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**DZIECKO Z NIEPEŁNOSPRAWNOŚCIĄ
JAKO *MULTIOFIARA***

CHILD WITH DISABILITY AS A *POLY-VICTIM*

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Streszczenie

Pomimo coraz większej świadomości społecznej oraz licznych kampanii antyprzemocowych obecnych w przestrzeni medialnej, wciąż ogromna liczba dzieci, w tym także tych z niepełnosprawnością, pada ofiarą przemocy, przestępczości i nadużyć. Ich wiktyimizacja może przybierać postać napaści fizycznej, maltretowania, wykorzystywania seksualnego lub zastraszania. Dzieci mogą być także świadkami takich wydarzeń w swoich domach, szkołach i społecznościach lokalnych. Artykuł prezentuje analizę czynników ryzyka krzywdzenia dzieci z niepełnosprawnością w kontekście zjawiska multiwiktyimizacji rozumianej jako bycie ofiarą wielu form krzywdzenia jednocześnie, wskazując także jej długofalowe skutki w sferze fizycznej, psychicznej i emocjonalnej. Zaprezentowana analiza wskazuje na konieczność prowadzenia wszechstronnych badań dotyczących multiwiktyimizacji w kontekście domu, szkoły i społeczności w jakiej żyją dzieci z niepełnosprawnościami, opisu czynników korelujących z tym zjawiskiem oraz projektowania modeli ich wzajemnych zależności i oddziaływań, aby móc coraz skuteczniej zapobiegać ich krzywdzeniu.

Słowa kluczowe: dziecko z niepełnosprawnością, przemoc, multiwiktyimizacja, multiofiara, profilaktyka przemocy

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Abstract

Despite the growing public awareness and numerous anti-violence campaigns present in media, still a large number of children, including those with disabilities, are victims of violence, crime and abuse. Their victimization may take the form of physical assault, abuse, sexual abuse or intimidation. Children can also witness such events in their homes, schools and local communities. The article presents an analysis of the risk factors for harming children with disabilities in the context of the phenomenon of poly-victimization understood as being a victim of many forms of abuse at the same time, also indicating its long-term physical, mental and emotional effects. The presented analysis indicates the need to conduct comprehensive research on poly-victimization in the context of home, school and community in which children with disabilities live, to describe the factors correlating with this phenomenon and to design models of their interdependencies and interactions in order to be able to prevent their harm more and more effectively.

Keywords: child with disability, violence, poly-victimization, violence prevention

Introduction

*There are many terrible things in this world,
but the worst is when a child is afraid of his father, mother, or teacher.*

Janusz Korczak

The 2014 European Health Interview Survey (EHIS) evidenced over 211 thousand children with disabilities in Poland², and over 93 million globally³. Despite many legal regulations, conventions and international treaties signed and ratified, demanding the comprehensive protection of the rights of children with disabilities, abuses of striking scale against this group, which faces such considerable difficulties and social exclusion, are still present. Studies in the context of victimizing this group of children show that they are three to five times more vulnerable to various violent behaviours compared to their fully able peers, and they become *poly-victims*, experiencing many forms of harm at the same time, 3.7 times more often⁴. Most studies intending to find the extent to which people with disabilities are victimized in Poland and in the world focus on describing how frequent the respective forms of harm are, such as physical, sexual, psychological, economic, and other violence, without indicating the broader range of violent

² Dane demograficzne Biura Pełnomocnika Rządu ds. Osób Niepełnosprawnych, 2018; <https://niepelnosprawni.gov.pl/p,78,dane-demograficzne>.

³ <https://www.unicef.org/disabilities>.

⁴ UNICEF, The state of the world's children 2013. Children with disabilities, s. 44 (dostęp 30.11.2021, z www.unicef.org/sowc2013).

behaviours experienced at the same time by their victims. The complexity of situations in which people with various sorts of disabilities live, coupled with the biological, psychological, and social factors of those disabilities, require that such analyses be undertaken. The awareness of *poly-victimization* has many potential implications for people working with juvenile victims, such as psychologists, teachers, doctors, social workers, or court-appointed guardians, and for the actions they can take to identify various forms of abuse and intervene on behalf of children vulnerable to them.

1. The right of children with disabilities to protection from violence – local, regional and international regulations

The question of protection of children with disabilities from violence has been raised within domestic, European, and international policies and legal systems.

Globally, the Convention on the Rights of the Child (CRC) and the United Nations Convention on the Rights of Persons with Disabilities (CRPD) are of key importance.

The UN convention on the Rights of the Child of 1989⁵ is without a doubt the most important document protecting the rights of the child – every child. As emphasised by Adam Łopatka⁶, its provisions express a modern concept of childhood, where a child is a human being from the moment they are born, not a human being *in spe* who only acquires value and rights. The Convention treats a child as an autonomous entity, not anyone's chattels (be it the parents, the Church, or the state). Emphasising the difficult position of children with disabilities, the Convention "thus recognises the special needs of children with psychological and physical disabilities, and obliges States-Parties to afford them care of special nature and scope."⁷ Article 23 of the Convention seems particularly pertinent to the issue at hand, as it displays the considerable scope of guarantees for children with disabilities. It stipulates that "a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community." In order for these rights to be properly enjoyed, both children and their guardians need to be ensured free assistance, adequate to the child's condition and the financial situation. This is understood as effective access to education, healthcare and rehabilitation, professional training and recreation opportunities; its desired effect is for the child to integrate socially and develop personally as much as possible. The Convention

⁵ Konwencja o prawach dziecka, przyjęta przez Organizację Narodów Zjednoczonych dnia 20 listopada 1989 r., Dz. U. z 1991 r. Nr 120, poz. 526, ze zm.

⁶ A. Łopatka, *Realizacja praw dziecka w Polsce w świetle Konwencji o Prawach Dziecka*, w: *Sytuacja dzieci w Polsce w okresie przemian*, red. B. Balcerzak-Paradowska, Warszawa 1999, s. 153-157.

⁷ E. Maj, *Prawo dzieci niepełnosprawnych*, w: *Konwencja o prawach dziecka. Wybór Zagadnień. Artykuły i komentarze*, red. S.L. Stadniczeńko, Warszawa 2015, s. 177.

also obliges states to combat malnutrition in children, ensure preventive healthcare, and provide guidance.

The ground-breaking international document that serves as the basis for shaping social policy in supporting people with disabilities is the United Nations Convention on the Rights of People with Disabilities adopted by the General Assembly of the United Nations on 13 December 2006, signed by Poland on 30 March 2007, and ratified in 2012⁸. The Convention prohibits the discrimination of people with disabilities and mandates the creation of such conditions as allow them to enjoy their rights on equal terms as others. The fundamental provisions of this Convention also directly concern the protection of this social group against exploitation and violence. They include:

- awareness-raising, i.e., the obligation to combat stereotypes, prejudices and harmful practices relating to persons with disabilities, especially through campaigns (including media campaigns), and providing school education (Article 8);
- equal recognition before the law, through recognition that persons with disabilities enjoy legal capacity and the obligation to take measures that relate to the exercise of legal capacity and prevention of abuse (Article 12);
- effective access to justice, including through procedural accommodations and training for those working in the field of administration of justice (Article 13);
- prohibition of unlawful or arbitrary deprivation of liberty (Article 14);
- freedom from torture or cruel, inhuman or degrading treatment or punishment, and from being subjected without free consent to medical or scientific experimentation (Article 15);
- the obligation on states to take appropriate measures to protect persons with disabilities from all forms of exploitation, violence and abuse, and provide them, as victims of violence, with support and assistance in their physical and psychological recovery (Article 16);
- protection of integrity through the respect for physical and mental integrity (Article 17);
- liberty of movement, including the freedom to choose residence and to a nationality (Article 18)⁹.

One document indirectly referring to the protection of persons with

⁸ Konwencja o prawach osób niepełnosprawnych, sporządzona w Nowym Jorku dnia 13 grudnia 2006 r., Dz. U. z 2012 r. poz. 1169.

⁹ Konwencja o prawach osób niepełnosprawnych, Dokumenty Organizacji Narodów Zjednoczonych, Biuro Pełnomocnika Rządu ds. Osób Niepełnosprawnych, <http://www.niepelnosprawni.gov.pl/art,49,dokumenty-organizacji-narodow-zjednoczonych> (dostęp: 12.11.2021).

disabilities at the regional level is the European Social Charter¹⁰ signed in Turin in 1961. It contains provisions on economic, social and legal measures taken to improve the lives of families and protect children against physical and moral threats. In turn, the Revised European Social Charter directly raises the question of disability, pointing to the need for people with disabilities to enjoy equal rights and protection against poverty, social exclusion, and discrimination.

Adopted in Nice in 2000, the Charter of Fundamental Rights of the European Union¹¹ contains a broad list of the rights attributable to all citizens of the European Union, thus including those with disabilities. The Charter prohibits any discrimination and underlines the rights of people with disabilities, including children, to protection, care, freedom of expression, and to a continuing personal relationship with both parents.

Domestically, all provisions and demands regarding the protection of children against harm are enshrined in the 1997 Constitution of the Republic of Poland¹². Under the Constitution, the public authorities are obliged to protect children against violence, cruelty, exploitation, and demoralisation. The supreme law also morally imposes this obligation on every citizen. The constitutional guarantee of assistance for people with disabilities, including children, is found in Article 69 and the *desideratum* of Article 72(4), pursuant to which, by virtue of the Act of 6 January 2000 on the Children's Ombudsman¹³, an authority was established in Poland whose role is to respect the rights of the child, and especially of children with disabilities, to the broadest and most effective extent possible (Article 3(4) of said Act)¹⁴.

Ewa Jarosz¹⁵ states that legal acts which deliver on the constitutional guarantees of protection of children against violence, cruelty and exploitation include the Code of Criminal Procedure, the Criminal Code, the Code of Civil Procedure, the Family and Guardianship Code, as well as the Labour Code, the Act on Social Assistance of 2004 and the Act on Combating Domestic Violence of 2005. Jarosz also sees the importance of the respective regulations of the Minister of the Interior and Administration, Minister of National Education, and Minister of Labour and Social Policy, and of the Act on Combating Alcoholism and Promoting Sober Upbringing¹⁶, in this matter.

Many regulations, resolutions, and recommendations published in the recent years by various domestic and international authorities aim at protecting minors

¹⁰ Europejska Karta Społeczna sporządzona w Turynie dnia 18 października 1961 r., Dz. U. z 1999 r. Nr 8, poz. 67.

¹¹ Karta Praw Podstawowych Unii Europejskiej, Dz. Urz. UE 2016 C 202, s. 1, www.ms.gov.pl/Data/Files/_public/bip/prawa_czlowieka/onz/karta.pdf (dostęp: 01.12.2021).

¹² Konstytucja Rzeczypospolitej Polskiej z dnia 2 kwietnia 1997 r., Dz. U. z 1997 r. Nr 78, poz. 483, ze zm.

¹³ Dz. U. Nr 6, poz. 60; obecnie: Dz. U. z 2020 r. poz. 141.

¹⁴ E. Maj, *Prawo dzieci...*, s. 180.

¹⁵ E. Jarosz, *Ochrona dzieci przed krzywdzeniem. Perspektywa globalna i lokalna*, Katowice 2009.

¹⁶ Ibidem, s. 405.

from violence and fighting the perpetrators. They constitute legal guarantees and safeguards for their enjoyment of rights. However, despite the general agreement that violence should not be tolerated and violence directed at children must be particularly stigmatised, a large group of children continues to experience harm everyday.

2. Risk factors for harming children with disabilities

Children with disabilities appear to be very vulnerable, much more vulnerable than all other children.

(Representative of a children's rights NGO, Netherlands; FRA, 2015)

Violence against children with disabilities is a phenomenon characterised by complex and diverse factors. It can be considered on multiple levels, pertaining to the individual, the family, the local community, and the general society.

Many domestic and international studies analysing the process of victimising this group of children indicate that said group is particularly vulnerable to all forms of harm.

Figure 1. Potential reasons for violence against children with disabilities



Source: UNFPA: Young persons with disabilities: global study on ending gender-based violence, and realizing sexual and reproductive health and right, <https://www.unfpa.org/publications/young-persons-disabilities>, 2018, p. 19.

Factors inducing violence against children with disabilities are often those which arise from the specific nature of their disabilities. This is because children with disabilities often have limited communication abilities, which makes it difficult or impossible for them to disclose the harm they experience. Motor limitation and social isolation are, in turn, factors impeding the withdrawal from or avoidance of an abusive relationship. Where a child can take care of themselves to a limited extent, and as a result is considerably dependent in physical and psychological aspects on their caregivers, it becomes more likely that the caregivers take part in various everyday activities (such as hygienic practices or feeding) which often provide opportunities for abuse or are causes of neglect.

A life with a disability characterised by many restrictions, exclusion, and isolation gives rise in children to a great need to be accepted, liked and loved, making them vulnerable to exploitation in terms of this need from their siblings, peers, as well as adult caregivers or relatives. Furthermore, pain, stress, or the difficult situations present in the lives of children with disabilities may exacerbate behavioural disorders, making them vulnerable to physical or emotional violence in situations incorrectly interpreted by their caregivers as “bad behaviour,” malice or obstinacy. With the generally impaired functioning in many areas, and the hindered or limited ability to perceive, describe or assess various life experiences, people with disabilities are perceived as incapable of disclosing the truth of the harm they experience, or unreliable in cases of suspected sexual harassment. One of the main risk factors is also the lack of knowledge on the part of children with disabilities on what harassment and ill-treatment is. Many children with disabilities might not be aware that some behaviours are unacceptable.

For children with intellectual disabilities, the factors making them especially vulnerable to harm furthermore include:

- the difficulties in understanding threatening situations;
- emotional stickiness, reliance and naïveté arising from misunderstood social contexts;
- lack of assertiveness, excessive docility, and subordination without the capacity to object or the awareness of having the right to object;
- inability to identify boundaries of intimacy and unawareness thereof;
- lack of a stable self-image, internalisation of devaluing opinions coming from the environment, resulting in lowered self-esteem¹⁷.

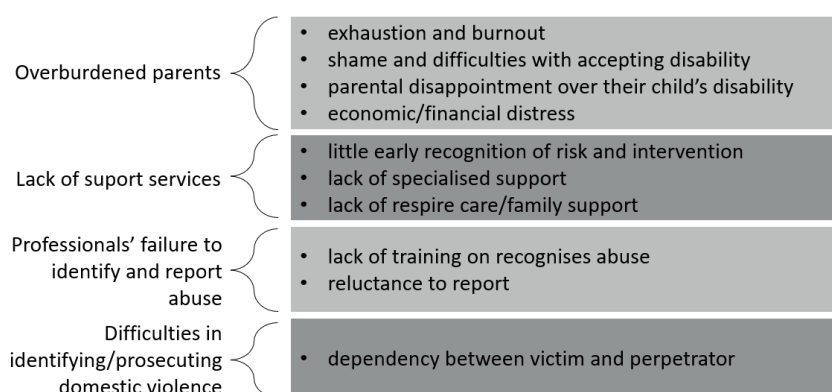
Due to these aspects people with intellectual disabilities become “accessible, convenient and discreet victims¹⁸.”

¹⁷ D. Chmiec, *Osoba niepełnosprawna jako ofiara przemocy w rodzinie*, w: *Osoba doświadczająca i stosująca przemoc w środowisku lokalnym*, red. A. Pytka, A. Lewicka-Zelent, Lublin 2018.

¹⁸ M. Karwacka, *Przemoc seksualna wobec osób z niepełnosprawnością intelektualną*, „Interdyscyplinarne Konteksty Pedagogiki Specjalnej” 2018, nr 2, s. 66.

Another area in which risk factors for harming children with disabilities arise is the family system within which they function. This pertains both to the conditions involving the formal features of the system (single parenthood, foster family, broken home), as well as to the improper coping mechanisms and the functioning of the respective members of the system, disturbed mutual relations, history of violence in families of origin, addictions, stress related to the social and economic condition of the family (isolation, exclusion, marginalisation, worsening financial situation), the need to provide continuous care for the child with a disability, the resulting “burnout”, and, finally, the methods of upbringing used (i.a. those which include corporal punishment and other violent behaviour as aid in upbringing).

Figure 2. Factors affecting continued violent behaviours against children with disabilities at home



Source: own elaboration, based on: Violence against children with disabilities: legislation, policies and programmes in the EU, European Union Agency for Fundamental Rights (FRA), 2015, <https://fra.europa.eu/en/publication/2015/children-disabilities-violence>, p. 68.

Many risk factors for harming children with disabilities can be attributed to the broader environment within which they function – the local community (including the school community), and the broadly understood society.

Studies show that environmental risk factors for harming children include isolation, social deprivation, poverty, pathological behaviours within the family's place of residence, and social attitudes based on prejudices and fear of “otherness.” Those researching this phenomenon say that social exclusion and isolation elevate the risk of violence against children with disabilities in various environments, whereas institutional isolation of children with disabilities limits their interaction with the society at large, hindering the spread of awareness and understanding of disability¹⁹.

¹⁹ A. Izdebska, K. Lewandowska, *Czynniki ryzyka krzywdzenia dzieci*, „Dziecko krzywdzone. Teoria, badania, praktyka” 2012, nr 2(39).

The important circumstances inducing violent behaviours against people with disabilities, as indicated by those studying this phenomenon, include being in a relationship of dependency, as necessitated by stays at various kinds of facilities or institutions – such as hospitals (particularly psychiatric hospitals), schools, boarding schools, education and childcare centres, therapy centres, healthcare and curative institutions, or nursing homes for children²⁰.

According to Piotr Plichta²¹, special education organised ever so more often at mainstream schools puts children with disabilities at risk of becoming victims of peer aggression – bullying – in its various physical, verbal, relationship-related and online aspects. Plichta's analysis of literature concerning the risk of students with SEND becoming involved in peer aggression shows that students with cognitive, emotional and behavioural disorders, physical disabilities, and ADHD, are at a greater risk of victimization. The risk of becoming a victim of harassment is two to three times higher for this group of students than for students without disorders. Among other factors, this is caused by their lack of physical ability, social isolation, disturbed relationships with their peers, passivity, subordination, and particularly by the lack of capacity to protect in violent situations, low self-esteem, perceived fear, and shyness²².

The influence of the described factors increasing the risk of violence against children with disabilities is often exacerbated by the lack of adequate response from the services responsible for protecting children and by the inappropriate attitudes and behaviours of professionals appointed to safeguard those children's rights (which includes, among others, negligence in identifying and reporting abuse, as well as difficulties in identifying and persecuting domestic violence).

3. Poly-victimization of children with disabilities – description, forms and effects

The analysis provided above of various factors potentially implying violent behaviours against children with disabilities, in the context of the children's biological, psychological and social existence, gives rise to the conclusion that this group is particularly vulnerable to *poly-victimization*.

The term “poly-victimization” entails being a victim of multiple forms of

²⁰ K. Nowak-Lipińska, *O ignorancji sfery erotycznej osób głębiej upośledzonych umysłowo*, w: *Młodzież a współczesne dewiacje i patologie społeczne – diagnoza, profilaktyka, resocjalizacja*, red. S. Kawula, H. Machela, Gdańsk – Toruń 1994, s. 101-106.

²¹ P. Plichta, *Przemoc rówieśnicza i uczniowie ze specjalnymi potrzebami edukacyjnymi – uwarunkowania i propozycje rozwiązań profilaktycznych*, „Dziecko krzywdzone. Teoria, badania, praktyka” 2016, nr 1, s. 27-52.

²² P. Plichta, *Uczniowie niepełnosprawni intelektualnie jako ofiary i sprawcy agresji rówieśniczej – kontekst edukacyjny*, w: *Bullying a specjalne potrzeby edukacyjne – podręcznik metodyczny*, red. J. Pyżalski, E. Roland, Łódź 2010; J. Węgrzynowska, *Dzieci doświadczające przemocy rówieśniczej*, „Dziecko Krzywdzone. Teoria, badania, praktyka” 2016, nr 1.

harm, and not experiencing multiple instances of the same form of harm²³. Finkelhor et al.²⁴ suggest that, due to its high correlation with traumatic stress indicators observed in child victims, poly-victimization should be treated rather as a condition, and not an event. Researchers also suggest using the term *poly-victim* to denote those children and adolescents who are victims of multiple forms of harm, including those most severe and resulting in serious post-traumatic disorders.

There are currently no far-reaching analyses focusing on the description of this condition among children with disabilities in Poland. However, there are more and more domestic and international reports of studies on the issue of poly-victimization pertaining to children in general²⁵.

In 2012, the National Assessment of Child Abuse (*Ogólnopolska diagnoza problem przemocy wobec dzieci*) aimed at determining the scale of poly-victimization of this group across the country of Poland²⁶. The sample for this study was 1,005 students aged from 11 to 17. The results were highly alarming. The study showed that half of the respondents experienced more than one of the 22 forms of violence in question in their lives. Almost as much as three in ten teenagers (29%) were victims of at least three forms of violence. Within 12 months prior to the study, one in four respondents experienced at least two out of the twenty forms of violent behaviours studied. In the end, one in ten was a poly-victim, having experienced at least six forms of violence in their lives. The analysis of the results, which took into account the sex of the respondents, evidenced differences in the number of experienced forms of violence. Girls were poly-victimized less often than boys, and the risk of poly-victimization for boys was 42% higher compared to girls. The Assessment also delivered the conclusion that with each subsequent year of their life, a child was 17% more likely to become a poly-victim. What was also analysed was the size of the village, town or city where the respondents attended school. It turned out that children attending school in large cities (with over 200 thousand inhabitants) were particularly vulnerable to multiple instances of violence, and the

²³ K. Makaruk, *Multiwiktymizacja. Wyniki Ogólnopolskiej diagnozy problemu przemocy wobec dzieci*, „Dziecko krzywdzone. Teoria, badania, praktyka” 2013, nr 3, s. 101-110; J.L. Ford, B.C. Delker, *Polyvictimization in childhood and its adverse impacts across the lifespan: Introduction to the special issue*, „Journal of Trauma and Dissociation” 2018, Vol. 19, No 3, s. 275, <https://doi.org/10.1080/15299732.2018.1440479> (dostęp: 22.09.2021).

²⁴ D. Finkelhor, A. Shattuck, H.A. Turner, R. Ormrod, S.L. Hamby, *Polyvictimization in Developmental Context*, „Journal of Child & Adolescent Trauma” 2011, Vol. 4, No 4, s. 292.

²⁵ M. Przybysz-Zaremba, *Multiwiktymizacja dzieci i młodzieży jako implikacja zaniedbań wychowawczych rodziny*, w: *Edukacja w zglobalizowanym świecie*, red. V. Tanaś, W. Welskop, Łódź 2016, s. 235-244; D. Finkelhor, R.K. Ormrod, H.A. Turner, *Poly-victimization: A neglected component in child victimization trauma*, „Child Abuse & Neglect” 2007, Nr 31, s. 7-26; D. Finkelhor, R.K. Ormrod, H.A. Turner, M. Holt, *Pathways to poly-victimization*, „Child Maltreatment” 2009, No 14(4), s. 316-329; D. Finkelhor, H. Turner, S. Hamby, R.K. Ormrod, *Poly-victimization: Children's exposure to multiple types of violence, crime, and abuse*, „Juvenile Justice Bulletin – NCJ 235504”, Washington, DC 2011.

²⁶ K. Makaruk, *Multiwiktymizacja...*, s. 101-110.

risk of being a poly-victim was 72% higher there than in rural schools. Data showing the relation between the experience of one category of violence and the risk of exposure to other forms are incredibly important for the prevention of child abuse. Studies show that children who became victims of one of the four categories of violence (conventional crimes, sexual exploitation, peer violence, or domestic violence) are two to five times more vulnerable to the other categories of violence. What was also proven was that the experience of any violent behaviour in the family puts a child at a risk almost five times higher in terms of exposure to peer violence and four times higher in terms of sexual exploitation, whereas victims of peer violence are three times as likely to become victims of conventional crimes (robbery, vandalism, or armed assault).

Results of analyses presented by Polish researchers are similar to those obtained in the United States. The Crimes Against Children Research Center of the University of New Hampshire, working with the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Centers for Disease Control and Prevention (CDC) conducted nation-wide studies in 2008, 2011 and 2014, the aim of which was to determine the scale of the risk of victimizing children in their everyday lives, at home, at school, and in the local environment. The second National Survey of Children's Exposure to Violence of 2011 (NatSCEV 2011) saw the participation of 4,504 children and adolescents aged from 0 to 17. Guardians provided answers for children aged below ten. The surveys covered exposure to violence in the following categories: conventional violence, child abuse, peer and sibling violence, sexual violence, witnessing of violence (in the local community, within the family, at school, including bullying), as well as cyber-violence. The results confirmed the previous findings of NatSCEV 2008. It turned out that in the year preceding the study, 57.7% of children experienced at least one of the five types of violence (physical violence, sexual violence, abuse, destruction of property, witnessing of violence). In turn, almost half of the participants of NatSCEV II (48.4%) were exposed to violence on multiple occasions. It needs to be emphasised that 15.1% of the respondents reported six or more types of direct attacks or witnessing of violence, whereas 4.9% out of them became victims of ten or more various violent behaviours. The results obtained by the American scientists also show that the risk of victimization rises with age. Seven in ten young people (69.7%) aged 14 to 17 experienced various forms of violence in their lives²⁷.

Despite the fact that none of the studies described hereinabove analyse the results in terms of disabilities of children participating in them, we can assume that children with disabilities were represented in the sample population. Among other things, this hypothesis arises from the frequency of disabilities in the general

²⁷ D. Finkelhor., H. Turner, A. Shattuck, S. Hamby, K. Kracke, *Children's Exposure to Violence, Crime, and Abuse: An Update*, w: „Juvenile Justice Bulletin” 2015, <https://www.ojjdp.gov/pubs/248547.pdf> (dostęp: 15.09.2021).

population of children at this age²⁸, the lack of methodological data on whether dysfunctions observable in the children excluded them from participation in research, the more and more frequent inclusion of children with various dysfunctions in mainstream schools, as well as the data presented hereinabove, confirmed by research, showing that this group of children is highly vulnerable to various types of violence.

One answer to the question whether poly-victimization is also the experience lived by children with disabilities can be found in Finkelhor et al.²⁹, in the analysis of “pathways” to poly-victimization which are in line with the risk factors for harming children with disabilities as described in this article. The scholars believe that the factors inducing violence against children include:

1. domestic violence (violence against children, between siblings, witnessing of domestic violence);
2. social problems in the family (insufficient care, emotional deprivation);
3. unsafe place of residence for the child and family (acts against property, witnessing of violence, peer violence, sexual exploitation);
4. the child's emotional problems (difficulties in upbringing, insufficient social skills, impaired capacity for self-defence, stigmatisation)³⁰.

Numerous reports of studies on violence show that, the most often described types of violence notwithstanding – physical, sexual, emotional (psychological) violence, including negligence – children with disabilities are also at risk of exposure to forms of violent behaviours which are “typical for disabilities.” These may include discrimination; segregation; unjustified restraint or immobilisation; forced feeding; limited adequate educational and recreational stimulation; overprotection and hindrance of opportunities for development of skills and abilities; improper, excessive, or unjustified administration of medicine (including psychotropic medicine); incapacitation; experimentation with unverified and harmful therapeutic methods; unfair treatment in relation to other family members or siblings without disabilities; and isolation from social contacts with peers³¹.

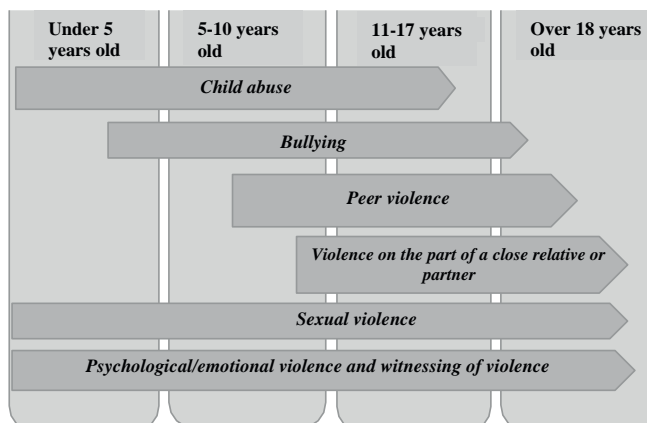
²⁸ Wyniki przeprowadzonego w 2011 r. Narodowego Spisu Powszechnego Ludności i Mieszkań, wskazują, że w 2011 r. liczba niepełnosprawnych dzieci w wieku 0-15 lat w Polsce wynosiła 184,8 tys. i stanowiły one 3,0% ogółu dzieci w tym wieku, GUS 2015, <https://stat.gov.pl>. Z kolei według danych zawartych w Disability Statistics. Annual Report za rok 2016, liczba dzieci z niepełnosprawnością w wieku 0-5 lat wynosiła 0,4%, a dzieci w grupie wiekowej 5-17 lat – 7,2% ogółu dzieci Stanów Zjednoczonych, (https://disabilitycompendium.org/sites/default/files/user-uploads/2016_AnnualReport.pdf (dostęp: 14.11.2021)).

²⁹ D. Finkelhor, R. Ormrod, H.A. Turner, M. Holt, *Pathways...*, s. 316-329.

³⁰ Por. K. Makaruk, *Multiwiktymizacja...*, s. 103.

³¹ D. Chimicz, *Osoba niepełnosprawna...*, s. 36.

Figure 3 Types of violence experienced, by age



Source: Own elaboration, based on: INSPIRE: seven strategies for ending violence against children. https://www.who.int/violence_injury_prevention/violence/inspire/en, p. 14.

Poly-victimization as an experience of children with disabilities requires profound analysis. This is particularly important from the perspective of negative consequences it can lead to. Research conducted by M. Rutter³² and Dong et al.³³ explicitly indicates that the accumulation of multiple negative experiences causes particularly grave and long-term problems. Analysis of reports of international studies on the effects of poly-victimization allows us to formulate the following conclusions:

- poly-victims experience a markedly high level of anxiety, as measured based on the list of symptoms including fear, depression, and anger indicators³⁴;
- children vulnerable to traumatic experiences of multiple forms of violence develop biological, psychological and social disorders, including symptoms of post-traumatic stress disorder (PTSD), much more often than previously thought³⁵;

³² M. Rutter M., *Statistical and personal interactions: Facets and perspectives*, w: *Human Development: An Interactional Perspective*, red. D. Magnusson, V. Allen, New York 1983, s. 295-319.

³³ M. Dong, R.F. Anda, V. J. Felitti, S. R. Dube, D. F. Williamson, T. Thompson, C. Loo, W. H. Giles, *The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction*, „Abuse & Neglect” 2004, 28(7), s. 771-784.

³⁴ D. Finkelhor., H. Turner, S. Hamby, R. K. Ormrod, *Poly-victimization: Children's...*, s. 10

³⁵ J.L. Ford, B. C. Delker, 2018, *Polyvictimization in childhood and its adverse impacts across the lifespan: Introduction to the special issue*, „Journal of Trauma and Dissociation”, Vol. 19, Nr 3, 2018, s. 275-288, <https://doi.org/10.1080/15299732.2018.1440479> (dostęp: 10.08.2020).

- children who have experienced many types of violence have lower self-esteem, engage in risky sexual behaviours more frequently, self-harm more often, are more likely to display criminal behaviour, suffer from depression more often, and have greater problems with psychoactive substance abuse than those children who have become victims of only one form of ill-treatment³⁶;
- poly-victims carry the greater burden of negative consequences of violence than those who are frequently victimized through one type of violence³⁷;
- long-term studies based on four-year-long observations show that poly-victimization has the tendency to be a continued state. This suggests that young people may find it hard to avoid poly-victimization³⁸;
- some children are more prone to becoming a poly-victim when they change their school environment. This is a time when they have to cope in a totally new, unknown environment, without any reconnaissance of potential threats³⁹;
- the continuing emotional effects of poly-victimization make a child more vulnerable to peer violence⁴⁰;
- studies suggest that victimizations are not randomly dislocated, but tend to accumulate in cases of some persons and certain environments⁴¹.

Conclusions

The analysis of poly-victimization of children with disabilities presented in this article points to the need to conduct wide-ranging studies to describe factors correlated with this phenomenon and to design models of interdependencies and interactions. These will allow us to devise more effective prevention programmes against harming this group of children. Efforts to identify poly-victims, minimising the effects of violence they experience and their high vulnerability to constant victimization, should be the aim of interventions taken. All those who have contact with the families that are particularly exposed to the risk factors – healthcare staff, teachers, social workers, social guardians, court-appointed guardians, or therapists – should get involved in building a system of supervision and protection of all its

³⁶ C. M. Arata, J. Langhinrichsen-Rohling, D. Bowers, L. O'Farrill-Swails, *Single versus multi-type maltreatment*, „Journal of Aggression, Maltreatment & Trauma” 2005, No 11(4), s. 29-52.

³⁷ D.A. Wolfe, C.V. Crooks, V. Lee, A. McIntyre-Smith, P.G. Jaffe, *The effects of children's exposure to domestic violence: A meta-analysis and critique*, „Clinical Child & Family Psychological Review” 2003, No 6(3), s. 171-187.

³⁸ D. Finkelhor, R. Ormrod, H.A. Turner, M. Holt, op. cit., s. 316-329.

³⁹ D. Finkelhor, H. Turner, S. Hamby, R.K. Ormrod, *Poly-victimization: Children's...*, s. 10.

⁴⁰ K. Cyr, C. Chamberland, G. Lessard, M.E. Clément, J.A. Wemmers, D. Collin-Vézina, D. Damant, *Polyvictimization in a child welfare sample of children and youths*, „Psychology of Violence” 2012, No 2(4), s. 385-400.

⁴¹ A. Tseloni, K. Pease, *Repeat personal victimization: 'Boosts' or 'flags'?*, „British Journal of Criminology”, Vol. 43, 2003, s. 196-212.

members in order to stop the development of unfavourable situations which lead to victimization.

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