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Dear Advocates for Individuals with Disabilities:

In this morning's email, I read an article in the Sacramento Bee detailing yet another child abuse case at a school perpetrated by the special education teacher, not reported by the aides or administration to police, nor to the parents of the abused students.

As you are well aware, this is one case out of many similar cases across the nation.

Since I work in the area of abuse, I am aware that in such cases, the parents are completely unaware of what is causing the changes in their children: resistance to go to school, changes in eating patterns (won't eat, overeats), must sleep with parents, increase in anger, frustration, changes in mood including changing from a happy or content disposition to angry, depressed, withdrawn. Onset of tearfulness or crying. Among many other changes.

The parents typically talk about what they are observing, and ask each other (and themselves) what could be the cause of all these changes? They search their souls. They think about everywhere the child is, with whom the child interacts, etc.

All of the parents I have worked with have said they had a "fleeting thought" that it could be the school, but then quickly—almost unthinkingly—dismissed the thought. They are loyal to the schools. They believe to their core that the school is a safe haven. They have been told and believe that all staff members have years of training, are credentialed and expert in their work, and are dedicated to the well-being of their special needs students. They are professionals.

This is an unshakeable belief that PREVENTS further critical thinking. All have asked the teacher and the aides who work in their child's classroom about the changes their children exhibit, and whether or not these school staff can help the parents unravel the mystery, and all have been told there are no known problems at school, although some say they, too, have noticed changes, and some even report the parents for suspected abuse after the parent reveals their concern to these school staff. It is my impression that there is a universal pattern where the staff members protect each other. None to date has made a mandated child abuse report. Staff members are supported by administration, which sets about "managing the information" but not protecting the children.

At some point, the truth comes out. Many parents learn about the abuse when they receive a telephone call from the police. Whether it is through learning about the abuse by reading a news article, a call from the police, or learning from other parents, the relief of the parents is coupled with feelings of anger, and betrayal. They report feeling relief that they finally know the cause of the significant

changes in their child. They feel anger that their trust was betrayed, and anger with themselves for not realizing that their child's efforts to not go to school were that child's communication that school had become a dangerous place.

Parents have told me, "I just could not believe that the teacher would hurt my child." Often, "in IEP meetings the teacher seemed just fine." Others, "I felt something 'off' about the teacher" and "I just had a bad feeling about the teacher." Even when children have outright said, "the teacher hit me," parents did not believe their child. They trusted the schools. Then they learned the teachers or aides had lied to them.

There is a sense of being betrayed by their community. The parents experience an earthquake in their rock of trust in the schools.

Most often, the parents have done all they could to help their children, by taking them for evaluation by their medical providers (pediatricians, developmental physicians, neurologists, psychiatrists) and mental health providers (psychologists, social workers, counselors). They describe the changes in their children to this practitioner who, most often, has known the child and the family for many years. Not one of these practitioners has brought up the possibility of abuse as the proximate cause of the constellation of symptoms that mirror the list of symptoms in any publication on child abuse. Of course the list is the same for abuse victims who have reached the age of majority.

From this reality grew the "Rule Out Abuse Campaign." It is an informational campaign to alert medical and mental health providers to the fact that abuse plays a large part in the lives of children and adults with disabilities. The Campaign simply asks these practitioners to add "abuse" into the list of possible contributors to the changes reported by the parents. Had any of them done so, the abuse may have been detected earlier. Having identified that the constellation of symptoms has no other cause, the possibility of abuse must be explored. This is not the purview of the practitioner, but the responsibility to cause an investigation is not only in their purview but is their responsibility to file a suspected child (or dependent adult) report to the authorities.

That is all that is asked for within the Rule Out Abuse Campaign. We are asking for all those who care about accelerating the identification for the cause of changes in children and adults with disabilities that mirror those of abuse victims, to join us in this campaign.

As Ambassadors of the Rule Out Abuse Campaign, you are asked simply to download the documents available at the www.disabilityandabuse.org homepage, print them out and speak about this in your local community's medical and mental health provider agencies. You can forward them by email to all agencies in your community (local and state) who serve children and adults with developmental disabilities. You can include this letter as an introduction

I am also asking the Arc of the US and every chapter to forward this letter and Rule Out Abuse documents to any and all medical and mental health practitioners in their communities. Please send to your local UCEDDs and other organizations with a responsibility to provide information about people with disabilities to the greater community. Finally, I am asking you to make this available to parents, who may be able to more quickly pinpoint the source of their child's distress.

Sincerely,



Nora J. Baladerian, Ph.D.