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Protecting disabled children

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Disabled children are 3-4 times more likely to be abused than non-disabled children.¹ However, real prevalence rates are probably higher because there’s also evidence that the abuse of disabled children is widely under-reported². Children with communication impairments, learning disabilities and ‘behavioural disorders’ are particularly vulnerable. The abuse of disabled children appears to start at an earlier age than for other children and boys are disproportionately affected³. Disabled children are more likely than others to be abused by family members or someone they know but are also vulnerable to maltreatment in care settings.⁴

A recent study of child protection practice in Scotland⁵ suggests that disabled children fare less well in child protection services than their non-disabled peers. Despite social workers’ desire to be child-centred, some were anxious about or even resistant to working with disabled children. Where a child had communication impairments, this could be seen as a real obstacle: one social worker said “if you can’t communicate with a child, then you just kind of give up.” Other social workers, however, had found creative ways to adapt communication with disabled children and seek their views.

The research raised concerns about the risk of social workers over-empathising with parents, based on the view that having a disabled child was very burdensome. This can take the focus away from the child’s needs and may even allow neglect or abuse to continue. Some practitioners from other agencies – health, education, the police and third sector – believed that social workers sometimes applied higher thresholds for action to disabled children.

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children than were advisable, giving examples of young people “left in squalor for far too long.”

Another study, funded by the NSPCC, explored disabled children’s help-seeking behaviours following abuse, and how public services respond. Three disabled children and seven disabled adults were interviewed. As children, all had experienced abuse or neglect for several years. Seven had told someone else what was happening at the time, in some cases on several occasions, but for only two people did this lead to positive action which stopped the abuse. Some participants had tried to convey their distress through challenging behaviour, including attempted suicide. Often such behaviours were assumed to be impairment-related.

Disclosures were not always handled well by adults, leaving children feeling disbelieved and disempowered. Barriers to effective help-seeking included lack of awareness, among children and practitioners, of what constitutes abuse of disabled children, the low credibility attributed to their accounts, and the young people’s own feelings of self-blame, fear and isolation. Lack of communication support was a major hurdle for some, particularly deaf children. Enablers of protection included supportive, trusting relationships, so children felt they could disclose and be believed, and access to professional interpreters.

Only one case was successfully prosecuted, where the perpetrator had been discovered by a police officer. Some adults felt an enduring sense of injustice. Long-term consequences included disrupted education and poor mental health, although a few participants said they had been able to transform childhood adversity into a more satisfying adult life.

Practice learning points

- Work proactively to identify potential signs of abuse: do not assume that disabled children are immune
- Assessments of disabled children’s needs should be accompanied by assessment of their parents’/carers’ ability and willingness to cope
- Take steps to reduce disabled children’s social isolation eg: through sports and leisure activities or befriending
- Early in an investigative process, seek advice from professionals who know the child well (perhaps a teacher or third sector support worker),
- Bring together expertise in child protection and children’s disability
- Seek the child’s view about what is happening and what should happen next, adapting communication and providing support as required. Ask a speech and language therapist to help if appropriate
- Arrange independent advocacy and/or a professional interpreter for the child as required
- Offer counselling

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- Ask local schools to provide sex and relationships education and safety skills training for disabled children
- Provide (or seek) training for staff in communicating with disabled children
- Provide (or seek) training in protecting disabled children
- Challenge attitudes that discredit or diminish disabled children’s capacity to be credible witnesses. Liaise with criminal justice services to ensure appropriate support is available for children meeting the police or attending court.