

contributes to the development of disabilities.

- **Background Information:** Children with disabilities have been found to be abused at two to ten times the rate of children without disabilities. Most perpetrators of the abuse are well known to the victim. Some of them are service providers, but most are family members. Maltreatment can include physical, sexual, and emotional abuse and physical, educational, and emotional neglect.

In addition, a significant percentage of developmental disabilities are caused by abuse. Victims of child neglect sustain such permanent disabilities as mental retardation and learning and cognitive disabilities. Abusive Head Trauma is a significant cause of disability in abused children and non-organic failure to thrive typically results from abuse or neglect. Over half the fatalities related to child abuse occur from 0 to 1 year and 90 percent of such fatalities occur in children under 5 years of age.

Clearly, there is an epidemic of abuse and neglect of children—3 million reported cases in 1993. Public awareness as well as governmental and professional intervention are urgently needed.

- **Minimum Requirements for the Project Design:** The project should involve developing a comprehensive Statewide strategy with a multi-agency, multi-system approach to address the problem of maltreatment of children with disabilities as well as abuse which leads to disabilities. This coordination and collaboration strategy should involve all pertinent State agencies/programs, including Child Welfare Services, Education, the Developmental Disabilities Protection and Advocacy Agency, Developmental Disabilities Council, Child Care, any State Head Start Coordinator, Health (including mental health and substance abuse, maternal and child health), Human Services/Welfare (AFDC, Medicaid, etc.), Mental Retardation, the criminal justice system, and any other pertinent entities such as a Children's Trust Fund. The project should also involve appropriate State Councils and planning entities including those for Family Preservation and Support, State Interagency Coordinating Council for Part H, IDEA, and other public and private programs/resources including the Developmental Disabilities University Affiliated Program in the State and consumer agencies.

The strategy should include the following components:

- The development of a plan to conduct interdisciplinary training in both the field of child abuse and neglect

and the field of disability, simultaneously, which is designed for State and local agency personnel and other providers concerning the risk, investigation, reporting, assessment, intervention, and follow-up of cases of maltreatment involving children with disabilities and those at risk, including training on how to work collaboratively on an ongoing basis to prevent and reduce the incidence of abuse of children with disabilities and the development of disabilities caused by abuse.

- Design for formation of interdisciplinary teams which include disability specialists to assess and treat cases of abuse and neglect involving children with disabilities, including (1) consideration of the nature of the child's disability (e.g., osteogenesis imperfecta, self-injury) and (2) awareness of such disabilities as Abusive Head Trauma, including Shaken Baby Syndrome, and non-organic failure to thrive.

- The development of ongoing interagency agreements to facilitate coordination and collaboration of all relevant agencies/programs concerned with maltreatment cases involving children with disabilities and those children at risk of disability, including emphasizing the importance of sharing data on abuse cases among agencies involved.

- A plan for providing comprehensive community-based services for the treatment of abuse and neglect involving children with disabilities or children at risk of disability due to abuse.

- A design for prevention activities to reduce incidence of maltreatment cases involving children with disabilities or children at risk of disability, including family support programs, child abuse and neglect training for families of children with disabilities, and training for children which includes appropriate training for those with disabilities.

- Mechanisms to promote implementation of this same multi-agency/multi-system approach in local communities in the State. A State may choose to implement its project in several selected communities or try different approaches in different communities, before implementing its strategy Statewide.

Applications for funding for Statewide demonstration projects and models of prevention and intervention should include an inventory of resources and best practices, plans for replication and dissemination, and methods for the evaluation of outcomes. They should reflect cultural competency and an understanding of legal issues as well as the political realities of

decentralization of service delivery and empowerment of community-based efforts.

As a general guide, ADD will expect to fund only those proposals for projects that incorporate the following elements:

- Consumer/self-advocate orientation and participation.

- Key project personnel with direct life, parental, or familial experience with living with a disability.

- Strong advisory components that consist of 51% individuals with disabilities and a structure where individuals with disabilities make real decisions that determine the outcome of the grant.

- Research reflecting the principles of participatory action.

- Cultural competency.

- A description of how individuals with disabilities and their families will be involved in all aspects of the design, implementation, and evaluation of the project.

- Attention to unserved and inadequately served individuals, having a range of disabilities from mild to severe, from multicultural backgrounds, rural and inner-city areas, migrant, homeless, and refugee families, with severe disabilities.

- Compliance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act of 1973 as amended by the Rehabilitation Act amendments of 1992 (Pub. L. 102-569).

- Collaboration through partnerships and coalitions.

- Development of the capacity to communicate and disseminate information and technical assistance through e-mail and other effective, affordable, and accessible forms of electronic communication.

- A community-based approach.

- Responsiveness through systems change.

- Identification of barriers and strategies for overcoming barriers.

- Outcome orientation.

- Measurement and ongoing evaluation, including the participation of individuals with disabilities in formulation and implementation.

- Development and establishment of practices and programs beyond project period.

- Dissemination of models, products, best practices, and strategies for distribution between the networks and beyond. A plan describing initial activities is needed between funded projects as well as at the end of the project period. These activities should maintain and share ongoing information, existing resources of consultants/experts, and curriculum/materials with funded projects and within the network.