personal assistance in daily living including personal care e.g., bathing and toileting.
- ☛ Child has fewer outside contacts and so may be isolated.
- ☛ Physical dependency and decreased ability to resist abuse
- ☛ Communication or learning difficulties meaning they are unable to tell anyone
- ☛ Child more vulnerable and may be bullied by their peer group
- ☛ Children with disabilities are often perceived to be easy targets: powerlessness
- ☛ prejudice faced by children with disabilities



2.4 Types of abuse in children with disability

2.4.1. Physical abuse

Physical abuse is the use of intentional physical force, such as hitting, kicking, shaking, burning or other show of force against a child that results in – or has a high likelihood of resulting in – harm for the child’s health, survival, development or dignity. Much physical violence against children in the home is inflicted with the object of punishing.

For disabled children, mobility problems and challenging behaviour may present with bruises or injuries. Generally these will be on predictable areas of the body. However, any unusual, unexplained or severe bruising or injury should be investigated.



Signs of Physical abuse

- ☛ Force feeding
- ☛ Excessive physical restraint
- ☛ Invasive procedures against the child’s will
- ☛ Deliberate failure to follow medical regimes and advice.





2.4.2 Sexual abuse

Sexual abuse is defined as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or else that violates the laws or social taboos of society. Sex offenders may target disabled children in the belief that they are less likely to be detected.

Signs of sexual abuse

The signs and symptoms of sexual abuse for disabled children are the same as for any child. The difference is that they may not be noticed. The symptoms may be assumed to be related to the disability or they may remain unexplained.

- Stereo-typed behaviour such as self injury or 'public masturbation' should not be assumed to be the result of a disability. The possibility of sexual abuse should not be ruled out.
- Bruising and soreness in unusual places may indicate abuse, especially if around the thighs, buttocks or genital area.
- Insensitive handling of personal care can be abusive in itself.



2.4.3 Emotional abuse

Emotional abuse refers to behaviours that harm a child's self-worth or emotional well-being. Examples include name calling, shaming, rejection, withholding love, and threatening.

In Bhutanese a child with disability may be called by the type of disability rather than their name. For example, *zhaw/kana/khora* (blind, lame), *tsagay/lengom/yongba* (deaf-dumb).

Disabled children are particularly vulnerable to emotional abuse due to the value they are given in society. These children are likely to suffer low self-esteem, isolation and lack of independence and choice. Low self-esteem may cause disabled children to believe that they have no control over what happens to them or that their wishes and feelings do not count. They may not understand or believe that abuse can and should be stopped.



Signs of emotional abuse

- ☛ Extreme behavior modification e.g. depriving of food or drink to teach a lesson or try and change behavior.
- ☛ Not having holistic needs looked at e.g. looking only at disability and not at child.
- ☛ Invasive procedures against the child's will.
- ☛ Bullying

2.4.4. Neglect

Neglect is the failure to meet a child's basic needs. These needs include housing, food, clothing, education, and access to medical care.

Neglect includes both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and well-being of the child – where the parent is in a position to do so – in one or more of the following areas:

- ☛ health;
- ☛ education;
- ☛ e m o t i o n a l development;
- ☛ nutrition;
- ☛ shelter and safe living conditions.



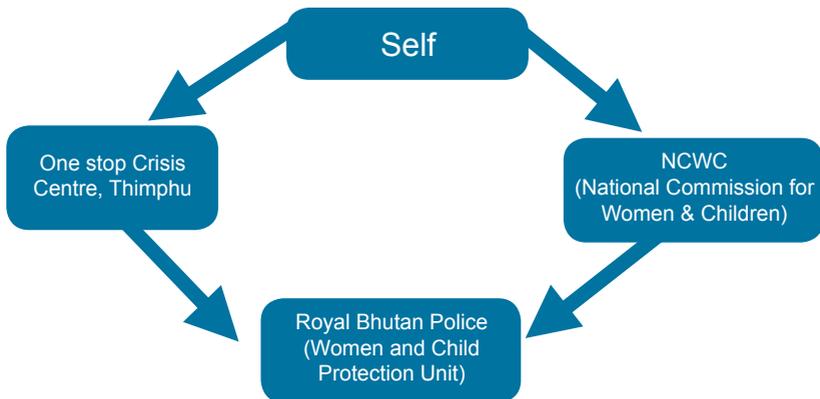
The parents of neglected children are not necessarily poor or uneducated.

Signs of neglect

- ☛ Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision, abandonment,)
- ☛ Medical (e.g., failure to provide necessary medical or mental health treatment)
- ☛ Educational (e.g., failure to educate a child or attend to special education needs)
- ☛ Emotional (e.g., negligence to address to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs).

2.5 What can you do to protect against abuse?

It is everyone's responsibility to report any signs of abuse for any child and it is no different for a child with disabilities.



2.5.1. One Stop Crisis Centre (OSCC)

One Stop Crisis Centre (OSCC) established by Ministry of health provides all medical services related to violence, abuse and other forensic medicine cases. The Centre although based only in Thimphu has sensitized and trained focal persons in all hospitals in the country.

2.5.2. Royal Bhutan Police (RBP)

Child protection cases are usually referred to police for investigation and assessment. All cases involving children are referred directly to Women and Child Protection Unit.

2.5.3. National Commission for Women and Children (NCWC)

Their mission is to protect and promote rights of children through child-responsive interventions. The Children Division is responsible for implementing and monitoring all activities related to the promotion and protection of the rights of all children in Bhutan. The Division is guided by the provisions of the Constitution of the Kingdom of Bhutan and other national legislations in particular the Child Care and Protection Act 2011.



3

Key Partners

3.1 Other key partners for protection and promotion of rights of children with disabilities:

1. Ability Bhutan Society (ABS)
2. Respect, Educate, Nurture and empower Women (RENEW)
3. Bhutan Youth Development Fund (YDF)
4. Child Care and Protection Office, Dratshang Lhentshog
5. Disabled Persons Association of Bhutan (DPAB)





Child abuse

4 References

1. Early Childhood Development and Disability: A discussion paper. World Health Organization 2012.
2. Two-Stage Child Disability Study Among Children 2-9 years. Bhutan 2010-2011. National Statistics Bureau, Ministry of Education, Ministry of Health and UNICEF.
3. International Classification of Functioning, Disability and Health: Children and Youth version, Geneva. WHO.2007
4. Convention on the Rights of Person with Disabilities. New York, United Nations. 2006.
5. Centers for Disease Control and Prevention. Safety and Children with Disabilities. March 25, 2015 (www.cdc.gov/ncbddd/disabilityandsafety/abuse.html)
6. World report on disability. World Health Organization. World Bank. Geneva. World Health Organization, 2011 (http://www.who.int/disabilities/world_report/2011/en/index.html, accessed 31 December 2014)
7. UNICEF. (2007). 'Promoting the Rights of Children with Disabilities.' *Innocenti Digest No. 13*, p. 6. Retrieved from <http://www.unicef-irc.org/publications/pdf/digest13-disability.pdf>



8. YDF.(2014)A Strategic Plan for the Child Protection and Care Services (CPCS) for Youth Development Fund (YDF)
9. UNICEF. (2013)The State of World’s Children 2013. Children with Disabilities.
10. WHO. (2006)Preventing Child Maltreatment. A guide to taking action and generating evidence.
11. UNICEF. (June 2013) Take us Seriously. Making sure children with disabilities have a big say.
12. Rotherham Safeguarding Children Board
(www.safeguardingchildren.co.uk/section-1.html)
13. The Child Care and Protection Act of Bhutan 2011
14. The Child Care and Protection Rules and Regulations of Bhutan 2015
15. YDF (2014) Qualitative Assessment of Child Protection Related Issues Faced by Children with Disabilities and an Action Plan to Address Those Issues



Take Us Seriously!

**Making sure
children with disabilities
have a big say**



June 2013

Easy to read



Who we are

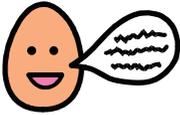


We are called the **United Nations Children's Fund** or **UNICEF**.

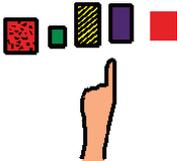


We work to make life better for children everywhere.

What this document is about



It is about how to make sure children with disabilities have a big say in their lives.



Children with disabilities have the right to make decisions and say what they think.



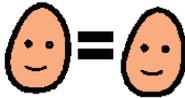


This can be decisions about things like

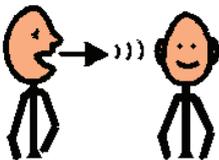
- where they live
- their school
- what support they need
- what they think of new plans or laws.



It is important that children with disabilities can speak up and say what they think.



It will help people see that children with disabilities are just like everyone else.



People should listen to what children with disabilities say.



There are laws about this. Lots of countries have agreed to follow the laws.





At the moment, children with disabilities are often left out.

People do not ask them what they think.

People make decisions for them.

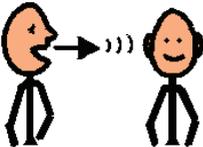


This is wrong.

Children with disabilities have things to say and things they believe in like everyone else.



We have made some new information for people to look at.



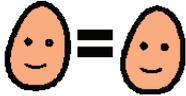
It will help them know how to listen to children with disabilities and find out what they think.



You can now find out the main things this information says.



Making sure children with disabilities can have their say

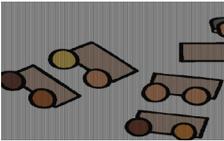


Children with disabilities should have the same chances as other children to have their say.



They can help change things by having their say.

For example, children with disabilities should have a say in things like

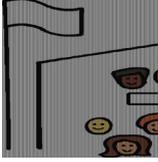


- decisions that are made about schools, parks, houses or transport



- how well things in their area are working, like health services or schools



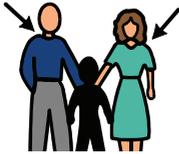


- what the Government or other people who make big decisions should do



- what work UNICEF should do.

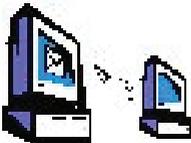
Children with disabilities can say what they think in lots of different ways.



Sometimes adults may decide what they want children with disabilities to have a say about.



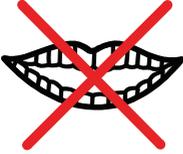
Sometimes children with disabilities may decide what they want to have a say about.



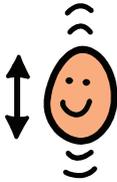
There are also new ways for children with disabilities to have a say, like Facebook or Twitter.



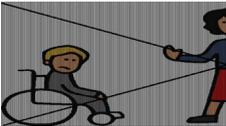
What should happen when children with disabilities have their say



Other people should not speak for children with disabilities.



Children with disabilities should only speak up if they want to.
No one should make them.



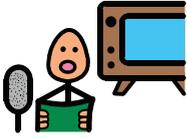
Children with disabilities should always be treated fairly.



Children with disabilities should get information they can understand about

- how they can have a say
- what will happen.





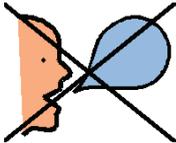
It should be easy for all children with disabilities to say what they think.



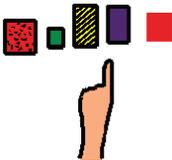
Every child with disabilities should get the right support for them.



Adults may need training to help them do this.



Children with disabilities do not always use words to say what they think.



They may use other ways like pictures or sounds.

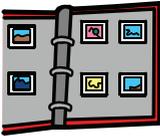


It is important to give children with disabilities information in a way that works for them.



There are lots of things that may help children with different disabilities have their say.

For example,



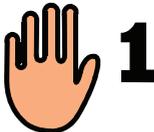
- using pictures, photos or videos



- using easy words



- using your hands or body to tell children things



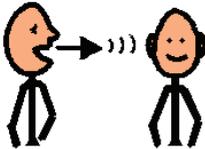
- giving children enough time to understand and think about things.





It is important to ask each child how they want to have a say and what they need.

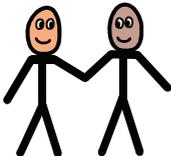
They know best what works for them.



It is important to speak to children with disabilities, not the people they are with.



It may take time for children with disabilities to speak up if they do not know the people they are with.

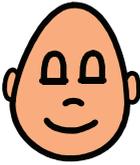


It is a good idea to help the children having a say get to know each other a bit first.





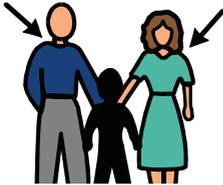
The places where the children go to have their say should be easy for them to get to and move around in.



Children with disabilities should be safe when they have their say.

They need to know what to do if they are

- in trouble
- not happy about something.



It is important to work with parents of children with disabilities in the right way.

This is so they know what will happen and how to support their child.





Children with disabilities should be told what will happen after they have their say.

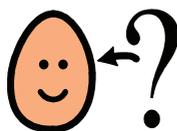


The things they say should make a real difference and help change things.



Checks should be made to see

- how easy it was for children with disabilities to have their say
- what changed after children with disabilities had their say.



Children with disabilities should take part in these checks.

They should say how well they thought it went.

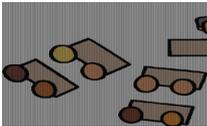


An example of young people with disabilities having their say



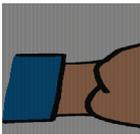
There are some groups of young people with disabilities called **Young Voices**.

They are in different countries, like Uganda, China, Liberia and Malaysia.



The young people have been speaking up about their rights to do things like

- go to school, college or university and have a job
- join in with things other people do.



They have helped change things in their countries.



They have helped people know more about young people with disabilities and what they can do.

This easy to read document was written to the European standards for making information easy to read and understand. www.easy-to-read.eu

JUST BECAUSE

I'M DISABLED...



IT DOESN'T MEAN YOU
CAN PUSH ME AROUND!!!