

ABUSE, RESTRAINT & SECLUSION

In 2009, a government report revealed that there are no federal laws in place to keep educators from using dangerous and abusive methods to restrain or seclude a student. The report also cited hundreds of cases where disabled students died, were injured, or emotionally traumatized because of improper treatment and dangerous practices.

Although the Children's Health Act of 2000 protects children from abusive practices in facilities such as hospitals, residential treatment centers and residential group homes, it does not protect students, including those with disabilities, from such practices in both public and private schools.

Note: This brochure is designed to provide basic information about restraint & seclusion practices and should not be interpreted as medical advice. For all concerns related to your child's health and safety, please seek the advice of your child's healthcare provider. Much of the content in this brochure was developed by The Alliance to Prevent Restraint, Aversive Interventions & Seclusion (APRAIS), its member organizations, and its hosting organization, Tash. For more in-depth information, visit Tash.org & download its free Parent Toolkit: **Shouldn't School Be Safe?**

DEFINITIONS

A **restraint** is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of an individual.

Seclusion is the involuntary confinement of an individual alone in a room or area from which they are physically prevented from leaving.

Prone Restraint means that the child is laid in the facedown position.

Supine Restraint means that the child is laid in the face-up position.

PARENT RESOURCES

The Alliance to Prevent Restraint, Aversive Interventions and Seclusion

tash.org

National Autism Association R&S Safety

autismsafety.org

National Disability Rights Network

napas.org

Association for Positive Behavior Support

apbs.org

Positive Behavioral Interventions & Supports

pbis.org

Wrights Law

wrightslaw.com

Families Against Restraint & Seclusion

familiesagainstrestraint.blogspot.com

Substance Abuse and Mental Health Services Administration

samhsa.gov

TEACHER/AIDE RESOURCES

Association for Positive Behavior Support

apbs.org

Positive Behavioral Interventions & Supports

pbis.org

Substance Abuse and Mental Health Services Administration

samhsa.gov

Crisis Prevention Institute

crisisprevention.com

REPORT ABUSE

Some states have established an **Office of the Child Advocate** to investigate allegations of systemic abuse and neglect of children within that state's service systems. This can be an important contact, especially when a group of parents comes forward with similar complaints.

All 50 states, The District of Columbia, Puerto Rico, and the federal territories have a **protection and advocacy system (P&As)**. P&As are mandated under various federal statutes to provide protection and advocacy on behalf of individuals with disabilities. To find your state P&A contact, go to napas.org or call (202) 408-9514.



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AVERSIVE PROCEDURES

Aversive procedures have some or all of the following characteristics:

- :: Produce obvious signs of physical pain
- :: Potential or actual physical side-effects such as tissue damage, physical illness, physical or emotional stress
- :: Dehumanization of the individual
- :: Significant concern on the part of family members, staff or caregivers regarding the necessity of, or their own involvement in such extreme strategies
- :: Obvious repulsion, stress or concern on the part of observers who cannot reconcile such extreme procedures with acceptable standard practice
- :: Rebellion or objection on the part of the individual against being subjected to such procedure
- :: Permanent or temporary psychological or emotional harm

AVERSIVE METHODS

Aversive Methods include Forced exercise; Shaving cream to the mouth; Lemon juice, vinegar, or jalapeno pepper to the mouth; Water spray to the face; Placement in a tub of cold water or cold showers; Slapping or pinching with hand or implement; Ammonia capsule or vapor to the nose; Blindfolding or other forms of visual blocking; Placement in a dark isolated box or other methods of prolonged physical isolation; Ice to the cheeks or chin; Withholding of meals/denial of adequate nutrition; Teeth brushed or face washed with caustic solutions; Prolonged restraint or seclusion.

Source: Tash.org

POSSIBLE SIGNS OF ABUSIVE R&S

- ☑ Bruises
- ☑ Escalated behaviors
- ☑ Anxiety issues
- ☑ Increased Self injurious behaviors (SIB)
- ☑ Fear of going to school
- ☑ Fear of a particular teacher, aide, substitute, staff member
- ☑ Bed wetting
- ☑ Crying for unknown reasons
- ☑ Sleep disturbance
- ☑ Not wanting to be alone
- ☑ Loss of appetite
- ☑ Loss of interest in things he/she use to enjoy
- ☑ Phobias

Source: Phyllis Musumeci, FARS

IF YOU'RE A PARENT

- :: **Ask** your child's teacher or aide if your child has ever been restrained or secluded.
- :: **Place a "No Consent" letter** into your child's Individualized Education Program (IEP). A RespectABILITY Law sample letter may be found at tash.org.
- :: **Never allow** inclusion of restraint & seclusion into your child's IEP (or any language implying R&S). Instead, advocate for positive behavioral supports.
- :: **Review your child's records** (especially the contents of the education and/or treatment plan, and any "incident reports" in your child's files), and make visits during which you carefully observe all aspects of your child's day.
- :: **Keep careful records.** Document and date anything your child says or does that concerns you; take and date photographs of any suspicious injuries.
- :: **Share your concerns** with your child's physician, psychologist, or other health care provider.
- :: **Immediately report** abusive practices to your State Education Agency. See the "Report Abuse" section of this brochure.

IF YOU'RE A STUDENT

- :: **Report** abusive practices to a parent, caretaker or trusted adult.
- :: **Keep careful records.** Document and date incidents of abuse, mistreatment, and emotional abuse. Take photographs of any marks or injuries.
- :: **Share your concerns** with your physician, psychologist, or other health care provider.
- :: **Never hide abuse** or mistreatment from adults who can help.

IF YOU'RE A TEACHER/AIDE

- :: **Never restrain or seclude** a student as a form of discipline or convenience.
- :: **Restraint should only** be used in emergency situations where a child is in imminent danger.
- :: **Never use** prone (facedown) restraint, supine (face-up) restraint or sit on a student.
- :: **Always use de-escalation techniques** and positive behavior supports instead of restraint and seclusion practices.
- :: **Immediately report any** abusive practices you may witness to school administrators and/or your State Education Agency. Never withhold information about these incidents. Carefully document all incidents.
- :: **Always inform the parent** of any incidents involving restraint or seclusion.
- :: **Always inform the parent** if you witness mistreatment, abuse or improper use of restraint & seclusion.
- :: **Request crisis intervention training** and ongoing positive behavioral support training.
- :: **Share any concerns** with school administrators.

**For more information,
visit tash.org or autismsafety.org**