



The Council of Parent Attorneys and Advocates, Inc.

A national voice for special education rights and advocacy

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UNSAFE IN THE SCHOOLHOUSE: ABUSE OF CHILDREN WITH DISABILITIES



Dedicated to the memory of those schoolchildren with disabilities who perished in restraints, seclusion, and aversive treatments; those children who must live with the memories and effects of such abuse, and the knowledge that as a civilized society, we can and must stop this.

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Introduction

The Council of Parent Attorneys and Advocates (COPAA) is a national nonprofit organization of parents, advocates, and attorneys who work to protect the civil rights of children with disabilities and ensure that they receive appropriate educational services. We have over 1200 members in 47 states and the District of Columbia. Our members see the successes and failures of special education through thousands of eyes, every day of every year.

Throughout America, schoolchildren with disabilities are placed in restraints, confined in locked seclusion rooms, and subject to painful aversive interventions. COPAA, along with other organizations that make up the Alliance to Prevent Restraint, Aversive Interventions and Seclusion (APRAIS), has been working to combat these practices.¹ In June 2008, COPAA issued a Declaration of Principles condemning the use of abusive interventions and advocating for change. In March-April 2009, we conducted a survey that identified 143 cases in which children were subjected to aversive interventions. We received reports of children subject to prone restraints; injured by larger adults who restrained them; tied, taped and trapped in chairs and equipment; forced into locked seclusion rooms; made to endure pain, humiliation and deprived of basic necessities, and subjected to a variety of other abusive techniques. The most recent report involved events revealed to the parent only in the last month: a father learned that his 8 year old son was restrained 60 times over a 9-10 month period.

No child should be subject to abuse in the guise of education. Every child's dignity and human rights must be respected. Abusive interventions are neither educational nor effective. They are dangerous and unjust. Their victims suffer physical harm, psychological injury, and have died. Congress should act swiftly to adopt national legislation to protect children with disabilities.

¹ COPAA salutes the work of the organizations that make up APRAIS, many of which have been working to halt the use of aversive interventions for years. They include the Arc, Association of University Centers on Disabilities, the Autism National Committee, the Autistic Self Advocacy Network, the Bazelon Center for Mental Health Law, COPAA, Children and Adults with Attention Deficit/Hyperactivity Disorder, the Family Alliance to Stop Abuse and Neglect, the National Alliance on Mental Illness, the National Association of Councils on Developmental Disabilities, the National Alliance on Mental Illness, the National Disability Rights Network, the National Down Syndrome Congress, the National Down Syndrome Society, the RespectABILITY Law Center, and TASH. We also salute all parents, advocates, attorneys, professionals, organizations, and others who have long worked on these issues, many of whom have toiled endlessly in pursuit of justice. We thank all members of the advocacy community and website owners who distributed the COPAA survey and everyone who responded. Special thanks to COPAA members Doug Loeffler, Diane Willcutts, Becca Devine, and Kathleen Loyer for helping summarize the 143 incident reports, Marcie Lipsitt for proofreading, and to Bob Berlow, Leslie Seid Margolis, Judith Gran, and Denise Marshall for their analytical assistance.

COPAA applauds the school teachers, personnel, administrators, and education leaders who join us in rejecting the use of restraints, seclusion, and aversives and in providing Positive Behavioral Supports (PBS). At the same time, we stress the importance of adopting effective laws to keep children safe. These include mandatory PBS, prohibitions on the use of restraints, seclusion, and aversives, and strong enforcement mechanisms. Adults can make choices about where they live and work; they are protected from assault. Children cannot choose their states or schools. Children should be protected wherever they live; thirty miles and a state line should not make the difference.

Aversive Interventions: Statistical Information

In the past 2 months, COPAA collected reports from parents and advocates about incidents in which children with disabilities were subjected to restraints, seclusion, and the use of aversives.² Restraints consist of the use of physical force, mechanical devices and drugs to prevent or limit freedom of movement or control behavior. Seclusion is the confinement of a child in a locked room or space from which he cannot exit.³ Aversive procedures use painful stimuli in response to behaviors that are deemed unacceptable by their caregivers. We use the term “aversive interventions” to refer collectively to all three.

COPAA’s report summarizes 143 of the incidents reported to us. A sampling of incidents is described below at page 4, and the full compilation of summaries is attached as Appendix A. The report shows that the use of restraints, seclusion, and aversives is extensive. Our colleagues at the National Disability Rights Network have similarly documented the extensive use of restraints and seclusion as reported by Protection and Advocacy agencies.⁴

In addition to the narrative descriptions that we received, we gathered statistical information.

² Of course, there are many more incidents of the use of restraint, seclusion, and aversives in this country. This was a limited sample collected over 2 months. In addition, we used the internet for our data collection and note that we were unable to obtain reports from parents who do not have internet access. In particular, many low-income families lack internet access. www.ntia.doc.gov/reports/2008/Table_HouseholdInternet2007.pdf

³ In this report, the terms “seclusion” and “confinement” to describe such practices. Some states refer to it as “isolation” or “time-out.” Because “time out” may also describe a cooling-off space from which a child can freely leave, we avoid using it to prevent confusion.

⁴ National Disability Rights Network, *School Is Not Supposed to Hurt*, Jan. 2009, www.napas.org/sr/SR-Report.pdf.

Positive Behavioral Support	
Did the school provide a behavioral intervention plan containing research-based positive interventions?	
No	71%
Yes	10% (although several parents reported that school did not follow/implement the plan appropriately)
Don't Know	13%
Other/Not Applicable	6%

These numbers are striking because they appear to indicate that rather than proactively providing positive behavioral plans to lessen problem behaviors, the school personnel apparently relied on reactive, aversive interventions. Aversive interventions are not only ineffective, they are cruel and violative of human rights and dignity. Children should receive positive behavioral supports through a professionally-developed comprehensive plan of accommodations, supports, and interventions. Positive behavioral supports use research-based strategies that combine behavioral analysis with person-centered values to lessen problem behaviors while teaching replacement skills. These proactive practices teach children to build social relationships and skills they need to progress to adulthood. They also create an environment that values and teaches healthy relationships, conflict resolution skills, and each person. All members of a school community benefit from this, all children and adults.⁵

⁵ We recognize that, at times, students with significant behavioral challenges may not respond to traditional means of discipline or classroom reinforcement, and at times, behavioral characteristics may seem frustrating and daunting. However, schools have the responsibility to respond to intense needs with strategies that are based on evidence and on protecting the dignity and right to freedom of all children. Schools may not respond with aversive interventions, which are harmful and inappropriate. The National Association of State Mental Health Program Directors (NASMHPD), through its National Technical Assistance Center (NTAC), has identified Six Core Strategies for the Reduction of Seclusion and Restraint. These strategies have been identified from both the literature and the actual hands-on experiences of seclusion/restraint experts who successfully reduced aversive intervention use in a variety of settings. The essential strategies include: (1) leadership towards organizational change; (2) use of data to inform practice; (3) workforce development; (4) use of restraint and seclusion reduction tools; (5) consumer roles; and (6) debriefing techniques.

Age: How old was the child?			
3-5 years old	12%	11-13 years old	21%
6-10 years old	53%	14-22 years old	14%

The relative ages of the children can also underscore the imbalance that occurs in schools between larger, older adults and young children. Approximately 86% of the children were under age 14. Of course, mistreating older teenagers is as wrong as mistreating preschoolers. Abusive techniques should never be used with any child or person with a disability--no matter how old they may be. People with disabilities are often at special risk of abuse. This is particularly true of children and teens with cognitive, developmental, emotional, and communications impairments.

Consent: Did the parents consent to the use of restraint, seclusion, or aversives?	
No	71%
Yes	16% (although several parents report that they believed the interventions would only be used under very limited conditions, such as a crisis situation or where healthy/safety were in imminent danger)
Don't Know/Other	13%

Parental consent is not a justification to use abusive measures on a child. But the absence of parental consent tends to show that districts acted unilaterally, ignoring the informed consent requirements in the Individuals with Disabilities Education Act (IDEA). They also ignored the legal requirement that parents as members of the IEP team should fully participate in making decisions about their children's needs and programming.

Aversive Intervention Setting: Where did the aversive intervention occur?	
Self-contained classroom consisting only of children with disabilities	58%
private seclusion (isolation) room	35%
Regular Classroom	26%
Other	29%

These numbers do not add up to 100% because a single child may have been abused in more than one setting. When children with disabilities are segregated, a perpetrator may be more willing to abuse them, believing the abuse will remain secret. This is particularly true of children with cognitive, communicative, and developmental impairments who are often placed in disability-only classrooms.

We received incident reports involving almost every disability. The 143 reports included:

Disability Category			
Autism/Asperger's Syndrome	68%	Specific Learning Disability	11%
ADD/ADHD	27%	Multiple Disabilities	9%
Speech/language impairment	20%	Blind/Visually Impaired	5%
Developmental Delay	19%	Orthopedic Impairment	4%
Emotional Disturbance	19%	Deaf/Hearing Impaired	1%
Intellectual Disability (formerly Mental Retardation)	14%	Other Not Listed Above	14%
Other Health Impaired (this IDEA category of disability often includes ADD/ADHD, Tourette Syndrome, Health Conditions, and other disabilities)	13%		

(These numbers do not add up to 100% because many children were identified as having more than one disability.) Although we did not ask about particular conditions, several parents/advocates also identified their children as having Down Syndrome, Epilepsy, Tourette Syndrome, PTSD, Agenesis of the Corpus Callosum, Central Auditory Processing Disorder, and other conditions.

Stories of Abuse

Of the respondents to COPAA's survey who reported information, 64.4% described a situation in which a child was abused through restraints, and 58.3%, through seclusion; and 30% through aversives. The full 143 reports are summarized in Appendix A. These are a sampling of them:

- A young girl with autism and mild mental retardation moved from an inclusive environment to a largely-segregated one in Iowa in second and third grades. She was forcibly restrained by teachers. As many as four staff members held the girl in her desk while forcing her to color a sheet

of paper for 1-2 hours. The young girl was placed in locked seclusion room as many as five hours a day, during which she experienced severe duress and wet herself. She was told that she could not change her clothes until she finished her timeout and then finished the work she had refused. Even when time-out for noncompliance was over, the child was kept in seclusion room because it was designated as her classroom. Both a hearing office and court held that the school had violated her rights. (Case C01 in the Appendix).

- A 9 year old boy with autism in Tennessee was restrained face-down in his school's isolation room for four hours. One adult was across his torso and another across his legs, even though he weighed only 52 pounds. His mother was denied access to him, as she heard him scream and cry. He received bruises and marks all over his body from the restraints. He was released to his mother only after she presented a due process hearing notice under the IDEA. The events occurred in a school for children with severe conduct disorders in which the school district placed the child over the mother's objection. It had no autism program, no staff trained in autism, and no other children with autism. A civil action for violation of civil rights and the IDEA is pending in federal court in Eastern District of Tennessee (Case C02).
- The teacher of a 15 year old Californian with Down Syndrome reported to his parents that he had been confined inside a closet with an aide as in-school suspension. The teacher was concerned about the confinement and believed it to be wrong. Although the child had a behavioral intervention plan, the school district did not follow it. He was in the closet all day. He was only allowed out to go to the bathroom, causing extreme humiliation as he walked in front of his classmates. He declined to go back into the closet and began talking to himself. Staff ignored the child's behavior support plan and threatened the child, who became upset and kicked a desk and walls. The parents report that the police were called and informed that the child would not go to his desk, but not that his desk was in the closet. They also believe that, due to his cognitive impairments, school administrators knew that the child would not be able to communicate that he had been put into a closet. (Case C137).
- An 11 year old South Carolinian girl was being restrained with beanbags on the floor, and the school attempted to use a straightjacket restraint on her. As a result of advocacy by her attorneys, the restraints were terminated. Her behavior improved as a result of paying appropriate attention to medical needs, an upgrade in curriculum and a modification of the staff response to behavior. Her curriculum, in particular, was changed to be more age appropriate because her behaviors likely resulted

from being bored with curriculum. A new crisis plan was put into place to avoid restraint: if the student became aggressive toward staff, the staff would break away from the student and briefly leave the classroom. Using this plan, the child quickly calmed down and went to her desk area. Previously, school district had requested that the parent take the child home early on regular basis; parents report this has not happened for the last 2 months. With the new behavioral plan, the child has made substantial progress in school.

- An elementary school child in Maine was placed in a prone restraint while in a school district's self contained classroom. The district was on notice from the child's doctor that the child should not be restrained for medical and psychological reasons. The child regressed as a result of the incident. The restraint aspect of the due process hearing was dismissed by the hearing officer as being outside the jurisdiction of an IDEA due process hearing. (Case C07).
- A Palm Beach 14 year old with a severe emotional disturbance was handcuffed in an isolation room, defenseless. He spit at a School officer. Even though he was handcuffed and unable to hurt anyone, the officer pepper-sprayed him, injuring him. A civil rights case was filed in Southern District of Florida and the school district entered a consent decree enjoining further such action and ordering damages for the child. (Case C03).
- A 6 year old child in Georgia with a brain injury, autism, and a language disorder could be self-injurious and aggressive. He was restrained repeatedly by staff, and has come home with head and facial injuries, as well as indications that he is biting his own clothing. The school has not used any comprehensive positive behavioral approaches. Private experts have determined that restraints are harmful to the child and also encourage continued acting out. The private experts asked to observe in the classroom and the request was denied. The mother has been allowed to observe, but only 15 minutes a day through a small window in the door. It took her 3 weeks to observe an entire day, and she was forced to quit her job to be able to do so. Parents have filed for due process. The school district is represented by a national law firm that often represents school districts aggressively. School district counsel has repeatedly filed motions claiming that the parent's complaint is insufficient even though it lays out the factual allegations at length. The effect is to improperly deny the parents access to the legal system, preventing them from redressing the restraint of their child.
- Staff repeatedly locked a child with severe autism and epilepsy in a bathroom as a behavior management technique, rather than provide a

research-based positive behavioral intervention plan. He came home bruised from banging into the toilet and a steel table in the bathroom. He was capable of overturning the table and injuring himself, and would also have been injured if he'd had a seizure while locked in the bathroom. The school psychologist recommended that police be used to handle the 7 year old, 42 pound child. The parents asked to have an independent psychologist observe the child, but their requests were denied. The child was often kept locked in this room for more than 30 minutes and on numerous occasions was isolated for several hours. The parent reported, "I could always tell when he had been isolated even if his teacher forgot to tell me because he would alternate between aggressive behavior and extreme sadness and crying at home." The child has since changed schools but has been severely traumatized. (Case C67).

- A teen-aged boy with Asperger's Syndrome was singled out by principal for punishment on daily basis in Pennsylvania. He was forced to sit in a school office cubicle up against a window looking into the hallway without moving. He was ridiculed in front of various classes on a regular basis by staff pointing out Asperger's Syndrome behaviors and mannerisms (especially lack of eye contact and aversion to having others in personal space) This lasted for 7 months until an advocate was retained. (Case C83).
- A nonverbal child with autism moved to a new school in South Carolina. His previous school had provided an augmentative communications device, but the new one did not. With no way to communicate, he resorted to pinching, biting, and running away. A school aide then bit him to "teach him a lesson." The school district never gave the child a research-based Positive Behavior Intervention Plan. (Case C102).
- A teacher withheld food as punishment from a student with multiple disabilities in Mississippi who failed to complete his work. Then, when the child sought food, he was physically prevented from retrieving his lunch bag, causing him to go hungry. When the child protested, he was restrained. (Case C64).
- A child with Central Auditory Processing Disorder spent 17 days in one year in a windowless 5'x6' seclusion room. He was sent there for failing to follow instructions. His teacher gave him directions too quickly, and then repeated them and repeated them, each time more quickly than the time this child needed to process the original instruction because of his disability. (Case C132).
- A gifted child with Asperger's syndrome in Florida had been performing

on grade level. Her placement was changed to a behavioral day school. After spending 79 days on average per year in a 6'x8' seclusion room without a teacher, she will be receiving only a special diploma. (Case C82).

- An untrained aide denied lunch to a child with autism and Tourette Syndrome because he had been speaking in funny voices. The aide used physical restraint to keep the child in cafeteria. After this event, the child's placement was changed to a storage closet that locked from the outside. Parents report that the school district failed to educate the child. He had no interaction with other children and made no academic progress. The school even required permission from other parents before the child was allowed to eat with other children. The school district was cited by State Department of Education for its actions; compensatory education was ordered. The district did not provide it. The district is now paying for the child to receive education at private school where he is on honor roll and with peers for first time in four years.
- A medically fragile child in Colorado with developmental disabilities and mental illness had a history of getting locked in closets as a small child prior to his adoption. Nonetheless, the school district placed him in a seclusion room that was a small 2x4 foot cubicle closed on 3 1/2 sides with no light. (It was ironically called the "take space place.") He had to sit in a chair facing the back wall with his hands folded. A teacher sat outside the opening "supervising" him until they felt that he had "calmed down" for up to 1/2 hour at a time. He was secluded because after being in a psychiatric hospital for a suicide attempt, he threatened to kill himself at school. Advocate reports that the district did not tell his parents.

The full compilation of 143 incidents is provided in Appendix A. It is only the tip of the iceberg with regard to restraints, seclusion, and aversives in school. There is no national repository or tracking system for the use of aversive interventions, and therefore, incidents are reported anecdotally.

Public Policy Recommendations

Children with disabilities are a vulnerable population, at special risk of being subject to aversive interventions. Their disabilities may manifest in what appears to be misbehavior, or they may have great difficulty following instructions. Rather than provide positive behavioral interventions, schools may react with aversive interventions. In addition, children may have communication, emotional, cognitive, or developmental impairments that may impede understanding or the ability to effectively report what happened to them. Moreover, they may be unable to comply with instructions that are

made a condition for ending the abusive intervention and unable to communicate pain or danger while in the intervention. Children with these kinds of impairments are frequently segregated in self-contained classrooms with other children with disabilities, and few witnesses who can describe the occurrence.

Children in hospitals, health care facilities receiving Medicare or Medicaid funds, and residential centers are protected from restraint, seclusion, and aversive interventions by federal laws establishing minimum protections.⁶ But children in school have no such protection under federal law. Rather, for too long, geography and state lines have randomly determined whether a child is covered by a comprehensive state statute or receives minimal or no protection.

Accordingly, Congress should enact legislation to protect children with disabilities nationwide from abusive interventions, including restraints, seclusion (confinement) rooms, and aversives. Legislation should:

1. Prohibit the following in schools under all conditions:
 - prone restraints;
 - any restraints that interfere with breathing;
 - mechanical and chemical restraints;
 - any other form of restraint except in situations in which the student poses a clear and imminent physical danger to himself or others;
 - locked seclusion rooms or other rooms from which a child cannot exit, unless there is an imminent threat of immediate bodily harm, in which case a child can be placed in a locked room while awaiting the arrival of law enforcement or crisis intervention team;
 - use of restraint or seclusion when they are medically or psychologically contraindicated for a child and;
 - any behavior management or discipline technique that is intended to inflict injury, cause pain, demean, or deprive the student of basic human necessities or rights.

2. Make clear the other physical restraints can be used in school settings only to control acute or episodic aggressive behaviors that pose a clear and imminent physical danger to the student or others. Restraints must (a) be applied only by trained personnel, (b) may last only as long as necessary to resolve the actual risk of danger or harm, and (c) be limited to only the degree of force needed to protect from imminent injury and no more. They may not be used when less intrusive methods would resolve the threat of harm, or to coerce compliance, as punishment, or for staff convenience.

⁶ 42 U.S.C. §§ 290ii, 290jj (Children's Health Act); 42 C.F.R. § 483.356 (HHS regulations).

3. Prohibit the use of locked seclusion rooms and spaces from which children cannot exit, as noted above. If, in order to allow a child to de-escalate, time-out or cooling-off spaces are used, children must be able to exit them, they must be supervised at all times. The rooms must not be used for other purposes (e.g., punishment) or in place of providing appropriate related services and behavioral supports in the classroom. A child's legal right to learn with her peers in the least-restrictive environment must be respected and enforced.

4. Hold school districts and their employees accountable when abusive interventions are used. If children are subjected to these wrongful interventions, their parents must have access to all available legal remedies, including the right to seek redress in a court of law. Prevailing parents must be able to receive reimbursement for expert witnesses, who play a critical role in restraint and seclusion cases. Effective enforcement is also important. Even in states with comprehensive restraint and seclusion statutes, parents reported the use of aversive interventions to COPAA.

5. Prohibit retaliation against any school personnel, parents, children, or other school community members who report the inappropriate or wrongful use of restraint, seclusion, or aversives.

6. Ensure that children receive effective positive behavior supports developed within a comprehensive, professionally-developed individualized plan of behavioral accommodations, related services, and interventions. Prior to 2004, IEP teams were required to consider positive behavioral interventions when a child's behavior impeded her learning or that of others. In 2004, the law was amended to permit the consideration of other behavioral interventions, 20 U.S.C. § 1414(d)(3)(B). Congress should repeal this amendment. Moreover, Congress should make clear that children experiencing behavioral issues should receive a properly-conducted Functional Behavioral Assessment as part of creating the behavioral intervention plan.⁷

7. Adhere to IDEA requirements that parents and school staff should work together collaboratively—as equals—to ensure that children receive appropriate interventions. School districts must ensure that parents are equal, participating members of the IEP team with regard to all decisions. Any proposed bill should not allow school personnel to avoid its restrictions on aversive interventions by putting them in the child's IEP.⁸ Parents must

⁷ Currently, the only explicit recognition of an FBA in the IDEA is the right to one when a child is removed from his current placements under IDEA's discipline provisions, 20 U.S.C. § 1415(k)(1)(D). An FBA should also be considered a related service.

⁸ Some states provide comprehensive protections against the use of aversive interventions for children with disabilities but then permit school districts to remove these protections through the IEP with almost unlimited discretion. Such broad loopholes undercut the very purpose of

receive full information about any proposed interventions and their possible harms and dangers, as well as their children's rights and the legal requirements imposed on school districts. Because of the dangers that restraints and seclusion pose, staff must immediately notify parents and senior administrators in writing of any use of seclusion or restraint, and document the incident in the child's file.

8. Reinforce that school districts must always allow parents to make reasonable visits to their children's classroom and schools. Parents are an integral part of the school community and have a right to observe their children. After a restraint is used, the IEP team must meet to debrief, so as to prevent further incidents and to provide the child with the appropriate behavioral and other supports he may need. If the child has not received an FBA during the current school year, the IEP team should refer the child for an FBA.

9. Require extensive training of all personnel in educational settings who have contact with children. Training must include the proper use of research-validated positive behavioral supports, crisis reduction and de-escalation techniques, along with other best practices. Training must also ensure that staff fully understands their legal obligations under the legislation and other statutes, including prohibitions and restrictions on the use of aversive interventions, and requirements for documentation and reporting. If the use of a particular restraint or form of seclusion is approved for use with any student in an emergency or dangerous situation, all personnel must receive training in its appropriate use and risks.

10. Require schools and educational facilities to gather and report data, regarding each incident of in which an aversive intervention was used, the circumstances surrounding its use, whether a positive behavioral intervention plan had been implemented and a summary of it, and whether the child has suffered physical or psychological injury. Senior administrators should analyze trends within the school and among schools to ensure restraints and seclusion are used only in the rarest of situations; that positive behavioral interventions and de-escalation techniques are used in almost all situations, and that all

the law and expose a vulnerable population to harm. There may be some extremely rare situations where restraints should be included in an IEP where the child truly presents a risk of serious physical injury to himself or others on an ongoing basis and less restrictive methods, including positive behavioral interventions and de-escalation techniques, have been implemented fully and appropriately and yet failed. In such situations, the IEP team must comply with the legal requirements and prohibitions in the legislation, including the requirements that the child presents a risk of serious physical harm to the child or others and less-restrictive measures have been tried and failed. The IEP process (cannot be used as an excuse to ignore and circumvent these requirements. Indeed, repeated use of restraints should generally be considered a failure of educational programming and indicative of the need to provide fuller behavioral and other supports, which is one reason a debriefing should be required after each incident.

legal mandates are implemented including the restrictions on aversive interventions described above. Data must be reported at the local, state, and federal levels. Currently, over half of the states require some reporting at the local level, either to parents or to school administrators. It would not be difficult to require reporting on up the chain. Yet only six states appear to require data on a state-wide level, California, Kansas, Michigan, Pennsylvania, Rhode Island, and Texas. (We have been informed Vermont has ceased collection). Other states simply give the school district the option of reporting.

Conclusion

The abuse of children should not be tolerated in a civilized society. Congress should enact legislation to make our most vulnerable children--children with disabilities--safe from restraints, seclusion, and aversives in all educational settings. The 7.1 million children with disabilities in America deserve nothing less.

Please feel free to contact COPAA for additional information.

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**UNSAFE IN THE SCHOOLHOUSE:
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DISABILITIES
(May 2009)**

**APPENDIX A:
143 Incidents of Restraint, Seclusion, and Aversives**

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C01	IA	<p>A young girl with autism and mild mental retardation moved from an inclusive environment to a largely-segregated one at an Iowa school. In 2nd and 3rd grade, child was forcibly restrained by teachers and forced to color hand-over-hand. As many as four staff members held the girl in her desk while forcing her to color a sheet of paper for 1-2 hours. Child was placed in locked seclusion room as many as five hours a day, during which she experienced severe duress and wet herself. Even when time-out for noncompliance was over, child was kept in seclusion room because it was designated as her classroom. She was told that she could not change her clothes until she finished her timeout and then finished the work she had refused. Parents accepted the time-out plan for 3 weeks because they were told that physical restraint was the only other alternative. On at least one occasion child was escorted by 4 staff members tightly surrounding her with gym mats and forcing her to walk to the seclusion room. Parents filed due process. Both hearing officer and court found that child's rights had been violated. Child was homeschooled for 1.5 years due to trauma and then successfully reintegrated into public school in California where no restraints/seclusion have been used. Child making progress in new California school.</p>	6-10 years old	Self-contained classroom (primary for restraints), seclusion room (primary for seclusion), general ed environment	The child had a Behavioral Intervention Plan with many positive elements. The Due Process Decision found that the school did not give enough consideration to positive interventions.

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C02	TN	A 9-year old boy with autism in Tennessee was restrained face-down in his school's isolation room for four hours. One adult was across his torso and another across his legs. His mother was denied access to him, as she heard him scream and cry. He received bruises and marks all over his body from the restraints. He was released to his mother only after she presented a due process hearing notice under the Individuals with Disabilities Education Act. He is small for his age and weighed only 51 pounds at the time of the incident. The abuse occurred in an alternative school in which the school district placed the child over the mother's objection. The school, for children with severe conduct disorders, did not have a program for children with autism, did not have staff trained in autism, and the child was the only child with autism at the school.	6-10 years old	self-contained class for children with disabilities	unknown
C03	FL	A Palm Beach 14-year old with a severe emotional disturbance was handcuffed in an isolation room, defenseless. He spit at a School Board officer . Even though he was handcuffed and unable to hurt anyone, the officer pepper-sprayed him, which injured and harmed him.	14-22 years old	self-contained class for children with disabilities	unknown
C04	GA	could be self-injurious and aggressive. He was restrained repeatedly by staff, and has come home with head and facial injuries, and torn clothes from biting them. No comprehensive positive behavioral approach has been used. Private experts have determined that restraints are harmful to child and also encourage continued acting out. School district denied parent's expert's request to observe in classroom. Mother was allowed to observe 15 minutes a day through a small window in door. She had to quit her job in order to spend 3 weeks observing an entire day. Parents filed for due process. The school district is represented by a national law firm that often represents school districts aggressively. It has filed repeated motions for insufficiency, despite the fact that the complaints lay out the factual allegations at length. The effect is to improperly deny parent's access to the hearing and court system for months, and to prevent them from redressing the restraint of their child.	6-10 years old	-----	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C05	MD	On several occasions, child was bruised and scratched while being restrained in Rifton chair. Use of Rifton chair as a restraint is illegal under Maryland law.	6-10 years old	self-contained class for children with disabilities	No
C06	MD	Child with autism was physically restrained three times during the school day, resulting in bruises all over. The parent took him to the emergency room, and the ER physician contacted child protective services.	11-13 years old	self-contained class for children with disabilities	No
C07	ME	The child was placed in a prone restraint while being educated in a school district's self contained classroom. The district was on notice that the child should not be restrained. The child's doctor had made clear to the district that the child was not to be held for medical and emotional reasons. The child regressed emotionally as a result of the incident. The restraint aspect of the due process hearing was dismissed by the hearing officer as being outside the jurisdiction of an IDEA due process hearing.	6-10 years old	In a self-contained classroom only for children with disabilities	No
C08	AL	5 year old boy with autism, ADHD, and mood disorder. Parent discovered him in hallway, locked into a Rifton Chair, unattended. Parent has filed for due process. Alabama P&A investigation has determined that teacher routinely uses Rifton chairs for behavior management purposes with children in class.	3-5 years old	self-contained class for children with disabilities	No
C09	DC	15 year old girl with cerebral palsy, mental retardation, hearing impairment and orthopedic impairments was repeatedly tied down to a chair in order to limit her mobility.	14-22 years old	self-contained class for children with disabilities	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C10	GA; due to typo, prior drafts mis- identi- fied as CA.	Child diagnosed with autism made progress in private special-needs preschool in speech and attention span. Child moved to public school. Parents were informed that he was crying and screaming much of the day, and soiling himself. Mother visited and learned her son was being strapped into a Rifton chair throughout all parts of his day except for recess or therapy that took place outside of the room (4-5 hours a day in restraints). Parents asked for IEP meeting and asked that restraints stop. The child's teacher explained that she did not have enough staff to be able to avoid the use of Rifton chairs. Eventually the parents were successful in moving him to a different school. While their son has made progress in getting some of his attention span and other skills back, he has never regained speech.	3-5 years old	self-contained class for children with disabilities	No
C11	AR	Parents sent a letter stating that they did not consent to the use of restraints and seclusion. Nonetheless, the student was restrained (on videotape). Student was also placed in a seclusion room for five days without parental consent. Parent remained in main office to intervene if needed. She was told her child collapsed after twenty five minutes of restraint. The child was asleep, awoke and hyperventilated and begged to be taken from the room. Staff asked mother to leave and denied her access to the child until the end of the day. Prone restraints were again used 3 days later and child was then suspended. Child began exhibiting fearful behaviors at home due to this emotional trauma, child also suffered laceration and other injuries.	6-10 years old	private seclusion room	No
C12	MA	Child placed in locked seclusion room with metal door and small window. He suffered from anxiety and had a panic attack once the door was locked. He attempted to scale the walls and knocked tiles from the ceiling and was injured. Child was emotionally traumatized by episode, parent reports.	6-10 years old	private seclusion room	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C13	MA	A high school student age was wrestled to the ground by a staff member and later taken to a seclusion room. Here she was held in a prone position by as many as five staff members. She was not released when she stopped struggling but only when her bus was leaving. The parents report that she suffered bruises and a broken bone during this incident.	14-22 years old	In a private seclusion room (child had been placed in Mass. residential school funded by her school district)	No
C14	CA	Student was provided a 1:1 aide who restrained student, the aide did not implement behavior plan or have training in restraint techniques. Other aides also did not have proper training. Student was physically hurt, removed twice by police, and became suicidal. The student has been moved to a private school and is successful despite incidents and has not needed to be restrained.	6-10 years old	Other, child was mainstreamed , incidents happened at recess and lunch	No
C15	MO	A six-year old boy with autism was placed in a 'safe room' due to behavior issues several times during the fall of 2006. The 'safe room' was a locked closet with a small window adjacent to the school cafeteria. During these seclusionary timeouts the child would panic, remove his clothes, and/or urinate on himself. School district disregarded parents' and experts' report that child had autism, classified him as emotionally disturbed, and insisted upon using these techniques. Parent believes that this is "is inhumane. I sincerely believe that, had he been given his own aide and/or placed in a smaller class as we requested, that he could have functioned quite nicely." The parents ultimately pulled their son out of school and have successfully home-schooled him since and have had no behavioral issues of significance in the last 2 years.	6-10 years old	In a private seclusion room	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C16	MI	This situation involves a male student of middle school age who is Bipolar. This child called his teacher a 'nasty' name. The parents were told that as punishment their son would do all of his academic work for one week in the nurses' office. This deprived him of all contact with other students for almost the entire day. The parents agreed to this but several weeks later learned that this had continued for three weeks. At an IEP meeting, parents were told their child was not allowed to attend general education activities such as music, art and PE. Over the next two years the child was frequently restrained up to 45 minutes at a time. The staff was trained in CPI but this training was not followed. The child received marks or carpet burns on more than one occasion. Parents were limited in their ability to visit the classroom; teacher chose when they came and what they saw.	11-13 years old	self-contained class for children with disabilities, nurses office	Don't Know
C17	MI	A male elementary student was routinely denied access to general education programs such as music and lunch as punishment for misbehavior in other settings. The child was required to calm down under a blanket in an isolated room. The parents were not notified that this was occurring despite having weekly meetings with staff regarding other parts of his program. The parents hired ABA-trained therapists but the school would not work with them. The parents removed their son from school and set up a home-school program with support from an ABA therapist. The child is doing very well in the home-based program but according to his parents has suffered considerable and continuing damage to his self-esteem.	6-10 years old	Therapy Room	Don't Know
C18	WA	This situation involves a non-verbal preschool student with autism. The school staff frequently strapped the boy in a Rifton chair for hours as a 'normal' part of his education. This was not reported to the parents. When the parents learned about the use of the chair and complained about it, the staff had an aide physically restrain him instead. She once allegedly used a table to restrain the child against a wall. The parents did not receive a full report of this incident for three years. The child became afraid of the aide and would drop to the ground and 'tantrum' upon seeing him or her.	3-5 years old	self-contained class for children with disabilities, Developmental Preschool	No
C19	MS	A nonverbal child who was later diagnosed with autism was restrained in a 'high chair' in the corner of the classroom at a day care center. This was done because the nonverbal child would not respond to the staff. These episodes were documented by the school's video cameras. The parents pulled him out of school.	0-2 years old	In the regular education classroom	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C20	CA	The parents of a five-year old boy with severe autism went to their son's classroom and discovered their child shirtless and being restrained in a chair. His back was bruised from the restraint, and he was crying and screaming. He is now afraid to be without his shirt. Parent reports being unable to visit and observe child in classroom, although other parents freely go into their children's classrooms.	3-5 years old	self-contained class for children with disabilities	No
C21	MI	A female student of elementary school age was pinned to the floor by staff members holding both of her arms.	6-10 years old	self-contained class for children with disabilities, hallway	Other
C22	VA	This situation involved a female child who had been adopted from China, diagnosed with malnutrition and GERD, Reactive Attachment Disorder, Post Traumatic Stress Disorder, and Oral Defensiveness. The parents repeatedly communicated to school staff that food should never be used as a reinforcer. They later on found out that food was withheld unless child pressed button on communication device to be fed one spoonful of her lunch.	3-5 years old	self-contained class for children with disabilities	No
C23	OH	This situation involves an elementary school child with Asperger's Syndrome and ADHD. Child taken to seclusion room without parental consent or including the seclusion room on his IEP. This was a small room with cinder-block walls and no windows. Parents were told he had to stay there long enough until he could look at his reflection in a mirror and staff judged him to be calm enough. At times, this was an hour of isolation. Child was also rolled up like a hot dog in a blanket despite parental statements that this was aversive to him. He became afraid of towels after his bath. Their son was diagnosed with PTSD by a child psychiatrist.	6-10 years old	In a private seclusion room	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C24	OH	A male student has been mistreated in several different educational settings. At age six, an aide grabbed the boy by his chin so hard that he received bruises, and then restrained him against a chair with his hands behind his back. Two year later at a different school, the boy showed signs of stress and increasing behavior problems. Parents visited the school and found the child being shaken. On another occasion, the child was forced to clean up a mess with a sponge and then the sponge forced into his mouth. More recently, while in a vocational school program, the parents learned that two aides are being investigated for inappropriate use of restraints on their son while in a van. This investigation is still ongoing but the parents have removed him from this program.	6-10 years old, 11-13 years old, 14-22 years old	In the regular education classroom, self-contained class for children with disabilities, in a van	No
C25	IL	This situation involves a male elementary school student with autism. The parents had told the school that their son had issues with claustrophobia and that they didn't want him in the school's timeout room. The parents and school staff agreed that timeout could be used in the classroom but not in the timeout room. After the school year ended the parents learned from a student teacher that the timeout room had been routinely used with her son and others in the classroom. The timeout room was not used for punishment but as a 'holding room' for students while staff worked with other children. The child continued to experience restraint and seclusion in other settings as well.	6-10 years old	self-contained class for children with disabilities, in a bus	No
C26	PA	Between kindergarten and first grade, the student was regularly put in seclusion as a result of "behavior" issues, sometimes for hours. There was no positive behavior plan in place, and IEP accommodations were not implemented in classroom. In first grade, he was routinely restrained by 1-3 adults and placed in seclusion--multiple times per month. At one time, when the seclusion room was occupied, the 6-year-old was pushed face first into a bean bag chair by the aide. Student was also restrained for not behaving in seclusion, coming home with bruises. School routinely ignored therapist's advice that child receive routine sensory breaks as part of a systematic behavior plan.	3-5 and 6-10 years old	In the regular education classroom, many areas of the school building, other	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C27	MO	Child has been diagnosed with Agenesis of the Corpus Callosum (the part of the brain that connects the two hemispheres did not develop) and PDD-NOS. Child is able to develop some reasonable compensation skills, but his disability manifests as inconsistent performance. When child transitioned to kindergarten, school failed to respond to recommendations from preschool. Behavior problems resulted, but no FBA was performed and positive supports were not implemented. Parents agreed to seclusion room for crises, which they believed would be used only in event of imminent danger. "We would regret that decision forever, but at the time felt overwhelmed, confused, trapped, and desperate." The seclusion room was used 7 times, often as a first-line intervention rather than for crisis situations. On at least one occasion, child was confined to seclusion room for 40-50 minutes.	6-10 years old	regular education classroom	No
C28	FL	Student initially restrained in his classroom to prevent eloping and over time was restrained for increasingly aggressive/violent behaviors. Parents' request for a positive behavior plan and a sensory room were refused. Student was frustrated when his expectations were not met and became very upset. Staff restrained him and injuries resulted. His IEP was not implemented (e.g., basic accommodations for written test), resulting in his becoming frustrated, later cutting his shirt with scissors at school, and when asked to stop, he threw the scissors. He then ran to an agreed-upon safe haven (principal's office), but staff chased him, pulled him out from under a desk, and then restrained him. He became violent, and the school had him arrested.	6-10 years old	self-contained class for children with disabilities	No
C29	MD	Child repeatedly removed to behavior control room and placed in prone restraint, which exacerbated his behavior. As a result of our involvement, P&A exercised its protection and advocacy authority and Baltimore City Public Schools agreed to cease the use of prone restraint in its programs for students with emotional disabilities.	6-10 years old	self-contained class for children with disabilities	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C30	APO	Two children suffered abuse at school, resulting in post-traumatic stress disorder.	6-10 years old	In the regular education classroom, in a self-contained classroom only for students with disabilities	No
C31	TX	The student was placed in isolation for being noncompliant. This included failing to turn in his homework. Once in the isolation room, he was required to stand motionless. He was also required to write, even though it was painful due to dysgraphia. If there was any aggression, he was subject to prone restraints, rather than a less-restrictive, less-harmful restraint. On one occasion, the student was prone restrained for acting in self-defense after an attack by bullies. The student had to change school systems. Parents were unable to afford a lawyer to bring a court case.	6-10 years old	In a private seclusion room	No
C32	TX	The student was inappropriately restrained on multiple occasions. The restraints caused multiple bruises. The parent has filed multiple complaints and gone to Due Process over the issue. Parent believes the school is ignoring the state's restraint and seclusion law, including the limits on when restraints can be used, and simply using restraints for disciplinary purposes.	6-10 years old	self-contained class for children with disabilities	No
C33	MD	Student, a kindergartener, was inappropriately placed in a program with students older than her. The older students were verbally and physically abusive to this student. Student was restrained by three adults after having a "meltdown." Student obtained private therapy and has new staff, and is now successful.	6-10 years old	In a private seclusion room	Other
C34	CA	On several occasions a 5 year old student with autism was duct-taped to a chair. When the parent contacted the police, she was turned away. Another student who witnessed the abuse was physically intimidated so he would not testify. Parent attempted to find an attorney to help her but no one would represent her.	3-5 years old	In a private seclusion room	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C35	MO	Student was placed in a seclusion room for non-compliant behavior, such as failing to complete academic assignments. Two of the seclusion placements lasted for over an hour. After parents hired an attorney, the room is no longer used for seclusion and no child is left alone in there.	6-10 years old	In a private seclusion room	No
C36	NY	During kindergarten, student was locked in a coat closet on multiple occasions. During middle school and high school, student was locked in a storage closet, and aversives were used. School staff forced parent to medicate student if they wanted him to attend school. Student was repeatedly injured during the restraining. Student is now being home schooled.	3-5 years old	In the regular education classroom	No
C37	MD	Student had escalating behavior in school cafeteria. Child brought to behavior management center to calm down but continued to escalate by throwing a desk and ripping posters. Rather than use a less-restrictive restraint, the school district use the dangerous prone-restraint technique upon the child. The student was suspended, the parents were notified of the suspension but not of the restraint. The school district also did not comply with requirements to provide parents with documentation about the restraint. The students behavior deteriorated, and only then were behavior supports were put into place.	6-10 years old	Other	Yes
C38	NY	Student was placed in an isolation room with a motion sensor light. After sitting in the corner and being quiet as he was told, the light went out and the room was dark. No staff noticed that the student was sitting in the dark, and now the student is terrified of the dark.	6-10 years old	In a private seclusion room	Don't Know
C39	FL	Student was restrained during pre-k that resulted in bruising of his shoulder. In kindergarten, student was place in a seclusion room where he was prone-restrained or brought to the bathroom where he was smacked in the hands or head. In third and fourth grade student was prone restrained for over an hour at a time. The student is now terrified by teachers and now has anxiety attacks.	3 years old to current	after school program	No
C40	CA	Student was secluded after attempting to retrieve a toy that he brought from home that was left in a room.	6-10 years old	In the regular education classroom	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C41	FL	A student with autism and asthma that get worse with stress or anxiety was prone restrained seven times in a five week period. On one occasion the student was prone restrained three times in three hours. The student has been bruised during the restraints. The parent is attempting to work out things with the school administration.	3-5 years old	In the regular education classroom	No
C42	CA	An untrained aide ate a little girl's piece of cake over her head as a punishment. The child became upset and the aide then dragged the child out and prone restrained her. The parents filed a state complaint, which resulted in training for all staff who work with students on behavior plans. Nonetheless, after this, the school began using a seclusion closet. A general education student would bully child until she reacted. Rather than take steps to prevent this bullying, the school employees would simply remove the girl by the neck to the seclusion room. The parent filed complaints, but no real action was taken. The fire department eventually took action because the room was not up to code. The parents later settled their case.	6-10 years old	after school program	No
C43	CA	The child was placed in non-public school because of his behavior. When his negative behavior (yelling, throwing papers) continued, he was subjected to multiple daily physical restraints, including "take downs" that involved placing an elbow in the middle of his 9-year-old back, placing him in a closet "time out" room, and being pinned behind a door when the time out room was full. At one point, he begged to get out of the time-out room to go to the bathroom; he was not allowed to leave and urinated on himself. The district claimed that he did that on purpose. Parents won a due process hearing for failure to provide a free appropriate public education. They then proceeded to federal court on the abuse. Parents were unable to complete litigation due to expense of depositions and other proceedings.	6-10 years old	Nonpublic School	No
C44	FL	Parent reports wheelchair bound student with multiple disabilities in a classroom where there were multiple reports by teacher's aides of physical abuse (hitting, kicking, drawing blood).	11-13 years old	self-contained classroom for children with disabilities	Doesn't Know

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C45	FL	Student diagnosed with Autism, Cornelia de Lange Syndrome and OCD suffered prone restraint on daily basis for two years while placed in self-contained classroom class. Child was restrained 89 times in 14 month period of 7th grade and the first few months of 8th grade for behavior issues that were a manifestation of his disabilities. Child's FBA was never updated. Parent did not consent to, nor were they made aware of such, even though school district completed restraint logs. School staff falsified reports and isolated student on a regular base. Student severely regressed across all realms and suffered PTSD to the point that RTC placement became necessary.	11-13 years old	self-contained classroom for children with disabilities	Yes, but not followed as consented to
C46	WI	Attorney reports representing 3 children who were placed in isolation with no supervision.	6-10 y/o	Seclusion Room	No
C47	VA	Autistic child who wandered the room was restrained with huggy and Rifton chair. Parent withdrew permission to use the huggy and the buckle on the Rifton chair, and asked that school not restrain him. School agreed.	6-10 years old	self-contained classroom for children with disabilities	No
C48	MD	Student was systematically carried into the school psychologist's office and was secluded with an area created by putting gym mats on end and using the velcro strip to seal the student inside.	3-5 years old	regular education classroom but isolated in private office	unknown
C49	TX	Autistic child was placed in isolation in a dark room after being falsely accused by two other classmates. The principal said the child would remain in isolation until the matter was resolved. The parent removed the child from the district and placed him privately where he has been making great progress.	11-13 years old	Child was in Regular Education Classroom, but isolated in a Private Seclusion Room	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C50	ID	Child's Behavior Plan was not implemented appropriately. Teacher lacked skills to implement plan and was unwilling to receive or participate in training that was offered. On several occasions, child's behavior escalated due to school staff inappropriate intervention, causing child to feel terrorized. On two occasions, parents were called to pick up child. When they arrived, child was hysterical and requesting to "go home." After parents threatened suit, behavior supports were implemented and teacher removed as primary care provider at school setting. Family moved and so child is in different school.	6-10 years old	In a self-contained classroom only for children with disabilities	Other
C51	IN	Preschool-aged child was restrained in Rifton Chair without informing parent because he would go into sensory overload and try to leave the class in order to calm down. Child was distraught and did not want to return to school. School agreed to stop use of chair. At a later time, the child was subjected to prone restraint by 3 adults holding him in prone position (he weighed under 50 lbs). Child was also placed in isolation room without parent's knowledge. He was diagnosed by the therapist as having possible PTSD.	3-5 years old	In a self-contained classroom only for children with disabilities	No
C52	MS	A 10 year old who is blind and cannot eat with her mouth was force-fed by a teacher, which could have caused serious injury. She was placed in a hall with a box over her on another occasion. She has been slapped in the face by a teacher, according to parent. She has been removed from the regular education classroom and placed in a self-contained classroom.	6-10 years old	In the regular education classroom	No
C53	TX	Child was restrained twice in one day, in two incidents that resulted in bruising his ribs. Parent was not informed and only found out when she called the school. Parents feel hopeless and are homeschooling child because he is so scared of school.	6-10 years old	In a private seclusion room	Don't Know
C54	TX	Child restrained on regular basis. Student was bruised and suffered emotional distress. Parent withdrew child from school.	6-10 years old	General Ed, Private Seclusion Room	Yes
C55	CT	Parent suspects severe restraints due to bruising and report by student. When parent filed complaint, accusations were denied and student was suspended for filing false charges.	---	Private seclusion room, stairwell	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C56	MA	A 6 year old with autism was subject to multiple restraints (more than 20) during the 2008-09 school year. Child was also subject to prone restraints. School also engaged in unsafe practices such as carrying the child up the stairs by arms and legs. The child was bruised. Staff was not trained in restraint/seclusion techniques.	6-10 years old	self-contained classroom for children with disabilities, seclusion room	No
C57	OR	Student was in in-school seclusion for about 9 school days as a 7 year old second grader. As a result, he suffered significant social emotional distress. Total seclusion from educational environment and peers resulted when District changed his placement to one hour of instruction per day off site for almost the entire school year. Child has no exposure to regular education and is now in self-contained behavior class	6-10 years old	self-contained classroom for children with disabilities, seclusion room	No
C58	GA	Parents reports their daughter was educated from Kindergarten until 3rd grade in a self-contained classroom for children with emotional/behavioral disorders. District failed to acknowledge the condition of autism (PDD-NOS) or Tourette Syndrome or provide services for her severe language, sensory, auditory or visual processing disorder. She was repeatedly restrained and suspended until Feb 2006, when the school insisted that she be placed in a non-public school. Parents had rejected this placement twice before, due to previous observations of the facility where she witnessed a child in a two-adult prone restraint or being dragged to a seclusion room. Seclusion room did not provide for observation.	6-10 years old	self-contained classroom for children with disabilities, Non-public school	No
C59	CA	Child (8 year-old aggressive, self injurious autistic boy) was taught by staff replacement behavior of masturbation for approximately one year. The behavioral consultant created a 16-opportunity token board, and the student would pull an "x" icon if he wanted to request for "happy time". The staff would then lead him to the "happy room", give him a pillow and blanket to rub his pelvis (dry humping), and allowed to use it for 3 minutes, after which, he would have to communicate his desire for more. The case settled out of court and the District agreed to provide and intensive 40 hour ABA 1:1 treatment program to reshape his behaviors and remove the masturbation taught by the school district staff.	6-10 years old	-----	-----

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C60	NC	Child is in public school for children with emotional disabilities. He became verbally and physically aggressive in classroom and was placed in locked seclusion room for several hours.	11-13 years old	separate classroom for children with disabilities; separate school	Has behavior plan that has not been updated in 3 years
C61	VA	Child placed in locked seclusion room on several occasions.	3-5 years old	self-contained classroom for children with disabilities, seclusion room	No
C62	CA	The district had failed to provide a consistent teacher, with rotating staff brought in every 20 days. In response to a behavioral outburst resulting from abrupt schedule change, substitute teacher broke a broom handle over head of 14 year old. School principal reported substitute teacher's conduct to police.	14-22 years old	separate classroom for children with disabilities; separate school	No
C63	MA	Parent reports that over a two-year time period child came home from school with bruises and abrasions caused by restraints. These included the basket hold and prone restraint. The parent did not consent to the restraints, as he felt the restraints were punishment rather than an appropriate behavioral intervention.	6-10 years old	self-contained classroom for children with disabilities	No
C64	MS	Parent reports teacher withheld food as punishment for student with multiple disabilities and Autism who failed to complete work. Then, when the child sought food, he was physically prevented from retrieving the lunch bag he brought from home. This caused the child pain and to continue to go hungry. Teacher continued to deny food and physically restrained child when he protested, to the point of taking him down and laying across him. The student continues to be emotionally distressed.	6-10 years old	self-contained classroom for children with disabilities	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C65	ID	Parent reports that daughter was held down in chairs in the Principal's office on multiple occasions. She has had her hand's held behind her back and been placed in isolation in the nurse's office. Child has been traumatized and has developed facial tics. Parent withdrew child from school due to this abuse. District then offered an self-contained classroom program in which a "padded room" (isolation room) is used as a behavioral control. When parent refused, due process ensued. Parent then withdrew child and is now homeschooling child.	11-13 years old	regular education classroom, seclusion room	No
C66	MA	A student was frequently left alone in an isolation room, though not physically restrained. One time student left the room to eat with his class. He was chased down the hall and staff restrained him. Severe psychological harm resulted from seclusion episodes.	6-10 years old	In a private seclusion room	No
C67	SC	Student with "severe autism" was repeatedly locked in a bathroom that contained a steel table as a behavior management technique. School declined to develop different procedure. Student was able to overturn table and injure himself. He also injured himself by hitting the toilet. Child had epilepsy and would have been severely injured if he had had a seizure while locked in the bathroom. After school psychologist observed and recommended that police be used to handle 7 year old, 42-pound child, parent asked to have independent psychologist observe child in class. School district refused, claiming it was necessary to protect privacy of other children. Parent was also never allowed to observe in the classroom, although she could stand outside and look through a window. Student changed schools but has been severely traumatized.	6-10 years old	In a self-contained classroom only for children with disabilities	No
C68	MD	Student endured restraints to the point of bruising and abrasions. Restraints included prone holds and being pulled by his arms to seclusion room where he would be left alone for more than 30 minutes without parent or others being able to observe. Parent reports injuries were verified by doctor and pictures where taken. Child suffered severe emotional distress and trauma. Now will not tolerate any closed doors, even when using restroom and will not allow anyone to hold his hands or arms for fear of being dragged.	---		

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C69	CT	A 5-year-old little girl, nonverbal, came home from school with a softball-sized bruise on her back. She had been locked in a small bathroom, seated on a potty seat. She obviously had rocked back and forth, hitting her back on a small round knob on the back of the potty seat. Staff shared very little information, and the school inaccurately documented on the IEP only that "the mom was upset about bruises on the child's legs." The District never acknowledged the abuse, and originally recommended that the school simply provide a different potty seat. After mother insisted, school district transferred her child to another school.	3-5 years old	State-approved private school for young children with autism.	No
C70	MD	Child with Down Syndrome placed in closet for isolation on at least 2 occasions; counsel currently determining extent of seclusion. Door held closed by multiple staff and may have also been locked. Case reported to principal by other students. Staff have been placed on administrative leave.	14-22 years old	regular education classroom, seclusion room	No
C71	CA	A state complaint was filed and the state found as follows. The district used excessive force and more than was reasonably necessary. School's report said child was held down in prone containment for 50 minutes. Prone containment was used as a substitute for the systematic behavioral intervention plan.	6-10 years old	In the regular education classroom	No
C72	AL	7 year old child with multiple disabilities is nonverbal. Child was restrained on mat with weighted sand bags and physical restraints, which are not part of her IEP or behavioral intervention plan. Alabama P&A filed state administrative complaint.	6-10 years old	self-contained class for children with disabilities	No
C73	AL	7 year old girl with autism and seizure disorder (epilepsy) has been secluded inside a box by her teacher on more than one occasion. Reported by other children and parents.	6-10 years old	self-contained class for children with disabilities	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C74	CA	A 16 year old with Angelman's Syndrome and autism was placed in a dog kennel - style cage as a punitive consequence. Cage built of metal chain link and wood slat fencing. OCR investigation determined that school had used cages. Case settled out of court.	14-22 years old	self-contained classroom (segregated school for children with disabilities)	No
C75	CA	Two aides physically restrained a young girl with physical disabilities and mental retardation. This was during an awards assembly because she was clapping when each student went up, as is customary in an awards ceremony (rather than after the whole group had gone up, as had been requested in this assembly). The child became hurt and shocked by the restraint that she became hysterical and started shrieking and crying. Parent observed it because child was there to receive an award, and reports "That's how she went up to stage to receive her award -- shrieking and crying. " Aides used ineffective verbal instructions that she didn't comprehend and that were a lot more distracting than her hypotonic hands clapping; no one in the auditorium was reacting to this minor mistake except the aides. Then they positioned themselves one on either side of her and held her arms down for the remainder of the assembly until she became hysterical.	6-10 years old	school auditorium	No
C76	NY	8 year old with Down Syndrome did well in regular classroom until he experienced family difficulties and had a melt down. He was transferred to a school an hour away and restrained on the bus trip. He had no behavioral intervention plan. In the new placement, he was spanked on his bare bottom in front of the class for melt-downs. Complaint was filed with the State Department of Education. Child fears school and has been home-educated for the last 5 months. Parent already spent large sum money on attorneys fees in order to get her child educated in the Least Restrictive Environment.	6-10 years old	-----	No
C77	AZ	6 year old with autism and difficulty communicating was physically restrained on several occasions; after one of them, he was red and felt feverish or hot, the nurse reported. School district denied claims and then altered version of what occurred. Child was also placed into a seclusion room. In reports, parents ask that school districts be required to inform all parents when physical restraints have been used.	6-10 years old	In the regular education classroom, private seclusion room	Don't Know

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C78	LA	Child with Asperger's Syndrome has been restrained and subject to abusive interventions since he began school at age 5. On one occasion, adult staff sat on top of him. On another occasion at another school, he came home with bruises caused when a substitute tried to restrain him. Parent's experience is that staff often are not trained in positive behavioral supports and do not understand how to implement them.	6-10 years old	In the regular education classroom, in a self-contained classroom for children with disabilities	Yes
C79	PA	Parent reported that after child had a meltdown, school district called police about him, rather than providing appropriate services. Mother feels completely discouraged. "I know that you don't have all the answers, but maybe you can understand what it is like to have this type of problem with no place to turn....He will be left behind, and it is all left to me to be his strength, his voice and his advocate. I'm tired so tired... I am a mother of four, and a caretaker of my mother. I have no help and no hope of a bright future for my son. I will continue to fight for his rights as long as I breathe, he is educable, he is talented and we are blessed as a team together."	6-10 years old	In the regular education classroom	Don't Know
C80	NC	2 pre-teenage boys were brought to the front of the regular education classroom, 2 girls of the approximate age as well, who were directed to stand behind the boys. Girls were instructed to continuously poke boys in the back of the head while the boys were instructed to call out the answers to rapid fire, increasingly difficult math problems. Problems increased in difficulty until sufficient mistakes were made that the classroom erupted in laughter. .	11-13 years old	In the regular education classroom	No
C81	CA	Parent reports child battered 3 times in class, coming home with scratches, bruises, and choke marks. He was restrained because he could not follow directions; he is autistic but smart. He was moved from his autism class to a class for the severely emotionally disturbed and this is when the abuse began. Parent has photos and plans to retain counsel due to harm to son.	11-13 years old	In a self-contained classroom only for children with disabilities	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C82	FL	Gifted child with Asperger's Syndrome was on grade level. She was moved to behavioral day school in 6th grade when she violated rules of conduct due to increasingly restricted movement. Among other things, she had been placed in a 6x8 room for several weeks by herself with no teacher. She is graduating this year, with a special diploma, having spent an average of 79 days each year in a time-out room.	14-22 years old	In a self-contained classroom only for children with disabilities	No
C83	PA	• A teen-aged boy with Asperger's Syndrome was singled out by principal for punishment on daily basis in Pennsylvania. He was forced to sit in a school office cubicle up against a window looking into the hallway without moving. He was ridiculed in front of various classes on a regular basis by staff pointing out Asperger's Syndrome behaviors and mannerisms (especially lack of eye contact and aversion to having others in personal space) This lasted for 7 months until an advocate was retained.	11-13 years old	In a regular education classroom	No
C84	CO	A medically fragile child with developmental disabilities and mental illness had a history of getting locked in closets as a small child prior to his adoption. Nonetheless, the school district placed him in a seclusion room that was a small 2x4 foot cubicle closed on 3 1/2 sides with no light. (It was ironically called the "take space place.") He had to sit in a chair facing the back wall with his hands folded. A teacher sat outside the opening "supervising" him until they felt that he had "calmed down" for up to 1/2 hour at a time. He was put there because after 5 weeks in a psychiatric hospital for a suicide attempt, he was threatening to kill himself at school. The district did not tell his parents.	11-13 years old	In a self-contained classroom only for children with disabilities	No
C85	CT	Parent reports child has never been aggressive but simply could sit or lay on the floor. Parent is concerned that restraining child would escalate things. Child has been placed in a seclusion room.	14-22 years old	In a self-contained classroom only for children with disabilities	No
C86	NY	Child was assaultive. School was segregated spec. ed. school operated by NYCDOE. Instead of using behavioral crises defusing protocols, staff called school safety officer (from NY Police Dept.) The safety officer handcuffed the boy. School staff told parents they did not use Strategies for Crisis to defuse the situation, or safe methods of restraint because they'd been told they should call police officers when children acted out.	---	In a self-contained classroom only for children with disabilities	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C87	WV	In violation of IEP, school was keeping young teen in a self-contained classroom most of the day (an environment historically associated with behavior problems), and IEP-required educational supports were not provided. When behaviors began occurring, school started using physical restraint, although his behavioral intervention plan called for avoiding physical contact during behaviors because it was known to escalate them. Family met with several administrators to discuss the problem, but restraints became more frequent and severe (one involved several staff over a period of exceeding one hour). As a result of injuries the student received during a restraint, a physician who examined him reported school to Child Protective Services. CPS found restraints were performed by staff who lacked the required training. After entering a private school, the student has not required restraint a single time and is making progress. At the time of the incident, the child was under 16 years old.	14-22 yo	In a self-contained classroom only for children with disabilities	No
C88	GA	Child was a 40 pound small eight year old with unidentified autism, who was easy to get under control. His large male special education teacher apparently and allegedly body slammed him face first on the floor in an illegal restraint. The force blackened his eye and left carpet burns on the side of his face. He also had a perfect hand print bruise on his chest and rib cage, and had multiple bruises all over his body, esp. around his ribs and on his arms. The school district did not report the incident to the parent. Parent found out when she asked child what happened and he told her that the floor did it. The next day when she inquired, the school would not talk with her. It was only after she went to the police and to the newspaper did the school file an incident report. School district had not thoroughly evaluated or identified this child's autism and certainly was not addressing his needs as he did not have a Behavior Intervention Plan.	6-10 years old	Private Seclusion Room	No
C89	PA	Allegations in federal civil complaint that teacher in self-contained autism classroom "continuously and systematically" used aversives and restraints against the children, including hitting them on the legs and arms causing bruising, screaming in children's faces, squeezing child until he was bruised, stomping on child's instep, taping another child with duct tape around the legs rendering him unable to move, punishing him by depriving him of his only communications method (PECS cards), and backhanding the child causing blood to gush from his nose.	6-10 years old	Self-contained classroom for children with disabilities	

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C90	CA	A 10 year old had a minor incident on the playground and would not go to the principal's office as instructed because he was afraid of her. Instead he returned to his general education class. The principal and a large male intern teacher came to the classroom and pulled child into office, where they held him in a prone restraint. They refused to release him from the restraint until a parent arrived, 40 minutes later. Parent enrolled child in nonpublic school but he was returned to public school the following year and subjected to harassment and additional restraints when he tried to run away. He did not have a behavioral support plan at the time of the first restraint; later plans were developed. Instead of following them, school allowed situation to escalate to point of using additional restraints. Mother believes child acted out because the school district refused to accommodate and remediate his severe dyslexia.	6-10 years old	regular education classroom	No
C91	NY	Parent reports child with Asperger's repeatedly restrained, in opinion of impartial hearing officer, at least ten times over a four month period of time by untrained individuals for inappropriate antecedents (not justification for any type of restraint). Staff apparently ignored CPI training and used multiple person prone restraints with an adult lying over smaller child's back. School district contended that during one multi-person prone restraint, child "fell asleep." Parent believes child became unconscious from asphyxia due to use of prone restraint, with weight of the child's body working against diaphragm and chest cage expansion. In another instance, child was restrained off and on for approximately one hour.	11-13 years old	Regular Education Classroom	No
C93	SC	Child with Asperger's Syndrome taught by young teacher who had not received adequate training. His only support consisted of 45 minutes of Speech per week. Child was punished for actions that were manifestations of his disability. When he struggled with math and writing, he was given more work and placed in isolation with no academic instruction. Parent's request for a trained aide was denied; school district contended child's I.Q. indicated that he was misbehaving deliberately to avoid school work. Child became suicidal. Parents saw bruising and finger nail marks in his arms, and other bruises. Child said that he was afraid of certain school staff members because they had been hurting him. He began to run from them. Staff members were allegedly using physical restraints daily, including wrapping arms around him and squeezing, making it difficult to breathe.	6-10 years old	Regular education classroom; private seclusion room	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C94	NC	Child was subjected to aversive and abusive interventions, including being held in a physical restraint as discipline, being pushed with physical force onto a carpet, and locked into a conference room where he banged his head on cement wall hard enough to apparently suffer injury. Parents report that with his limited social abilities, child's behavior would worsen as he acted out in response to these incidents. Child was then moved to another placement with a padded room and physical restraints. Parents resolved restraint issue in mediation with agreement to use de-escalation and thus avoid restraints and the padded room. Parents contend that armed school officer came when child's behavior escalated and school failed to properly implement "de-escalation" techniques, in turn escalating child's behavior. Parents held child out of school and school ultimately charged them with truancy.	6-10 years old	Self-contained classroom for children with disabilities, private seclusion room	No
C095	CA	A high-functioning child with autism had a history of behavior problems. As a freshman in a California non-public school, he was not allowed to attend classes for the last 3 ½ months of the school year. He was placed in a converted storage area, given a computer and told to do his work (with no instruction). He was miserable and stagnated. At another school, instead of being in class, he was made to sit outside on a bench for behavioral infractions.	14-22 years old	In a self-contained classroom only for children with disabilities	Not Applicable
C096	RI	A school district in Rhode Island created a separate school for children with behavioral issues. An elementary age boy was subjected to a prone restraint that was forceful enough to result in severe bruising to his face. Although the school district claimed to have conducted an investigation, they also claimed that none of this was in writing and they refused to share the results with the parents. They also refused to provide information to the parents about any training that the staff had in restraints. The family's attorney filed a complaint with the State Department of Education which did not conduct an investigation. The school district ultimately agreed to provide an out-of-state placement for the child at a private school.	6-10 years old	In a self-contained classroom only for children with disabilities	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C097	NY	A preschool child with autism was being educated at a special needs day school where he was frequently subjected to restraints when he was being difficult. The child received minor physical injuries. The parents believe that the child's sensory issues led him to escalate with staff members tried to restrain him, which led to a vicious cycle.	3-5 years old	In a self-contained classroom only for children with disabilities; in a private seclusion room	Yes
C098	WI	A kindergarten student with undisclosed disabilities was educated in a 'special ed unit' within a general education kindergarten class. When the parent first visited the 'unit' she saw that it appeared to be a storage area. When the child was taken the general education group both she and another child with special needs were strapped into a Rifton chair, although it was not in the child's educational plan. Parents ended up removing child after several unsuccessful meetings with school district representatives.	3-5 years old	In the regular education classroom; in a private seclusion room	No
C099	GA	Child with autism, intellectual disability and medical issues was making progress with assistance of private therapist. Then child began regressing substantially and did not want to attend schools. Advocate reports parents discovered child was subject to the use of aversives.	unkn	unkn	unkn
C100	NJ	A preschool boy was strapped into a Rifton chair during school.	3-5 years old	In a self-contained classroom only for children with disabilities	No
C101	SC	An elementary child with severe cognitive delays and orthopedic issues was beaten with a ruler by three paraprofessionals. The child was taken to the hospital and pictures were taken of the bruises. This case was filed in state court and settled. The criminal charges were dismissed.	Elementary school	In a self-contained classroom only for children with disabilities	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C102	SC	A nonverbal child with autism had no way to communicate and so he resorted to pinching, biting, and running away. He was bitten by a school aide to 'teach him a lesson'. This child did not have a Positive Behavior Plan. The child had an augmentative device at a previous school but current school refused to give him one, leaving him with no means to communicate.	Elementary school	In a self-contained classroom only for children with disabilities	No
C103	SC	Elementary child who is blind with severe cognitive delays who was supposed to have a full-time paraprofessional was left alone and fell out of his wheelchair. He broke all four of his front teeth. Case was filed in state court and settled.	Elementary school		
C104	MA	A boy with undisclosed disabilities was subjected both to seclusion in a locked isolation room and restraint that left marks on him. These occurred at a private school. When he was expelled from this school he moved to a public school setting. He continued to have behavior issues and staff both frequently restrained him and called the police on him. The Department of Education found both of these schools to be out of compliance but this had no effect on his educational program.	11-13, 14-22 years old	In the regular education classroom; in a self-contained classroom; in a private seclusion room	Yes
C105	GA	Child with dyslexia and Asperger's reacted by breaking pencils and pushing papers when given reading and writing tasks he could not perform. School district placed him in seclusion room where he hit his head against the wall. Child was moved to another program in which he was emotionally and physically abused, advocate reports.	unkn	unkn	unkn
C106	SC	An elementary child with high-functioning autism was attacked and sprayed with perform by other students on a school bus several days in a row. The attacks were tape-recorded but the bus driver did not intervene. The child has been diagnosed and hospitalized several times for PTSD. A case was filed in federal court and settled.	Elementary school	School bus	

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C107	WA	A first-grade boy was moved to an inclusive classroom at the end of the school year. As behavioral episodes worsened, the positive reinforcements that were attempted did not work. Staff members relied increasingly on aversive punishments, particularly seclusion in a bare isolation room. Multiple contingencies were required for him to be released for any reason, including to use the restroom, eat lunch, or catch his bus home. On more than one occasion the child spent more than 6 hours per day in the isolation room. If another child was using the isolation room than school staff would restrain the boy by pinning him against a wall.	6-10 years old	In a self-contained classroom only for children with disabilities; in a private seclusion room	Yes
C108	MA	A non-verbal nine-year old boy with a diagnosis of autism was subjected to a variety of restraints. This school is the same is in C109, below. The restraints involved grabbing the boy by the throat, pinning him against a wall by the throat, and bending his hands backwards to induce pain. Other punishments were reportedly also used on five other non-verbal children but were not reported to the parents when they occurred. The parents learned of them only when three classroom aides accused the teacher of mistreating the children in the classroom.	6-10 years old		
C109	MA	A non-verbal 11 old boy with a diagnosis of autism was subjected to a variety of restraints. The school is the same is in C108, above. The restraints and abuse involved holding the child's forearm from behind and then punching the back of his head if he threw his head back. Other punishments were reportedly also used on five other non-verbal children but were not reported to the parents when they occurred.	6-10 years old	In a self-contained classroom only for children with disabilities	No
C110	WV	Parent reports child was restrained during preschool years and force-fed, and later and injured in elementary years. Child was unable to report it until he was years older due to severe communication impairments. School personnel unwilling to believe parent. Child was homeschooled and then returned to school and sustained injuries, parent reports. At one point, parent insisted that a positive behavioral support plan be developed but school failed to implement it.	3-5, 6-10 years old	In a self-contained classroom only for children with disabilities	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C111	VA	Child was restrained and injured in middle school by principal and aide. Parent had requested behavioral intervention plan to address outbursts, but school did not provide one. School staff lacked training in handling outbursts and de-escalation and only escalated behavior. Child was denied a FAPE. Child had previously been placed in residential placement where he was injured by staff assaults and restraints, parent reports.	14-22 yo	In a private seclusion room	No
C112	MD	A teacher "tucked" child under her chair and held him with her knees and hands. He was forced to remain there, facing all of the other children sitting on the carpet in front of him. Other children began to treat him differently, as a result. Parent reports that as a result of her concern about the incident, "teachers no longer talk to me. All educational e-mail communication has stopped. I am not allowed into the school to observe." She must schedule appointments and be escorted, even though school has adopted an official open-door policy welcoming parents into the classroom.	6-10 years old	In the regular education classroom	Yes
C113	PA	Preschooler with autism was repeatedly abused by another student for 3 month period, resulting in significant behavioral regression, including being physically abusive towards others, stopping talking and being potty trained and in a constant state of emotional distress. In future placements, he was restrained, subject to use of seclusion room, and other aversive methods.	3-5 years old	In the regular education classroom; in a self-contained classroom only for children with disabilities	No
C114	GA	Advocate reports child placed in seclusion on multiple occasions. Child's requests to use bathroom were denied and child had to relieve himself in the room.	unkn	In a self-contained classroom only for children with disabilities	unkn
C115	MI	Parent reports that on several separate occasions, son was placed in an isolation room at school	6-10 years old	In a self-contained special education school	Yes

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C116	MA	This case involves an elementary school student who is nonverbal and diagnosed with autism. The school staff developed a behavior plan for non-compliance that was not shared with the parent. School notes, which were not shared with the parent, documented 55 timeouts for this child as well as many instances of physical restraint that included choke holds, wrist bending, and prone restraints. The five other children in the class were also subjected to physical restraints or timeouts. Common reasons for discipline included staring at objected, thumb sucking, or laughing. Parents only learned of this when an aide notified them that they should request the behavior logs.	6-10 years old; 11 - 13 years	In a self-contained classroom only for children with disabilities	No
C117	IN	This situation involves a high school student with Asperger's Syndrome, bi-polar disorder, and ADHD. The child was not protected from bullying/manipulation by other students at a special needs high school. He was also subjected to seclusion in an "Intensive Support Room" which was a padded room. Physical restraint was often used to take him there. The parents withdrew him from the school and he has been diagnosed with PTSD.	14-22 years old	In a self-contained classroom only for children with disabilities; in a private seclusion room	No
C118	MD	A 7th grader received a neck injury while being forcibly taken to a time out room. This injury was treated at a hospital and led to a finding of abuse by the Department of Social Services. The aide was dismissed. This incident led to increased anxiety for the child who has since been restrained several other times. These restraints have led to bruises. The school's response has been to suggest that the child be moved to a more restrictive placement.	11-13 years old	In a self-contained classroom only for children with disabilities; in a private seclusion	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C119	NC	An elementary school child with Asperger's Syndrome, ADHD, and learning disabilities was abused at a public school. Staff received restraint training from Crisis Prevention & Intervention (CPI) but did not apply it. Teacher dumped him out of chair, held him in physical restraint for trailing his arm along the wall, and engaged in other abuse against him. He was locked in a concrete room where he banged his head on the wall. At a later placement, school used non-standard de-escalation techniques (such as holding child's schoolwork out of his reach) that resulted in more escalations. The parents pulled their child out of school due to the anxiety he was suffering and were charged with truancy.	6-10 years old	In the regular education classroom; In a self-contained classroom	No
C120	OR	A three-year boy with autism was frequently restrained in a Rifton-type chair using Velcro-straps. The restraints were used when the child would not sit still. The setting for this was an Early Intervention classroom in a public school. When the parents learned that this was a common practice in this classroom they moved their child to a different school rather than filing a complaint.	3-5 years old	In a self-contained classroom only for children with disabilities	No
C121	MO	Child was restrained for minor infractions in one self-contained classroom. At another school, he was restrained and secluding, and came home bruised. As a result of these interventions, he responds with aggression when touched in an innocent way and does not like being in small, dark places.	6-10, 11-13 years old,	In a self-contained classroom only for children with disabilities; in a private seclusion room	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C122	CO	Five year-old girl, who suffered from a seizure disorder, developmental delays and a speech/language disorder was repeatedly restrained as punishment for manifestations of her disability. During the 2006-2007 school year the special education teacher and paraprofessionals repeatedly strapped the child into an occupational therapy device. They did so to punish her for actions that were the result of her disability, including making noise in the classroom, not being able to sit still long enough, not being able to stay on task, and not being able to pay attention. The child was strapped to this device multiple times a day and on consecutive days at times lasting over 30 minutes. One of the paraprofessionals reported this abuse to the Principal and the school district's behavior consultant who did nothing. The paraprofessional eventually filed a complaint with The Legal Center for People With Disabilities and Older People (Legal Center). In addition to suffering harm from restraint, child also regressed educationally. Because the child was nonverbal, she was unable to report to her mother what happened.	3-5yo	In a self-contained classroom only for children with disabilities	unkn
C123	KS	School district placed child at private residential school as a result of litigation for failing to provide a free appropriate public education. Residential was determined to be necessary because child's needs were so great. While in the residential school, the child was subjected to an illegal hold in which his arm was broken. The twisting break resulted in permanent nerve damage.	14-22 years old	In a self-contained classroom only for children with disabilities; non-public school for children with disabilities	No
C124	SC	8 year old with autism removed from regular education class repeatedly. There is a history of restraint. Child placed in secluded time-out room with closed door and lights were turned off on grounds that they were buzzing. Child came home recently with bad bruises under his arms and scratches around his ankles, due to application of force while being secluded. He had to be taken to the emergency room due to the extent of his bruises; the police were called.	6-10 years old	unkn	unkn

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C125	SC	11 year old with Asperger's Syndrome assigned to an alternative school, where he was taken to a seclusion room and restrained very frequently. In one incident, the boy's chin was split open during a restraint. Investigation discovered the school was using face-down prone position restraints. P&A requested an independent functional behavior assessment, which led to formulation of appropriate behavioral interventions. The new interventions proved to be successful and student has not been restrained since. He will be leaving the alternative school at the end of the year.	11-13 years old	unkn	unkn
C126	SC	A 7 year old boy with autism came home daily with bruises and scratches on his face and body. The teachers explained the bruises were a result of having to use personal crisis management to control his behaviors. Child was given an appropriate education plan, including 1:1 Applied Behavior Therapy services, and his behaviors improved significantly. Parent reports no bruises or scratches in a long time.	6-10 years old	unkn	unkn
C127	SC	A 7 year old boy has Cerebral Palsy, intellectual disability, hearing and visual impairments, and other disabilities was found by grandmother in a time-out room during an unannounced visit to the school. She was told that when the Client is noisy he is placed in the time-out room to calm him down. Client had not had a Functional Behavior Assessment or Behavior Improvement Plan completed. Since grandmother's visit, the IEP team met and agreed to have the district behavior interventionist observe client and determine if he needs a BIP. The team also agreed to stop using the time-out room completely as an intervention.	6-10 years old	unkn	unkn
C128	ND	Parent was concerned that child needed special education services for either ADHD or Autism Spectrum disorder. District had not identified him and issue was in dispute. Advocate reports that child allegedly threw himself at principal and parent learned afterwards that child had been repeatedly placed in a small time out room. Child was placed in room for several hours a day without monitoring; room lacked even a desk or chair.	11-13 years old	private seclusion room; placement was regular-education classroom	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C129	CT	An 8 year old with Asperger's Syndrome ran away from a paraprofessional who grabbed him by the shoulder after she created a power struggle over a ball with him. She was not properly trained and was not aware of his behavior plan. The child was then restrained by three adult staff who threw him to the ground. The staff were not trained in restraint and were unaware of the risk of injury to the child or themselves. As a result, child has lost trust in adults at school and has become aggressive and disruptive.	6-10 years old	regular education classroom; recess/playground	No
C130	CO	An elementary school student with undisclosed disabilities was frequently locked in a seclusion room for hours at a time over the course of an entire school year. Advocate reports that at times, the triggering offense was as small as refusing to do school work--not a dangerous emergency. The child was often left unattended. He was deprived of bathroom breaks, left to sit in feces, and was tormented by staff. Child's mental health deteriorated to the point that residential treatment became necessary.	6-10 years old	In a self-contained classroom only for children with disabilities; in a private seclusion room	No
C131	LA	Parents report daughter was repeatedly restrained in order to force participation in activities such as circle time. Parents have repeatedly asked for a Functional Behavioral Assessment and behavior plan, but school district has not provided them.	6-10 years old	In a self-contained classroom only for children with disabilities	No
C132	FL	Child with auditory processing disorder spent 2, 5, and then 10 days in one year in a windowless 5X6 seclusion room. This occurred when he failed to follow instructions. Teacher gave him directions too quickly, and then repeated them and repeated them --- each time sooner than the time this child needed to process the original instruction. (Child had Central Auditory Processing Disorder). The removal of the child for 17 days was a violation of the change in placement rules, but case was settled without due process.	6-10 years old	unkn	unkn
C133	OH	A 10-year old girl with behavior issues was frequently restrained with basket holds, sometimes as many as six- to eight times per day for 10-12 minutes each. Some of the restraints resulted in bruising. The staff did not have training in behavior management or restraints.	6-10 years old	In a self-contained classroom only for children with disabilities	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C134	SC	Parents report untrained aide denied lunch to child with autism and Tourette Syndrome because he had been speaking in funny voices. Shadow used physical restraint to keep child in cafeteria. After this event, child's placement was changed to a storage closet that locked from the outside. Parents report that district failed to educate child; child had no interaction with other children and made no academic progress. School even required permission from other parents before this child was allowed to eat with other children. School district was cited by State Department of Education for its actions, and compensatory education was ordered. The district did not provide it. The district is now paying for the child to receive education at private school where he is on honor roll and with peers for first time in four years.	11-13 years old, 14-22 years old	In the regular education classroom; in a private seclusion room	No
C135	CA	This situation involves a seven-year old girl who suffers from PTSD due to sexual and other child abuse. She had an IEP which included a list of reactive strategies for the staff to use. School staff restrained her on the floor for ½ hour on one occasion even though physical restraints were not included in her IEP.	6-10 years old	In a private seclusion room	Don't Know
C136	IL	12-13 year old child was placed in a seclusion room from when he got off bus until the end of the day for a 4-5 month period. Staff asserted child could leave if he wrote why he was in the room, but child had Oppositional Defiance Disorder and writing disability related to executive functioning. Child was injured by teacher who pushed him up against a wall, but despite bleeding, he was not permitted to see nurse or call his mother. Child became extremely depressed and experienced heavy psychological deterioration.	11-13 years old	In a private seclusion room	unkn

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C137	CA	The teacher of a 15 year old with Down Syndrome reported to his parents that he had been confined inside a closet with an aide as in-school suspension. The teacher was concerned about the confinement and believed it wrong. Although the child had a behavioral intervention plan, the school district did not follow it. A partition had been built in the closet so that he was confined to a small space. He was in the closet all day. He was only allowed out to go to the bathroom, causing extreme humiliation as he walked in front of his classmates. He declined to go back into closet and began talking to himself. Staff ignored the child's behavior support plan and threatened the child, who became upset and kicked desk and walls. The parent explained that police were called and told child refused to go back to desk, but were not told that the desk was in the closet. His parents report that due to his cognitive impairments, the school district knew the child would not be able to go home and tell his parents he had been put into a closet.	14-22 years old	in private seclusion room (closet adjacent to regular classroom)	
C138	OH	An 11-year old boy with autism was restrained on several occasions over four years including through use of a basket restraint (which is a restraint that is capable of causing significant physical harm). On one occasion, the child was strapped naked to a chair. Staff were not trained in behavior management or restraint techniques. The situation was exacerbated by the school district's failure to properly identify the child (they claimed he had intellectual disabilities when he did not, and as a result, his school work was inappropriate).	6-10 years old	In a self-contained classroom only for children with disabilities	No
C139	CA	An 8 year old boy with autism was confined in a lectern box for hours at a time over a six-month time period. The lectern had three closed sides while a curtain covered the open fourth side. This seclusion occurred at a charter day school.	6-10 years old	In the regular education classroom	No
C140	SC	9 year old boy with autism, bipolar disorder, and Obsessive Compulsive Disorder was restrained by five adults. When parent picked up the son from school, he had bruises in several places and a thumb that appeared to be broken. The student was taken to emergency room and hospital staff reported injuries to law enforcement. P&A was able to get the student's Behavior Improvement Plan (BIP) amended	6-10 years old	unkn	unkn

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?
C141	CO	An elementary school child with developmental disabilities was restrained in a mechanical restraint chair for the convenience of school staff. These restraints ultimately resulted in a broken arm when the child resisted. Parents filed for due process hearing and filed federal civil rights, 504, and ADA action.	Elementary school	In a self-contained classroom only for children with disabilities	No
C142	SC	11 year old girl with autism was being restrained with beanbags on the floor and school was attempting to use a straightjacket restraint on her. Appropriate attention to medical needs, upgrade of curriculum and modification of staff response, has remedied child's behavior. Curriculum, in particular, was changed to be more age appropriate because difficult behaviors may have resulted from being bored with curriculum. Restraints were terminated. A new crisis plan was put into place to avoid restraint: if student becomes aggressive toward staff, the school staff break away from student and briefly leave the classroom. Child then quickly calms down and goes to her desk area. Previously, school district had requested parent take child home early on regular basis; parents report this has not happened for the last 2 months and child has made substantial progress in school.	11-13 years old	unkn	unkn
C143	CA	8 year old was physically restrained repeatedly in a non-public school (NPS) program and isolated from his peers for the majority of his school day and school life. Parent only learned about repeated restraints 2 weeks ago. Child was restrained 60 times over a 9-10 month period. Restraint and seclusion were used when the child is non-compliant or if he "bolts," defined at the NPS as simply crossing a line or getting off the "X" he is supposed to stand on. The child has very clinically significant central auditory processing disorder, also speech deficits, learning disabilities and was born to a drug and alcohol-addicted mother who continued substance abuse until the father won full custody at 3 years old. NPS allegedly also tried to force-medicate the child, obtaining a prescription from a nurse-practitioner without father's prior consent. Child became violently ill. The child has participated for over 3 years in a community-based after school program every day and has never had a behavioral incident of any kind. He is well loved and creative, but has a strong need for support to refocus his attention and a need t	6-10 years old	In a self-contained classroom only for children with disabilities; In a private seclusion room	No

Case I.D.	ST	Summary of Abuse of Child in School	Child's Age	Setting where abuse occurred	Did the school implement a research-based, positive behavioral intervention program for the child?