

Child Protection and Disability

Practitioner Training Module 2: Protecting Disabled Children



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Part 2

Learning outcomes

Course participants will be able to:

- Explain what lies behind the apparent under-reporting of abuse of disabled children
- Describe the risks to disabled children and the abuse they may suffer
- Determine ways that professional practice might improve

What do we know about disabled children in the child protection system?

Until recently...Surprisingly little!

The abuse of disabled children

Some facts

- Disabled children are significantly more likely to be abused than non-disabled children
- Abuse often goes unrecognised and under-reported. Several studies reveal evidence of under-reporting in UK and other countries
(Stalker et al 2010)
- Disabled children 3/4 times more likely to suffer violence
(Jones et al 2012)
- Young people with learning disabilities more vulnerable to CSE

(Franklin et al 2015)

The abuse of disabled children

Some facts

- Incidence of abuse 3.4 times greater for disabled children than non-disabled

(Sullivan and Knutson, 2000)

- Those children with communication impairments or 'behavioural disorders' are 5-7 times at higher risk of abuse

(Stalker et al 2010)

- Current Scottish Government figures suggest 5.22% children on Child Protection registers in Scotland are disabled; 30.03% disability status is unknown

Group discussion

What may account for the under-reporting of the abuse of disabled children?

Why might disabled children be more vulnerable to abuse?

Some reasons for under-reporting Professional responses

- A reluctance to believe that a disabled child is at risk of abuse
- Assumptions that a disabled child would not make a credible witness
- Abusive practices are unrecognised
- Reluctance to challenge carers

(It doesn't happen to disabled children NSPCC 2003)

Some reasons for under-reporting Professional responses

Continued

- Assessments focus on needs relating to impairment rather than general welfare
- Lack of familiarity with impairment
- Lack of time for thorough assessment
- Workers can feel overwhelmed by the child's disability
- Families may resist yet another assessment
- Assumption that an investigation cannot take place without a disclosure of abuse

(It doesn't happen to disabled children NSPCC 2003)

Some reasons for under-reporting

Why children might not be able to tell

- Communication difficulties
- Dependent on abusers
- Fear of services being withdrawn
- Not having the opportunity to tell
- Not sure if abuse or not
- Lack of peer support
- Belief that it is a justifiable accident
- Self blame
- Lack of self-worth/desensitisation
- Fear
- Threat of reprisal from abuser
- Adult power
- Adult collusion
- Will I be believed?
- Unaware of rights

Reasons why disabled children are more vulnerable to abuse

- More isolated physically and socially and from mainstream services
- Their dependency on parents and carers for practical assistance in daily care, including intimate personal care, increases their risk of exposure
- Exposed to more carers, professionals and volunteers including residential and respite care
- Have an impaired capacity to resist or avoid abuse e.g. restricted mobility
- Are subjected to an increased inequality of power

Reasons why disabled children are more vulnerable to abuse

Continued

- Less likely to receive sex education or information about their own bodies
- Use different communication systems; may not have the language skills to disclose
- May be unable to distinguish between types of touch
- Have less choice in everyday life
- Don't believe their wishes are heeded
- Tend to obey in order to survive
- Don't believe they can control things

Reasons why disabled young people are more vulnerable to exploitation

Recent research shows that young people with learning disabilities , autistic spectrum disorders and ADHD are vulnerable to sexual exploitation for many of the same reasons:

- infantilisation of many young people with learning disabilities
- social isolation
- lack of empowerment and voice
- lack of access to information and education on sex and relationships
- false perceptions that they do not have the same needs, wishes and desires to have a relationship as all young people, and/or that they cannot be sexually exploited

(Franklin et al 2015)

It also seems that...

- Certain types of impairment are more associated with abuse
- Abuse may start at a younger age for some disabled children than for non-disabled children
- Gender patterns of abuse appear to differ from that among non-disabled children
- Many factors increase the risk but these are often unrecognised
- Usual child protection standards/procedures not always applied to disabled children

(Stalker et al 2010)

Discussion

What, if any, are the particular risks of abuse and neglect for disabled children?

Are there particular abuses to which they can be subjected?

Some particular risks...

- **Over or under medicating**
- **Challenging behaviours**
- **Requirement for personal care into late childhood**
- **May have multiple carers**
- **Lack of friends**

Features of abuse

Disabled children experience the same sort of abuse as other children:

- Neglect
- Physical abuse
- Sexual abuse (including exploitation)
- Emotional abuse

Neglect seems particularly prevalent

Features of abuse particular to disabled children

- Failure to provide treatment or providing inappropriate treatment
- Not allowing adaptations or equipment a child might need
- Threats of abandonment/exclusion
- Exclusion: from family events, over use of 'respite', unnecessary schooling away from home. Depriving of visitors
- Not feeding enough to keep child light for lifting

Features of abuse particular to disabled children

Continued

- Excessive surgery
- Forcing treatment that is painful
- Inappropriate use of physical restraint
- Rough handling, extreme behaviour modification
- Lack of communication or stimulation
- Teasing, bullying or blaming because of their impairment
- Having too high/low expectations of child

Remembering siblings

- Brothers and sisters may be particularly vulnerable
- Physical and emotional neglect may be present but not necessarily intentional
- Their needs and wishes may be perceived as less important than those of their disabled or sick brother or sister

Case study - Joseph

- **What are the strengths in the way this situation was handled?**
- **What are the shortfalls?**
- **How might this have been handled differently?**

Discussion

What are the best ways we can improve professional practice?

How can we improve professional practice?

- Joint working
- Getting the environment right
- Focus on communication needs
- Challenge thresholds
- Tackling barriers
- Overcome reluctance to refer

Joint working: a problem?

- Better co-ordination is needed between children's disability teams and child protection teams
- It was reported that the former often lacked knowledge of child protection and the latter, of disability
- Although information sharing had generally improved, the presence of impairment is not recorded consistently between agencies and in some cases may not be recorded at all
- This impedes joint working, accurate assessment of the incidence of abuse among disabled children and resource planning

(Stalker et al 2010)

Joint working

- Joint working better for families with disabled children than for other families generally

(Stalker et al 2010)

- Separation between child protection social workers and children's disability social workers can be dealt with
- Child protection workers can also become part of the network of specialist support provided for the disabled child from school, health or voluntary sector

Getting the environment right

- Effective planning and preparation
- Flexibility in scheduling interview
- Advice on aids and adaptation
- Safe and accessible environment
- Information from other assessments
- Specialist advice/support/training on use of their preferred method of communication if appropriate

Communication

A real difficulty?

- Reluctance to engage with disabled children is likely to be based on a lack of confidence, knowledge and experience
- A gap in training was reported for police, education and social work staff in terms of communicating with disabled children, especially those with communication impairments
- The extra time needed to interview many disabled children could be problematic where investigations had to move quickly or specialist support workers were not readily available, especially in rural areas

"All children can communicate something and [professionals] shouldn't ever dismiss the possibility of getting information from children if you find the right way."

(Stalker et al 2010)

Hints and tips

from young disabled people on communicating

- "Don't blame us or have a go at us"
- "We do have feelings"
- "We're just like other children"
- "Show respect, and don't patronise us"
- "Take your time and make sure you understand"
- "Talk directly to us, not just our parents, or our carers"
- "Don't be scared to ask questions"
- "Really listen and understand"

Hints and tips

from young disabled people on communicating (continued)

- "Make sure you really understand us because I have seen carers, parents and other people who didn't even know or can't be bothered to find out how we say yes or no. Sometimes people say later, later, because they think we're asking for attention"
- "Keep calm and get on with it"
- "Don't be scared"
- "Learn from young people"
- "Show an interest in us, make it more than just a job"

Communication

Not only good practice but also a legal duty!

Children (Scotland) Act 1995 reinforces the right of children to be consulted about decisions in their lives in keeping with Article 12 of the UN Convention on the Rights of the Child.

Children should be given the opportunity to indicate if they wish to express a view and if so, given the opportunity to do so. Regard should then be given to the views given.

Better communication

- Speech is not the only form of communication
- Think about/ take advice on how to communicate with a child who cannot speak
- Be familiar with what should be expected developmentally of any child of this age
- Find out how this child's impairment impacts on their development
- Be realistic about your skills, take advice but don't let fear of lack of skill prevent action

Better communication

Continued

- Consider the child's ethnicity, cultural and religious background
- Keep an open mind
- Most children use a combination of methods of communication
- Acknowledge when you don't understand and try to clarify the message
- Pay attention to both verbal and non verbal communication
- Take time

Augmentative or alternative communication

AAC is the term used to describe different methods of communication which can be used to add to the more usual methods of speech or writing when these are impaired. There are at least 20 different formats in use which comprise:

- Signing and gesture
- Picture boards
- Computer based methods
- Or a mixture of these

Aided and unaided

No single method – rather a toolbox of approaches to tailor to each individual child.

Recording and taking time

In this case we had to review the video which led me to find everything [the child] said because he was very quick and very muddled in the way he was relaying information to us - so me sitting there listening to him at the time, I wasn't really able to comprehend what he was saying. It was only going back to looking at the video afterwards that you found that there was lots of things weaved in and out of what he was saying. [It] made more sense looking at it for the second time.

Keep it in perspective!

- You can't be an expert on all forms of communication – but you can show respect, engage with the child and do your best to understand – just as the young people suggested
- Remember the child almost certainly can communicate – if you can't do it find out how – get help
- Important – don't expect more of a disabled child who can communicate than any other child. S/he may still be afraid to disclose

Challenge thresholds

- A disabled child is a child first
- Tackle issues irrespective of “fault”
- Though parents/carers may have been failed by services, the needs of the child now come first
- Difficult/challenging behaviour should not justify ill treatment
- Assume communication will be possible

Challenge thresholds

It's back to this thing about parents being able to cope and what they cope with. If you've got a child who's not sleeping, you've got a lot of physical work to do with them, perhaps you've got difficult social circumstances, maybe we just allow a bit of neglect that we wouldn't tolerate elsewhere.

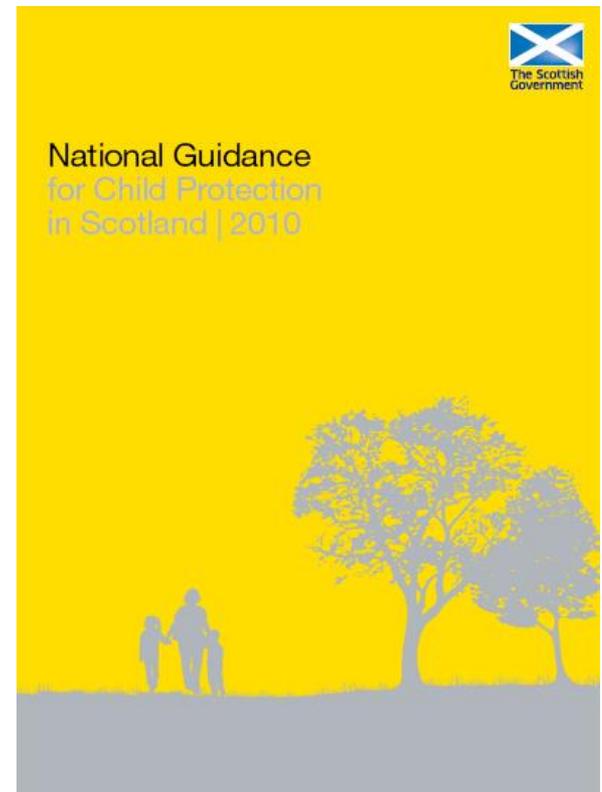
(Taylor et al 2014)

Tackling disabling barriers

- Is there something in this disabled child's environment that is underlying the abuse?
- Is there something about our service provision (or lack of it) that is contributing to abuse?
- What in the family's circumstances (for example, financial situation) is contributing to abuse?
- Is there something in society's perception of disabled children that causes their abuse?

Overcome reluctance to refer

- Maintain a 'child focused' approach
- Consider the needs of the child and be clear about your concerns
- Use supervision to share concerns
- Be prepared to seek advice
- Read and be familiar with the relevant guidance
- Challenge perceptions about children's evidence



GIRFEC

Five key questions

- **What is getting in the way of this child or young person's wellbeing?**
- **Do I have all the information I need to help this child or young person?**
- **What can I do now to help this child or young person?**
- **What can my agency do to help this child or young person?**
- **What additional help, if any, may be needed from others?**

Reflection

Has this part of the course met the learning objectives?

How could it be improved?

What further information/study might you want?

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Further reading

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