

Original Article

Challenges, Opportunities and Moving Forward the Agenda of Addressing Maltreatment in Children with Disabilities - An Example from Pakistan

Mehk Naeem¹, Nabila Chauhdry², Naeem Zafar³

^{1,3} PAHCHAAN (Protection and Help of Children Against Abuse and Neglect), Lahore.

² CEO, Rising Sun Education & Welfare Society, Lahore.

Author's Contribution

^{1,2,3} Conception of study

^{1,2,3} Experimentation/Study conduction

^{1,2,3} Analysis/Interpretation/Discussion

^{1,2,3} Manuscript Writing

^{1,2,3} Critical Review

^{1,2,3} Facilitation and Material analysis

Corresponding Author

Mr. Naeem Zafar,

PAHCHAAN (Protection and Help of Children Against Abuse and Neglect), Lahore

Email: naeem.pahchaan@gmail.com

Cite this Article: Naeem, M., Chauhdry, N., Zafar, N. Challenges, Opportunities and Moving Forward the Agenda of Addressing Maltreatment in Children with Disabilities - An Example from Pakistan. *Children Rights Journal of Rawalpindi Medical University*. 30 Nov. 2021; 1(1): 35-46.

Conflict of Interest: Nil

Funding Source: Nil

Abstract

Background: Children with disabilities, are entitled to the same rights as enshrined in UNCRC because of the universality of this document. However, children with any kind of disability are at a much higher risk of maltreatment, especially in developing countries. This dynamic may be shaped by a lack of adequate laws, policies, trained staff, and coordination along with social context.

Objective: While writing this article, a detailed desk review was carried out to explore the policies and legislations relevant to rights and protection of children with special needs. A small study was also conducted to explore the present situation of children with disabilities in terms of abuse and neglect and how they can be safeguarded against neglect and abuse in Pakistan.

Materials and Methods: We did detailed desk review of policies and legislations regarding protection of children. We also conducted 10 in-depth interviews to understand the condition of children with special needs in reference to child rights and child protection. Themes emerging from qualitative research are discussed to elaborate on the results.

Results: Lack of awareness, illiteracy, parental poverty are risk factors whereas the joint family system contributes positively to the protection of children with disabilities.

Conclusion: Linking with Pakistan's commitments, policies, laws, existing systems, and social context, this study provides an insight on challenges, opportunities, and how the rights-based agenda of protecting children with disabilities can be taken forward. However, for more in depth knowledge of situation more detailed research needs to be conducted.

Keywords: Children with disabilities, child abuse and neglect, child protection, Pakistan.

Introduction

Although children have been victims of abuse and neglect since antiquity, attention was drawn towards their plight in the landmark paper "The Battered-Child Syndrome" by Henry Kempe as recently as 1962.¹ Since then there have been many significant advances, the latest being its inclusion as target 16.2 "end abuse" in the United Nations Sustainable Development Goals.²

According to the United Nations Convention on the Rights of the Child³, all the rights are universal i.e. every child has the all the rights mentioned in the UNCRC, and these rights belong to each child of the world, irrespective of their country or place of origin, socio-economic status, race, or religion. Children with disabilities or difficult circumstances also have the same basic rights. These rights are linked to the responsibility of the state, society, and their parents or adult guardians. Unfortunately, thirty years since the signing and ratification of the United Nations Convention on the Right of the Child by all the countries of the world except the United States of America, these rights have yet to be implemented in their true spirit. According to the Kids Right Index 2019 developed by Kids Rights and Erasmus University Rotterdam, an index that looks at how well the countries adhere to the UNCRC, there is gross lack of 'enabling environment for child rights' and right to life, health, education and protection in most countries.

Employing the indexes scale range with 0.97 highest possible overall score of Iceland, ranking 16 on right to protection with a score of 0.99 to the lowest possible overall score of 0.2 of Afghanistan (ranking 181) and ranking 136 on right to protection with the score of 0.5, Pakistan ranks 151 on the overall index with a score of 0.5 and ranking 127 on the right to protection index with a score of 0.567.⁴

Prevention and response to Child Abuse and Neglect also have not been uniform. These differ from region to region, country to country, district to district, and even within districts. These also differ from child to child according to the circumstances they are living in and according to the abilities and disabilities of the child.

There is very limited research conducted on the maltreatment of children with disabilities, as this topic faces research challenges in the developed and the developing world, we have not come across any study conducted in South Asia or Pakistan. One reason may be that there are challenges related to definition and

methodology in researching child abuse and neglect of children with disabilities.

In this paper, we have tried to highlight the situation, advancements, and gaps in the provision of child rights, specifically protection rights to children with disabilities along with risk and protective factors within the Pakistani society.

Officially called the Islamic Republic of Pakistan, Pakistan is located in South Asia and is the fifth most populous country in the world. With such a large multi-ethnic and diverse population, ongoing issues such as the fight against terrorism and a struggling economy (Burki & Ziring, 2020), children with special needs have not been the state's priority. With special emphasis on norms and attitudes attached to both disability and maltreatment along with the support structures present, this paper also looks at the socio-ecological climate of Pakistan. Due to the lack of existing data, we conducted a qualitative study for a better understanding of contexts of child abuse and neglect in children with disabilities.

Disability

Disability has been defined differently over time. Persons having lost mental or physical functionality, having long term illness or neurological dysfunction are classified as a 'person with disability' by Australian disability standards.⁵ United Nations Convention on the Rights of Persons with Disability⁶ describes disability as an interaction of impairment and environmental barriers resulting in limitations in independent living. The medical definition of disability sees disability arising from the malfunction or failure of an individual body's system. This disability can be ameliorated, cured, or rehabilitated through intervention and the 'person with disability' (PWD) is expected to avail the services offered for treatment or rehabilitation.⁷

According to the International Classification of Functioning, "disability is an umbrella term for impairment, participation restriction or activity limitations" which happens due to a person's health condition or impairment and personal and environmental factors. An estimated 5.1% of children below the age of 14 have disabilities, with 0.7% having "severe disability".⁸ Poorer health outcomes, lower educational achievements (Filmer, 2008), less economic participation⁹, a high rate of poverty along with restricted participation and increased dependency¹⁰, are all associated with disability. Additionally, it is seen that people from vulnerable populations are more susceptible to disability. Low-income countries have a

higher disability prevalence as compared to those from high-income countries.⁸ Children from poorer households and those from ethnic minority groups are at a significantly higher risk of disability, as seen from Multiple Indicator Cluster Surveys data.¹¹

Child Abuse and Neglect

According to the Report of the Consultation of Child Abuse and Prevention, in World Health Organization Appendix¹² "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."

A review looking at a series of meta-analyses on child abuse and neglect prevalence research suggested that the global prevalence for child sexual abuse can be estimated to be 7.6% for boys and 18.0 % for girls. The prevalence for children experiencing child physical abuse is 22.6%, 35.3% for emotional abuse, and 18% for neglect¹³. A critical review of 29 studies, focusing on adult retrospective reports, indicated that a considerable overlap is found in the forms of abuse, hence a child can experience multiple forms of abuse and poly-victimization¹⁴. While this gives us an estimate of global prevalence, the interpretation is open to limitations such as no global consensus to the definition and indicators of child abuse and neglect along with varying ways of data collection and methodologies¹⁵.

Child abuse and neglect among children with disabilities

According to an American population-based-epidemiological study, as compared to children without disabilities, children with disabilities are at 3.7 times higher risk of physical abuse, 3.14 times higher risk for sexual abuse, and 3.8 times higher risk of emotional maltreatment¹⁶. The risk of maltreatment is variable within the different types of disabilities¹⁷. While the study by Sullivan and Knutson¹⁶ may not be generalized to the population from the developing world, it gives a good glimpse and understanding of the link between childhood maltreatment and disability in detail. Firstly, children with various types of disabilities may have a varying risk of the type of maltreatment. For example, children with visual impairment are more likely to be sexually abused and neglected as compared to typically developing peers.¹⁶ Secondly, children with disabilities were more likely than children without disabilities to experience

multiple forms of maltreatment (63% vs. 54.9%, respectively) and recurring episodes of maltreatment rather than a single episode (71% vs. 29%, respectively). For children with and without disabilities, it was seen that the perpetrators from immediate family accounted for 82.2% of cases of physical abuse, 89.5% of emotional abuse and 92.4% of neglect cases, whereas 53.1% of cases of child sexual abuse were accounted for by immediate and extended family members.¹⁶

Thirdly, it can be seen that males with disabilities are at a much higher risk for physical abuse and neglect as compared to females, however, more females with disabilities are at a higher risk for sexual abuse than males. Whereas, among the non-disabled, maltreated children, girls are significantly more at risk for maltreatment including neglect, physical abuse, and sexual abuse.¹⁶

Alternatively, in an Australian population-based record linkage study it was found that not all disabilities have a consistent increased risk of maltreatment. After adjusting for child, family and neighbourhood risk factors, children with either intellectual, conduct disorders or mental/behaviour problems had an increased rate of the allegation and substantial allegation, whereas children with Down Syndrome and birth defects had the same risk as children without disabilities.¹⁷

Even though the causal factors associated with maltreatment of children with disabilities are very similar to those of children without disabilities, certain factors increase the risk in children with disabilities. These include a higher demand on the caregiver¹⁸, parental or caregiver stress¹⁹, presence of multiple caregivers limited access to information or material about personal safety and body protection¹⁸ poverty, illiteracy and lack of awareness²⁰ and communication and cognitive impairment.²¹ Early identification of risk factors for maltreatment associated with family and the child and implementation of interventions can decrease the stress and in turn prevent child maltreatment of children with disabilities.¹⁹

Data and research on maltreatment and children with disabilities

Very few studies specifically focus on why children with disabilities are at an increased risk for maltreatment compared to those without disabilities.²² Most studies conducted on childhood maltreatment do not include disability status as a variable.²³ The question as to what is the criteria for determining child abuse remains. While most studies focus only on

substantiated cases of child abuse, useful information embedded in suspected and reported cases of child abuse is not adequately considered. There is an overlap in these criteria but they are not completely in sync with each other.²⁴

Pakistan Perspective

CRC observations

Pakistan ratified the convention on the rights of the child in 1990 but maintained its right to interpret the articles of the convention in the light of Islamic laws²⁵. In 2011 Pakistan became the 144th country to ratify the optional protocols of CRC. These protocols were about the child slavery, child pornography, and child prostitution. The government has agreed to “continue working for the welfare of children, women, and persons with disability” during the second Universal Periodic Review²⁶ but the execution has been weak.

According to an alternate report on CRC²⁷ submitted by Child Rights Movement (CRM), a network of more than 180 civil society organizations working for child rights, 48% of the Population of Pakistan comprises of children. This is one of the highest ratios in the world. The fifth periodic report on CRC submitted by the Government of Pakistan reports that there were 82 million children and adolescents (age 0-19 years) in Pakistan and 86 million are the projected estimates for the year 2020. These estimates highlight the importance of child rights, protection, development, and care-related facilities, procedures, and laws. Since 2010, after the 18th amendment to the Pakistani constitution, considerable powers are devolved to the provincial governments. Provinces are now responsible for legislation, laws, policies, and procedures, and the corresponding allocation of budget for activities related to child rights and child protection. The alternate report suggests to the Government of Pakistan to ensure proper compliance with UNCRC. Similarly, it recommends that to ensure comparative laws, a single definition child needs to be adopted.²⁸

Statistics

Availability of reliable and in time statistics on children with disabilities remains a big challenge in making informed policies and decisions. It was suggested in Pakistan's National Policy for Persons with Disabilities and followed up in its Action Plan that modules based on WHO's International Classification of Functioning, Disability, and Health (ICF) should be included in the national census.

Ironically even counting the simple number of existing persons with disabilities was included in the 2017 Pakistan census after a lot of hue and cry by civil societies for disabled persons, and yet no other details were included.

Multiple indicator cluster surveys (MICS)²⁹ conducted by the bureau of statistics Punjab, did not include any specific questionnaire about children with special needs. MICS 2017 data available on pre-testing does report on the introduction of a dimension on functional difficulties faced by children 2 to 17 years. Two questionnaires are being used, one for children under age five and second for 5 to 17 years old children. The questions ask about functional problems in hearing, vision, moving, learning & remembering, accepting change, making friends, focusing attention, etc. Results of the MICS survey report there are 17.9% children aged 5-17 who have functional difficulties. Hopefully, the introduction of such tools will improve the availability of statistics on disabilities.

Additionally, there is a dearth of data and research on child abuse and neglect in Pakistan. No record of reported cases is maintained as there is no national or provincial Child Protection Management System. Most of the information which is gathered is via newspaper reports or small-scale studies.

Legislation

Many international commitments have gradually placed pressure as well as paved the way for developing policies and legislation for the rights of persons with special needs. The same is true for Pakistan. While the rights of children/persons with a disability were gradually recognized, initially emphasis was only focused on creating an enabling and safe environment within education and employment.

- **First Policy for Persons with Disability**

The first and only policy for persons with disabilities was developed in 2002. After that, a National plan of action was developed in 2006 to implement ‘national policy for persons with disabilities’.³⁰ It was a very well-developed document but implementation on the plan remained weak.

- **Free and compulsory education for all**

An important milestone in the history of education in Pakistan has been in the form of the addition of article 25A in the constitution through the 18th amendment. In 2012 federal government enacted a “free and compulsory education act”. It was followed by the “Punjab free and compulsory education Act.”³¹ This legislation stressed on compulsory and free education

for all and included children with special needs and disabilities. This paved the way for the gradual implementation of inclusive education. Federal and provincial governments realized that without including children with disabilities in the regular schools the goal of education for all could not be achieved.

- Employment opportunities

In 1981 an Act – ‘disabled persons (employment and rehabilitation) ordinance’, was enacted by the government of Pakistan. A two percent quota in general employment was allocated for workers with special needs. For example, if the government announces 20 vacancies of primary school teachers, two percent of seats are reserved only for persons with special needs. Persons with required qualifications and having a valid disability certificate can apply against those reserved seats. After devolution of responsibilities to the provincial governments, Punjab and Khyber Pakhtunkhwa provinces adopted the same ordinance while a new law – the Sindh differently-abled persons (employment, rehabilitation, and welfare) act 2014 was enacted by the Sindh government³².

- Protection against discrimination

Article 27 of the Pakistan constitution is regarding discrimination in services. It safeguards discrimination based on race, religion, place of residence or birth, caste, etc. but disability is not written in this article. An amendment is required to make sure that disability is explicitly mentioned in the article.³²

- Mental health

After the independence, Lunacy Act, 1912 remained the only act for mental health until it was replaced in 2001 by the Mental Health Ordinance. However, on the ground, it was poorly implemented at the provincial level. After devolution of power to provinces in 2010, this responsibility was laid on provincial governments and they had to adapt or enforce a new ordinance to meet requirements of changed rules of business. In Sindh “Mental health ordinance 2013” is enforced while in Punjab – Punjab mental health (amendment) Act 2014 is enacted³³. It includes clauses relevant to treatment, admission, and deciding guardianship for persons with mental impairment.

Even though the Government of Pakistan has tried to address the issue of child abuse and neglect through creating laws, the implementation remains weak. Lack of clear definitions and proper guidelines to report child abuse and neglect is maybe the reason.³⁴ Child Rights Committee of Pakistan Pediatric Association as

the leader of the core group against Child Sexual Abuse helped the government approve a “national policy and plan of action (NPA) for children in 2006”. Unfortunately, it was never implemented. However, it laid the foundation of the ‘Child Protection and Welfare Act 2010’ and was passed in one of the provinces.

The legal journey of defining child abuse and neglect took a turn with the Criminal Law (Second Amendment) Act 2016, which clearly states that “the provision in our criminal law statutes fails to cover a number of serious offenses and now the safeguards provided in this Act will go a long way in protection of all children”. This Act was passed as an amendment to the previous Pakistan Penal Code 1860 and the code of Criminal Procedure 1898. It covers very pertinent issues including minimum age of criminal responsibility, child sexual abuse, internal trafficking, cruelty to the child, exposure to seduction and explicit material, pornography, and its punishment. Previously no law or bill existed which looked at childhood maltreatment of children with special needs or circumstances. The closest we can get are the recommendations of the Child Care Commission in 2018 by the Lahore High Court Writ Petition No. 107273/2017 which will pave the way forward to protect children with disabilities within educational institutes.

There have been cases of mistreatment with special students in special schools. One of these cases where children with hearing and speech disabilities were physically abused by their special school bus conductor in a town in Punjab went viral on social media.³⁵ It prompted a petition in Punjab’s Lahore High Court by a civil society lawyer in 2017. (Writ Petition No. 107273/2017).

Naeem Zafar, (one of the authors) was inducted by the Lahore High Court as Amicus Curiae. Upon the request of the Amicus Curiae, the Honourable Chief Justice constituted a Child Care Commission in 2018 and framed its terms of reference and powers to formulate recommendations for establishing the system of care for children with disabilities. (Order sheet for Case no 107273/ 2017). The Commission co-opted relevant experts, as well as representatives of special persons, and constituted four committees on inclusive education, health, protection, and legal reforms. These committees deliberated for almost 10 months and their recommendations were finally collated and presented as a report to the Lahore High Court in October 2018 (C.M No. __ /2018 in W.p No. 107273/2017). Now we await the court’s decision and

its direction to the Punjab Government to implement the recommendations of the Child Care Commission.

Taking a child-centered, multidisciplinary and multispectral approach and building on the foundation that entire family, which could be nuclear or extended including siblings and parents of the child with special needs are vital for the child to reach his/her potential, a few recommendations were suggested. These included:

- A Commission for the Persons with Disabilities to be established by the Government of Punjab which could serve as an apex body with all stakeholders with due representation of gender, skills, geographical origin, and other specificities.
- All laws need to be amended to accommodate children with disabilities.
- The government of the Punjab needs to legislate on empowerment and inclusion of children with disabilities, mainstreaming all mild and moderate children with disabilities in private and public schools.
- The state needs to take adequate measures to implement existing frameworks for protecting children with disabilities. An independent complaint redressal system needs to be developed which would provide a platform for receiving complaints from children with disabilities and their families.
- A "Resource Directory for Persons with Disabilities" including the database of schools, vocational training centers, and professional services needs to be developed.

At the federal level different ministries and at the provincial level different departments are responsible for the wellbeing of and extending services for children with special needs, vulnerable groups, and minorities. In Punjab the responsibilities are distributed according to the Punjab Government rules of business, 2011 and ironically, disability being a cross-cutting issue, different departments are responsible for education, training, health, and protection of children with special needs. Children enrolled for inclusive education are the responsibility of The School Education Department whereas The Special Education Department has the responsibility for special education programs, development of policies, selection and training of teachers, curriculum development, teaching, and training of students and examination systems. The Department of Human Rights and Minority Affairs deals with violations of human rights while The Department of Social Welfare

has the responsibility of registration of persons with special needs, it arranges disability boards at the district hospital level in collaboration with the health department for issuance of disability certificate. The Social Welfare Department also provides vocational training, employment guidance, and financial assistance to persons with special needs. Similar administrative bifurcation is visible in administrative responsibilities.⁸

A serious gap that hinders the policy-making, budget allocation, systems, and procedures and prevents better results for the target population, is a lack of coordination between departments. While different departments develop their sectoral plans, there is a need to adopt a multi-sectoral approach to involve health, school education, special education, and social welfare departments for making unified and consolidated strategies. The Child Care Commission suggested that there needs to be a mandated coordination role of human rights and minority affairs department and linkages of the Special Education Department with District Education Authorities need to be maintained (C.M No. — /2018 in W.p No. 107273/2017).

Alternatively, there are no organized mechanisms or a department for managing abused and neglected children in the country. The Child Protection Welfare Bureau is mandated to look at child abuse cases however its focus is mostly on destitute children, completely ignoring children with disabilities. Apart from one solitary child protection unit at Lahore which is a hospital-based model looking at severe cases, there is no structured entity to manage cases of abuse and neglect. The data maintained at this Child Protection Unit is also not disaggregating for disabilities³⁶. While most NGOs look at and report severe cases such as that of commercial exploitation and rape, cases of physical and emotional abuse often go unnoticed and unreported.³⁴

Social Context

Both nuclear and joint family systems (where grandparents and other extended family members live together in a family home) prevail in Pakistan.³⁷ Though gradually awareness and acceptability of special needs are increasing in Pakistan, in a poor rural family where every member's contribution to earning enables the family to have both ends meet, a child with a disability is often considered to be an undue burden. Out of poverty, illiteracy, and ignorance, it is very hard for the family to provide necessary health, nutrition, and training facilities to the child. As about

two-thirds of the population lives in rural areas and a majority of cases, in joint family settings, a child with a disability grows up interacting with members of immediate as well as extended family. On one side joint family provides psychological and everyday support to the parents in taking care of the child but at the same time interaction with lots of familiar adults in the family increases the risk of being neglected and abused by close and trusted ones. Children with disabilities can easily fall victim to such inappropriate treatment because they are more vulnerable in terms of protecting themselves and also reporting such behavior. There have been cases where maternal uncle, an older cousin, and even domestic workers have been involved in the repeated incidence of abuse with these children. Quite similar conditions are visible in the urban area as well, in the nuclear family system, both working parents have to leave the child with a maid or at some other relative's home which increases the risk of neglect and abuse.

In rural areas, when it comes to education and training of children with disabilities, the non-availability of special schools in villages compels parents to keep their child at home, send him/her to a nearby public school of regular education or select any religious school (madrasa). In public schools, inclusive education has not been implemented by the government and thus the child faces multiple challenges. On the one hand, teachers lack required orientation and training and as a consequence, the child faces unacceptability and a relatively harsh attitude from the teacher. On the other hand, the child gets bullied or mistreated by class fellows or other students in school. Many blind and physically challenged children in villages end up landing in the Madrasahs for religious education. Teachers working there usually are very strict in disciplining the students. Many cases of physical and sexual abuse to normal as well as children with disabilities have made it to the national media, which very well gives us an idea that how bad the condition of students with disabilities might be there in madrasahs as well as in other educational institutions in rural areas. In urban areas, academic facilities are relatively better but attitudinal, social, and behavioral barriers are almost the same.

There are no mechanisms for managing abused and neglected children in the country and apart from one solitary child protection unit at Lahore, the systems which were recommended in this NPA could not be replicated.³⁶ While most NGOs look at and report severe cases such as that of commercial exploitation

and rape, cases of physical and emotional abuse often go unnoticed and unreported.³⁴

Objectives of the study

The present study was carried out to discover how persons with special needs and persons related to them comprehend the construct of child abuse and neglect. It was also aimed at identifying the risk factors and potential protecting factors in a socio-economic and cultural perspective of Pakistan. Objectives of the study were to:

- Analyze the present situation of children with special needs in Pakistan, in terms of abuse and neglect.
- Identify the factors that can contribute positively to safeguarding children with special needs against neglect and abuse.

Materials and Method

The study required in-depth knowledge of the present situation of children with special needs in Pakistan, so the qualitative approach was considered more appropriate. Detailed interviews of persons with special needs, their family members, and professionals working with special children were conducted to get a clear picture of the situation in Pakistan.

Participants

Purposive sampling was used for the selection of participants. Inclusion criteria for persons with special needs were "age above 18 years", "Pakistani national", "ability to communicate verbally, through sign language or through any other alternative way" and "willingness to participate in the study".

For family members and professionals' inclusion criteria were "minimum three years' experience of working with children having special needs", "relevant training & qualification" and "willingness to participate in the study". 30 persons with special needs and people related with them were personally contacted by the researchers but many of them were hesitant to talk about child abuse and eventually didn't show willingness for participating in the study. Finally, based on the inclusion criteria, 10 participants were selected for the study. Four participants were persons with special needs (visual impairment, hearing impairment, intellectual impairment, and muscular dystrophy), one participant was the mother of a special child and five participants were professionals working with special children.

Table 1: Participants of the study

<i>Participants</i>	<i>N</i>	<i>Qualification (years of education)</i>	<i>Age</i>	<i>Gender</i>
Persons with Special Needs (visual impairment (n=1), hearing impairment (n=1), muscular dystrophy (n=1), intellectual impairment (n=1))	4	10 – 18	18 – 43 years	Male(3) Female(1)
Family members of children with special needs	1	16	38 years	Male(-) Female(1)
Professionals working with children having special needs (Special educationist (n=1), Psychologist n=2), speech therapist (n=1), physical therapist (n=1))	5	16 - 18	25 – 47 years	Male(1) Female(4)

Data collection and analysis

An interview guide was developed. It had questions on five key areas; a) understanding of constructs of disability, neglect and abuse, b) reasons why children with special needs are more vulnerable to abuse and neglect, c) kinds of abuse children with special needs are exposed to, d) personal experience with any victim of abuse and neglect, and e) identification of factors which could contribute positively to the protection of children with special needs. An interview guide was then shared with three senior colleagues, having at least five year experience of working with children having special needs and having a minimum of 18 years of education. Their suggestions for improvements were incorporated into the interview guides.

Once the interview guide was finalized, two research assistants were given training, and data was collected through them. Standard procedures for qualitative data analysis were used to interpret the data. Audio recordings of the interviews were transcribed. Each file was coded with the ID number of each participant. After reading and re-reading the transcriptions word to word and sentence to sentence, many open codes emerged, which were eventually narrowed to categories and themes. At this point, categories and themes were shared with senior colleagues for suggestions and feedback. These themes were used as bases for discussing the findings.

Results

Themes emerging from Interviews provided the bases for discussing the findings. Each theme is used as a bullet point to describe the findings.

I. Defining Disability:

Participants were asked to describe disability. Persons with disabilities explained it as “a limitation by birth”, “any missing ability” and “a form of human diversity which translates into disability due to environmental

barriers”. A participant with muscular dystrophy explained it as a “hardship which should be faced with courage and positivity”. Professionals working with special children discussed different aspects of disability e.g. “limitations in using certain abilities”, “different types of special needs”, “different categories of severity” etc.

Almost all participants seemed to focus on the “limitation to work independently” dimension of the disability. The participant having muscular dystrophy explained it as a trial that needs to be faced bravely, which is quite understandable as this degenerative condition progresses with the time. The participant with mild intellectual impairment (who was diagnosed as having mild intellectual impairment as per the assessment record of his education institute) even went forward to say that few people consider them a burden.

Based on the views of all participant it became evident that almost all were pre-dominantly inclined towards a medical model in terms of describing disability. Only one participant (with visual impairment) seemed to understand the construct of disability from a social perspective. He explained “disability is human diversity, impairment and disability are two different things. If an accessible environment is provided, impairment might not translate into disability”.

II. Meaning of Neglect & Abuse:

To understand and interpret the responses of participants, it was critical to comprehend how they perceived the phenomena of child neglect and abuse. During the data analysis, it evolved as an important theme. To many participants, “neglect” meant ignoring or paying less attention to others. Many professionals in the sample thought that abuse was far more serious than neglect. To them, if peers, siblings, family, and teachers are less social or warm towards children with special needs, it is a form of neglect. It became quite clear that neglecting the presence and needs of special children was more close to their understanding of the concept of neglect. A special

educationist explained that “neglect refers to not giving attention or ignoring a person”. The participant with intellectual impairment said that “because special people are not capable of doing something substantial, they are neglected by others”.

“Abuse” on the other hand was better understood the way societies tend to explain it as compared to neglect. Many different types of abuse were discussed by the participants e.g. physical, sexual, psychological, verbal, etc. A psychologist described the abuse as “any kind of bad words or actions which disturbs or inflict pain on others”. The abuse was defined by a speech therapist as “something imposed on someone or compelling someone to do something unwillingly”. Few participants even shared that due to recent events of child abuse surfacing on media and consequent media campaigns have contributed positively in increasing understanding of child protection and safety in Pakistan. Although no inference can be made based on the small number of participants, it did suggest that media is gradually opening up to this issue and people are getting sensitized through media.

III. Children with special needs are at higher risk of abuse & neglect:

All participants shared that children with special needs are at a higher risk of being abused and neglected. According to the speech therapist, “children with special needs have challenges in understanding non-verbal cues, therefore they fail to understand and respond appropriately to the behaviors of others”. Their difficulty in communication places them at a higher risk of exploitation. It was shared by the participants that because many children with special needs are highly dependent on their family members and caregivers for meeting their basic needs, so they are more exposed to the potential risk of abuse. At times these children are physically abused by the frustrated caregivers and family members. Not being able to meet the expectations of others, dependence on others, difficulty in understanding the intentions of others, inability to appropriately communicating how they are treated, and potential neglect by the caregivers, all these factors put them at a higher risk of being abused.

IV. Types of abuse children with special needs are exposed to:

Many participants shared that children with special needs are potentially at risk of verbal, physical, and sexual abuse. The participant with muscular dystrophy shared that “hiding children with special needs from the society and denying them of their basic rights of participation, independence and respect are

also a form of abuse”. According to the participant with hearing impairment “lack of appropriate emotional and social support from the family and siblings sometimes leads them to depend more on external social circles. This over-dependence on external groups can expose them to exploitation and abuse”. Psychologists and special educationists shared that moderate to severe disabilities, especially those affecting communication abilities e.g. Autism spectrum disorder, cerebral palsy, and intellectual impairments, put children at a greater risk of being abused and neglected.

The Mother of a special child reported that not only children with special needs but their families are also a victim of constant abuse. Negative people call these children with bad names, mock their actions and don’t let their typically growing children be friends with special children. Constant stares by the general public make it difficult for the family to go to public parks, markets, and other social environments.

According to the participants if these children are abused or maltreated, parents usually do not report, rather they tend to hide these cases due to a) stigmatizing, b) involvement of family members in abuse, or c) to avoid social pressures.

Four participants shared that they have come across children with special needs who were physically/emotionally/sexually abused by their caregivers, drivers, or other support staff at home. They also shared that once these cases were reported to the parents, most parents tried to change their home environment to ensure the safety of their children.

V. Positive and negative factors in society:

According to the participants, certain risk factors in Pakistani society make children with special needs more vulnerable to abuse and neglect. These factors specifically include lack of awareness, illiteracy, and poverty of parents.

Participants shared that lack of parental guidance, financial challenges associated with disability & health impairments, lack of governmental support, insufficient medical & training facilities, and in some cases non-supportive behavior of extended family also make situation more critical.

Participants shared that in most cases, joint family system helps in keeping children safe from abuse. Joint families are a source of support for the parents, not only in parenting but also in keeping children in safe hands and protecting them from potential abuse and neglect.

Two participants shared that in their opinion rural setting is more responsive to needs of special children.

In rural settings habitants live in a very closely knitted social network where people know each other very well. This close network contributes to social support and acceptance of diversity with a more open heart. Older members of rural society also help in providing a safe social environment for all.

VI. How to protect children with special needs from abuse & neglect:

An important theme that surfaced during analysis was about suggested changes in the environment for improving the situation regarding abuse & neglect of children with special needs. Most participants shared that the issue of child abuse has sprung up on the media after certain cases of child sexual abuse, but abuse and neglect of children with special needs remains a highly neglected area.

Participants expressed that concentrated and structured efforts are required to use different forms of media for raising awareness on abuse & neglect of children with special needs. This will help in busting myths about disability and will create a more positive image of people with disabilities. A more socially supportive and positive environment will help in making our society a more secure and safe place for children with special needs.

According to the mother of a special child, “parents are the main actors for ensuring healthy personality development and safety of their child with special needs”. Parents must be given proper guidance and training so they can impart proper training to their children.

Discussion

While the overall state of children in Pakistan is ranked among the lowest in the world (Kids Rights Index, 2019), the rights of children with disabilities are further at risk. The topic of child abuse and neglect is considered taboo, so is the topic of disabilities which has an aspect of social stigma attached to it. There are little data and very limited research on the issue of child maltreatment among children with disabilities²². Although the present study had a limited number of participants, it does provide insights and grounds for more elaborated studies. There is a dire need for a centralized database that collects data from various sources to understand the dynamics of abuse among children with and without disabilities³⁶.

We found during this limited study that according to the respondents, the definition of disability has evolved. It was seen that disability was defined more along the lines of the medical model as compared to

the social or the systems model. Additionally, participants of this study reinforced the notion of “limitation to work independently” as a definition of disability. This may be linked to how it has been focused within the national context through the legal journey. As the journey of disability within Pakistan evolved, there was a strong focus on education and employment. It was only recently through the deliberations and then the report of the Child Care Commission, that issues of child maltreatment and rights of the children were connected to disability. The recommendations of the Child Care Commission have yet to be adopted by the government and then only can we expect a change in the rights-based perspective of childhood disabilities

Similarly, the global consensus to defining the indicators of child abuse and neglect and varying methods of data collection¹⁵ have added to the challenge of understanding child abuse and neglect in the disability context. In Pakistan exposure to media events³⁵ has not only revealed how child abuse and neglect are understood but have also contributed to stronger interest and awareness. Consistent with previous research, the findings suggested that children with disabilities are at a higher risk due to communication and cognitive impairment²¹, higher demand on the caregiver¹⁸, parental or caregiver stress, leading to child maltreatment¹⁹ and presence of multiple caregivers. They are at an increased risk due to lack of parental guidance¹⁸, poverty, illiteracy, and lack of awareness²⁰, lack of legislation, efficient administration, service provision, and overall government support.

While previous researches have established that most abuse is perpetrated by immediate or extended family members¹⁶, findings from this study highlight the protective role of the family. Immediate and extended family, especially grandparents are very protective of children with disabilities. Social support from family members eases the burden on the parents and helps in protecting the child. However, it was also seen from the findings that the non-supportive attitude of extended family members and their negative attitude can be a risk factor. Similarly, participants of this study felt that closely knitted social fabric especially in rural settings adds to acceptance of diversity and helps the child be included in the society. However, previous research suggests how increased dependence on multiple caregivers can be a potential risk factor. More research needs to be conducted to understand the dynamics of joint families and closely-knit social networks in collective cultures such as that of Pakistan

and prevention efforts need to include them as major stakeholders.

The challenges within the legal and administrative systems including lack of proper definitions and understanding, awareness among policymakers along communication and coordination among departments have created systematic loopholes which make children with disabilities even more at risk. While the Child Care Commission by Lahore High court (C.M No. __/2018 in W.p No. 107273/2017) has paved the way for protecting children with disabilities, implementation seems to be a farfetched idea. It can be seen that suggestions from the study are very similar to the Child Care Commission 2018 recommendations pointing towards a rights-based, multidisciplinary, child-centered approach with family being a key stakeholder. The need for awareness-raising and training of children with disabilities, parents, and professionals about child maltreatment is also emphasized.

To provide a safe and enabling environment for every child, with or without a disability, and to fulfill UN-CRC commitments and Sustainable Development Goals, we need to take a holistic, child-centered, multidisciplinary approach and understand that we need to act quickly to protect children from all kinds of maltreatment.

Limitations

This study only provides a glimpse of child maltreatment among children with disabilities in Pakistan. Although a diverse sample was selected for in-depth interviews, views of the participants cannot be generalized and the sample is not representative of the whole population. The participants were from urban areas, where facilities are present for children with disabilities. Understanding and situation might be different in rural areas and where factors such as poverty, parental education, overall literacy rates, parental mental health interplay. This also calls for larger and broad-based studies and data collection on the topic of Child Maltreatment within the context of Children with Disabilities.

Conclusion

Despite its limitations, this study is one of the first to look at child maltreatment among children with disabilities within the Pakistani context. Child maltreatment and disabilities are a neglected topic not

only for research but within the policy, legal, and social context. This small study provided a glimpse of how child maltreatment among children with disabilities is understood by professionals working with them and emphasizes the systematic loopholes making it difficult to protect these children. Further research needs to be conducted looking at dynamics of interaction between children with disabilities and various stakeholders, the association of joint family structure and collective cultures, systems of protecting children with disabilities, perceived and actual protective and risk factors and how to include and respect the views of persons with disabilities and professionals working with them.

References

1. Kempe CH, Silverman FN, Steele BF, Droegemueller W, Silver HK. The battered-child syndrome. *Child Abuse Negl.* 1985;9(2):143-154.
2. Garcia-Moreno C, Amin A. The sustainable development goals, violence and women's and children's health. *Bull World Health Organ.* 2016;94(5):396.
3. Convention on the Rights of the Child | UNICEF. <https://www.unicef.org/child-rights-convention>. Accessed December 2, 2021.
4. KidsRights Index - KidsRights Foundation. <https://kidsrights.org/research/kidsrights-index/?ver=2018-06-01-112649-877>. Accessed December 2, 2021.
5. Disability Standards for Education 2005 - Department of Education, Skills and Employment, Australian Government. <https://www.dese.gov.au/disability-standards-education-2005>. Accessed December 2, 2021.
6. Convention on the Rights of Persons with Disabilities (CRPD) | United Nations Enable. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>. Accessed December 2, 2021.
7. Retief M, Letsosa R. Models of disability: A brief overview. *HTS Teol Stud Stud.* 2018;74(1).
8. Health Organization W. WORLD REPORT ON DISABILITY WHO Library Cataloguing-in-Publication Data. 2011. www.who.int/about/licensing/copyright_form/en/index.html. Accessed December 2, 2021.
9. Sickness O. Disability and work. Break barriers. 2010.
10. Hanson K, Neuman T, Voris M. Understanding the Health-Care Needs and Experiences of People with Disabilities: Findings from a 2003 Survey. Henry J. Kaiser Family Foundation; 2003.
11. Gottlieb CA, Maenner MJ, Cappa C, Durkin MS. Child disability screening, nutrition, and early learning in 18 countries with low and middle incomes: data from the third round of UNICEF's Multiple Indicator Cluster Survey (2005-06). *Lancet.* 2009;374(9704):1831-1839.
12. Report of the Consultation on Child Abuse Prevention, 29-31 March 1999, WHO, Geneva. <https://apps.who.int/iris/handle/10665/65900>. Accessed December 2, 2021.
13. Stoltenborgh M, Bakermans-Kranenburg MJ, Alink LRA, van IJzendoorn MH. The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. *Child Abuse Rev.* 2015;24(1):37-50.

14. Higgins DJ, McCabe MP. Multiple forms of child abuse and neglect: Adult retrospective reports. *Aggress Violent Behav.* 2001;6(6):547-578.
15. Rumble L, Ramly AA, Nuryana M, Dunne MP. The importance of contextual factors in carrying out childhood violence surveys: A case study from Indonesia. *Child Indic Res.* 2018;11(2):405-421.
16. Sullivan PM, Knutson JF. Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse Negl.* 2000;24(10):1257-1273.
17. Maclean MJ, Sims S, Bower C, Leonard H, Stanley FJ, O'Donnell M. Maltreatment risk among children with disabilities. *Pediatrics.* 2017;139(4).
18. Hibbard RA, Desch LW, Neglect C on CA and, Disabilities C on CW. Maltreatment of children with disabilities. *Pediatrics.* 2007;119(5):1018-1025.
19. Murphy N. Maltreatment of children with disabilities: The breaking point. *J Child Neurol.* 2011;26(8):1054-1056.
20. Pulla VR, Tarar MG, Ali MA. Child protection system and challenges in Pakistan. *Sp Cult India.* 2018;5(3):54-68.
21. Wilczynski SM, Connolly S, Dubard M, Henderson A, McIntosh D. Assessment, prevention, and intervention for abuse among individuals with disabilities. *Psychol Sch.* 2015;52(1):9-21.
22. Fisher MH, Hodapp RM, Dykens EM. Child Abuse Among Children with Disabilities: What We Know and What We Need to Know. *Int Rev Res Ment Retard.* 2008;35:251-289. doi:10.1016/S0074-7750(07)35007-6
23. McNew ME, Garic D. Inclusion of disability status in investigations of child maltreatment lifetime prevalence. *Am J Public Health.* 2017;107(7):E5.
24. Pianta R, Egeland B. Mother-Child Interaction Research Project. Child maltreatment Theory Res causes consequences child Abus Negl. 1989:203.
25. UNICEF U-NY, 2014 undefined. UN Inter-agency Group for Child Mortality Estimation: Levels and Trends in Child Mortality: Estimates Developed by the UN Inter-agency Group for Child.
26. OHCHR | UPR UPR - Pakistan. <https://www.ohchr.org/EN/HRBodies/UPR/Pages/PKIndex.aspx>. Accessed December 2, 2021.
27. UNICEF - The Convention on the Rights of the Child - CRC Turns 20 - About the Convention. https://sites.unicef.org/rightsite/237_202.htm. Accessed December 2, 2021.
28. Rafique H. Implementation of Child Right to Participation under UN Convention: Myth and Reality. *J Polit Stud.* 2019;26(1):1-17.
29. MICS Punjab 2017-18 | Bureau of Statistics, Punjab. <http://bos.gop.pk/multipleIndicatorclustersurvey2017>. Accessed December 2, 2021.
30. Ahmad S, Yousaf M. Special education in Pakistan: In the perspectives of educational policies and plans. *Acad Res Int.* 2011;1(2):228.
31. THE PUNJAB FREE AND COMPULSORY EDUCATION ACT 2014 (XXVI OF 2014) CONTENTS.
32. Constitution of Pakistan, Article 27: Safeguard against discrimination in services. <https://www.infopakistan.pk/constitution-of-pakistan/article/27-Safeguard-against-discrimination-in-services>. Accessed December 2, 2021.
33. Tareen A, Tareen KI. Mental health law in Pakistan. *BJPsych Int.* 2016;13(3):67-69.
34. Ali Lakhdar MP, Parpio Y, Farooq S. Surveillance system for child abuse: Bridging the gap between actual and hidden cases. *J Pak Med Assoc.* 2017;67(1):126.
35. Torture of children by bus staff: CJ orders security for students of special education institutes - Newspaper - DAWN.COM. <https://www.dawn.com/news/1371010>. Accessed December 2, 2021.
36. Zafar N, Naeem M, Zehra A, Khalid M. Ten years data of child abuse and neglect cases managed at the first hospital based child protection unit in Pakistan. *Asia Pacific J Psychiatr Child Heal.* 2020;3:30-36.
37. Jabeen T. Child protection legislation in Pakistan: Bringing international child rights obligations and local values together. *Pakistan J Criminol.* 2016;8(3):16.