

## Abuse and disabled children

This course is a mixture of didactic input and case scenario exercises. It offers information on the current state of knowledge about the abuse of disabled children and the challenges of their adequate protection. There is then an opportunity for participants to make use of this knowledge using some brief case scenarios.

Scroll down to see first the course outline and then the presentation slides

<b><u>Title</u></b>	Abuse and Disabled Children
<b><u>Brief Course Description</u></b>	This course is a mixture of didactic input and case scenario exercises, supported by powerpoint/OHP slides. It offers information on the current state of knowledge about the abuse of disabled children and the challenges of their adequate protection. It goes on to consider the protection of children in multi-agency work. There is then an opportunity for participants to make use of this knowledge using some brief case scenarios.
<b><u>Keywords</u></b>	Disability
<b><u>Level of expertise</u></b>	<p>Training: <input type="checkbox"/> Beginner, <input checked="" type="checkbox"/> Intermediate, <input type="checkbox"/> Advanced</p> <p>Child protection: <input type="checkbox"/> Beginner, <input type="checkbox"/> Intermediate, <input checked="" type="checkbox"/> Advanced</p>
<b><u>Level of training</u></b>	<p><b>Targets</b></p> <p>S1 - 9 Be aware of some specific vulnerabilities and categories of abuse and neglect.</p> <p>S2 - 7 Know about the incidence of abuse and neglect (prevalence) and understand factors associated with/predisposing children towards being abused and neglected.</p> <p><b>Contributes to</b></p> <p>S1 - 8 Be aware of signs, indicators, definitions and effects of child abuse or neglect.</p> <p>S2 - 8 Understand your role in and be able to contribute to assessing and managing risk with vulnerable families</p> <p>S2 - 11 Understand and be able to communicate effectively and engage with all parties</p> <p><b>What participants need to know already</b></p> <p>Participants should have basic knowledge of child protection issues and assessments.</p>

<b><u>Overview &amp; Objectives</u></b>	This activity is designed to help participants reflect on the experiences of disabled children and their protection from abuse. There is a didactic section in which information about disabled children is given and a scenario exercise in which the knowledge is applied to practical situations.
<b>Learning objectives</b>	<ul style="list-style-type: none"> <li>• To raise awareness of the particular issues in the protection of disabled children and their vulnerability to abuse</li> <li>• To dispel some commonly held but erroneous beliefs about disabled children</li> <li>• To consider the responses required from participants in relation to disabled children where there are child protection concerns</li> </ul>
<b>Learning outcome</b>	<p>Participants will</p> <ul style="list-style-type: none"> <li>• Understand the issues particular to working with children who have a disability</li> <li>• Know about some of the myths concerning the abuse of disabled children</li> <li>• Know about the responses required from professionals and others involved with disabled children in order to adequately protect them</li> <li>• Know about some of the barriers to both detection and disclosure of the abuse of disabled children</li> <li>• Know about the prevalence of the abuse of disabled children</li> </ul>
<b>How does the selected approach fit with the learning outcome as an effective way to acquire the intended learning outcome?</b>	Participants will both acquire theoretical knowledge and practice the application of that knowledge to case based scenarios.

<b><u>Before the day</u></b>	
<b>Audience</b>	Anyone who may need to be aware of the particular issues associated with disability.

<b>Length of activity</b>	<ul style="list-style-type: none"> <li>• 2 <math>\frac{1}{2}</math> hours</li> </ul>
<b>Group size</b>	<ul style="list-style-type: none"> <li>• Minimum 8</li> <li>• Maximum 25</li> </ul>
<b>Approximate timing (for group of 20)</b>	<ul style="list-style-type: none"> <li>• Exploring the abuse of disabled children - 30 mins</li> <li>• Trainer input 45 - 60 mins</li> <li>• Case studies - 30 mins</li> </ul>
<b>Materials</b>	<ul style="list-style-type: none"> <li>• Trainer notes - Annex 1</li> <li>• Case Studies - Annex 2</li> <li>• Flip chart and pens</li> <li>• Powerpoint presentation</li> </ul>
<b>Preparation</b>	<ul style="list-style-type: none"> <li>• The trainer should make sure that they are very familiar with the research and literature referred to in the trainer notes. This may require some reading in advance of the course. The trainer may wish to copy these notes as handouts.</li> </ul>

## **Background**

**Original context from which this learning activity is drawn**

West of Scotland Interagency Training Programme

## **On the day**

### **The activity**

The activity is split into three parts as detailed below:

#### 1. Exploratory exercise

##### PART ONE

In small groups spend 10 minutes listing on a flip chart the types of abuse that disabled children can experience.

##### PART TWO

Then spend a further 10 minutes listing on a flip chart the reasons why disabled children are more likely to be abused and neglected.

2. Tutor presentation of materials - see Annex A and powerpoint presentation.

#### 3. Scenario Exercise

In small groups, read the scenarios in Annex B and discuss within your group the questions raised at the end of each scenario. Record the main points of your discussion for feedback to the larger group.

### **Conclusion**

Participants should be encouraged to reflect on their learning and to use the reference list to pursue further learning.

<p><b><u>Reflecting on what has been learned</u></b></p>	<p>Participants should be encouraged to complete a learning log which helps them to identify learning and to consider the transfer of their learning into action in the workplace.</p>
<p><b>The next training step</b></p>	

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## ANNEX A

### THE MYTHS CONCERNING ABUSE OF DISABLED CHILDREN. MARCHANT (1991).

- Myth 1 - Disabled children are not vulnerable to sexual abuse - they simply would not be targeted.
- Myth 2 - Sexual abuse of disabled children is OK, or at least not so harmful as abuse of other children.
- Myth 3 - It is impossible to prevent abuse of disabled children.
- Myth 4 - Disabled children are even more likely to make false allegations of abuse.
- Myth 5 - If a disabled child has been abused, it is best to leave well alone once the child is safe. They would not benefit from therapy or treatment.
- Myth 6 - They would not be abused because people feel sorry for them OR because they are not attractive.

## WHY THE ABUSE OF DISABLED PEOPLE REMAINS UNDETECTED

- Professionals working with disabled children and adults have been reluctant to believe that disabled children are abused at all.
- Myths about abuse are not particularly unique, but there are unique ones relating to disability and abuse.
- Empirical evidence clearly shows that every one of these myths are false. All of them are dangerous. They must be challenged.

Some people believe abuse of a disabled child doesn't matter. A man with cerebral palsy illustrates very eloquently Myth no 2. He reflected this belief when he was asked why he thought he was abused rather than some one else. He stated, 'Why bugger up a normal child, when I am defective already?'

Kennedy, (1990).found that: -

"Disability protects the abusers"



Senn (1988) says,

- It is not the actual disability which creates the vulnerability, but rather the child protection training received by professional staff.
- The environments in which children who are disabled find themselves, put them at higher risk of sexual abuse.

'In other words, society has created a situation in which children who are disabled have been taught to be good 'victims'.

KELLY (1992), UNDERTOOK AN INDEPTH ANALYSIS OF THE CONNECTION BETWEEN DISABILITY AND ABUSE. SHE SUGGESTS:

- Abuse may be implicated in the creation of disability.
- Disabled children may be differentially targeted for abuse.
- The possibility that abuse may compound a pre-existing disability.

## THE MISSING RESEARCH!

- Very few British/UK studies have been undertaken to determine the prevalence or incidence of abuse of physically disabled children.
- Most attention (at least in the published literature) appears to have focused on sexual abuse and on victims who have learning disabilities (Westcott, 1993).
- There is no data on disability contained in the national figures on children on child protection registers. This information is not a requirement of the at risk registration process.

## HOW WE KNOW WHAT WE KNOW

- What we know largely comes from America and Canada.
- In the main it is not the researchers who have highlighted and informed practice but the activists, advocates and disabled people themselves.
- Research methods are not based on direct contact with children/young people/adults who are disabled. Research methods fail to accommodate the communication requirements of these young people, by using, for example, questionnaires in Braille, or researchers who can use Sign Language or other augmentative communication systems.
- The research and what we think we know is based primarily on clinicians', practitioners' and parents' perceptions - the vast majority of whom are not disabled (Kelly, 1992).

## ABUSE AND RESIDENTIAL CARE

- Institutional care may itself constitute a further risk factor as indicated by the series of inquiries in recent years documenting cases of physical, sexual and emotional abuse and neglect of children in residential settings.
- Roeher suggests that isolation and emotional deprivation in institutions make people more vulnerable as they are cut off from the quality of life and greater opportunity for the development of healthy relations in the community.
- Middleton: Isolation and of lack advocates increases vulnerability.
- If residential staff do not demonstrate respect for children with disabilities this may create a culture where abuse 'is less likely to be condemned and therefore becomes more likely to occur'.

## WHY ARE DISABLED CHILDREN ABUSED?

- Some authors speak of the 'abuse-provoking characteristics' of disabled children and speak also of the disabled child's role in the occurrence of abuse.
- Ammerman, White and Zirpoli explore the disabled child's behaviour.
- Westcott and Cross (1993) -argue that these explanations come 'dangerously close to blaming the child' and prefer to explore the contributory factors of service provision (or lack of) and resources. Appropriate resources can reduce risk.
- Sobsey looks at how different systems operate so that abuse initial occurs and then continues.
  - A respite carer might exploit intimate care as an opportunity to abuse.
  - Ineffective communication between child, carer and parents might contribute. The local authority might not be providing adequate or suitable services.
  - Society's devaluation and diminution of the disabled child's status.
  - Shevlin says 'we, disabled people, are not seen as equal. This is because we are perceived as different or inferior, either physically or mentally. This perception allows you to treat us differently and increases our vulnerability'.

## THE PREVALENCE OF ABUSE

In the UK there are

- 360,000 children under 16 are disabled.
- 5,500 of live in residential care.
- 16,000 attend residential schools.

1. Based on information collected from 35 child protection services agencies that were selected to be nationally representative, the study indicated that the overall incidence of abuse among disabled children was 1.7 times higher than for non-disabled children.
2. Disabled children were found to be twice as likely to experience emotional neglect and physical abuse.
3. Sobsey and Varnhagen estimated a 50 %increase of risk to disabled children.
4. Ammerman found 39 % of a group of children with multiple disabilities showed evidence of abuse.
5. Doucette found that 67 %of disabled women, compared to 34 per cent of non-disabled women, reported childhood experiences of being physically abused.
6. A study of deaf children showed 50 per cent of deaf children at a residential school reported abuse.
7. Kennedy (1990) surveyed 156 teachers and social workers of deaf children who reported 136 confirmed cases of abuse and 262 suspected cases.

## WHAT IS ABUSE

In Working Together abuse is defined in the context of the abuse of non-disabled children. Newport expanded the definition for disabled children to include,

- lack of stimulation,
- over-protection,
- confinement to room or cot,
- lack of supervision,
- Incorrectly given drugs and insensitive, intrusive or disrespectful applications of medical photography and medical rehabilitative programmes.
- She included parents' failure to acknowledge or understand their child's disability and thus to have unrealistic expectations.
- Kennedy also found 'abusive practices' or infringements of disabled children's rights.

In a survey undertaken by BASPCAN, disabled adults reported direct discrimination, force feeding, insensitive or intrusive or disrespectful applications of medical photography and medical/rehabilitative programmes, segregation into special schools, physical restraint (for example strapping to chairs), neglect of medical care (being deprived of hearing aids or wheelchairs on the basis that the children would become lazy at hearing or walking), withdrawal of privileges, financial and property abuse.

A study based in Sheffield highlighted concerns about bullying, as does a forthcoming study, which also identified: -

- Behaviour such as teasing from their family.
- Physical restraint such as being tied to wheelchairs, locked in bedrooms and time out are commonly used for hyperactive or learning-disabled children.
- Lyon looked at the legal implications of these practices. Following the Pindown Inquiry, the Department of Health issued *Guidelines* on permissible forms of restraint. However, these have not been universally applied, as evidenced by the recent independent review into allegations of abuse at Meadowdale Children's Home, Northumberland, a respite care setting for disabled children.

## 1.1 CHILDREN'S ABILITY TO TELL OF ABUSE.

- Disabled children lack of knowledge and access to safety and prevention programmes means that they may not readily be able to tell other's about situations of abuse due to inappropriate or absent educational input.
- Isolation and risk. Children isolated in segregated residential schools are at far more risk of abuse. (Merchant and Page 1992: Westcott 1993)
- There may also be greater collective pressure NOT TO TELL in a residential situation.
- Difficulties in communication or having no access to a telephone (use of which may be difficult due to physical impairment).
- Isolation from family and friends provides opportunity for abusive practices to go unchecked. A minicom text telephone line has recently been installed in ChidLine for deaf children.



### Blocks to disclosure for disabled children

- They receive less information on safety and prevention programmes.
- They may use other forms of communication such as British Sign Language, Sign Supported English, Makaton Rebus, Blissymbolics, Paget Gorman
- They may be isolated in segregated schools and residential care.
- They may not have access to telephone helplines.
- Their disclosure may be disbelieved or misunderstood.
- Their communication system may be 'censored' of the words and phrases crucial to disclosure

## Disabled Children's Trust of Adults

- Children may be inhibited from disclosing depending on whether or not the adult is disabled and on his or her ethnic origin. Children who are disabled are more likely to have been abused by non-disabled adult, and there will be a clear power and status imbalance.

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### Receptive Skills of Adults.

- Adults may also be less receptive to disclosure, because of their denial about abuse of disabled children. No one wants to believe that a disabled child has been hurt.
- We have these feelings with non-disabled children, but they are greater when it is disabled child.
- There is also a great fear of not knowing what to do in such a situation, and it becomes easier to ignore rather than to face the issue.

### Confusion of Signs and Indicators

Many children do not disclose by verbally telling their Story. . Abuse is 'picked up' by adults who see behaviours or signs and indicators which worry them.

Watching for certain behaviours, signs and indications in disabled children which will alert to possible abuse is a more difficult task, since adults may be inclined to attribute all signs and indicators to the child's disability. It is important when we see bedwetting, fear of the dark or withdrawn behaviour also to consider the possibility that the child is being abused in his or her bed at night. Many workers with disabled children have not had Child Protection training.

When any signs of possible abuse occur workers do not know to make sense of them and attribute them automatically to behaviour stemming from disability.

### Working Party on Disability and Abuse

What is necessary within training programmes is for workers to begin to recognise the fact that they may confuse signs and indicators of abuse with those of disability.

To overcome this tendency, workers need to be directed to explore all signs and indicators fully rather than making assumptions too quickly.

## ANNEX B

1. Mary is 11 and has hearing and speech impairment. The team has known her for a number of years and the worker has a good relationship with Mary. Lately, Mary has been getting into trouble at school and her mother has complained about Mary's sullenness at home. Today, when returning Mary to the home after an outing, Mary communicates to the worker that she does not want to go home, as her mother will hit her again.

- (a) What should the worker do?
- (b) What may happen next?

2. Mrs Smith is becoming increasingly impaired in her vision and the team is carrying out an assessment. During a visit to the family home the worker observes that conditions in the house are very sparse. The worker also notices Mrs Smith has a number of bruises. During the visit, Mr Smith returns home - he has clearly been drinking and is verbally abusive to Mrs Smith. The couple have two young children, Emily (4) and Natalie (6). Both girls appear very considerate of their mother but visibly cower when Mr Smith enters the house.

- (a) What might concern you about this situation?
- (b) What issues may need to be considered when deciding how to respond?

3. John is six and has respite with the Erikson family once a month as his family struggle to cope with John's speech and hearing impairment. One Friday afternoon John's school contact the team expressing concern about him. During break time, his teacher had observed John exposing himself to another pupil. When the teacher intervened John became very distressed. John is due to go for respite care this weekend and the school comment that they have noticed a deterioration in John's behaviour and communication when he returns from respite.

- (a) What might concern you about this situation?
- (b) What issues may need to be considered when deciding how to respond?

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## ANNEX C

### REFERENCE LIST

Ammerman R T, et al (1989) Abuse and Neglect I psychiatrically hospitalized multi handicapped children *Child Abuse and Neglect* 13 (3): 335 - 343

Doucette J (1986) *Violent Acts Against Disabled Women Toronto, Canada* Dawn

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Marchant R (1991) Myths and facts about sexual abuse and children with disabilities *Child Abuse Review* 5(2) 22 - 24

Marchant R and Page M (1993) *Bridging the Gap, Child protection work with children with multiple disabilities* NSPCC

Oosterhoom R and Kendrick A (2001) No Sign of Harm: Issues for Disabled Children Communicating About Abuse *Child Abuse Review* 10 234 - 253

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Sobsey D and Varnhagen P (1988) *Sexual Abuse and Exploitation of People with Disabilities: A Study of the Victims* Unpublished manuscript

Sullivan P M et al (1987) Sexual abuse of deaf youth *American Annals of the Deaf* 3: 256 - 262

Westcott H (1993) *Abuse of Children and Adults with Disabilities* NSPPC Policy Practice and Research Series

Westcott H and Cross M (1996) *Thus Far and No Further: Towards Ending the Abuse of Disabled Children* Birmingham: Venture Press

# **A Multi Agency Understanding of Child Protection Related to Disability**

# Vulnerability issues

- Discrimination, segregation and oppression
- Devaluation and depersonalisation
- Myths about disability and abuse

Kennedy 1990



“ An emphasis on compliance is at  
the expense of lessons in  
assertiveness and independence”

Oosterhoom & Kendrick 2001

“Society has created a situation in  
which children who are disabled  
are taught to be good victims”

Kennedy 1995

# Attitudes towards Disability

“When disabled children or adults are assumed to be less human because of their disability, then abuse is not that inhumane”

Sullivan et al, 1987

# Principles of Prevention/ Safety Programmes

- Say no
- Tell someone
- Get away
- Good touch/bad touch
- Phone lines
- Observation/behavioural indicators

# Prevalence of Abuse

- National study indicated that the overall incidence of abuse among disabled children was 1.7 times higher than for non-disabled children.
- Disabled children were found to be twice as likely to experience emotional neglect and physical abuse.
- Sobs and Varnhagen estimated a 50 %increase of risk to disabled children.
- 39 % of a group of children with multiple disabilities showed evidence of abuse (Ammerman)

# Prevalence (continued)

- 67 % of disabled women, compared to 34 per cent of non-disabled women, reported childhood experiences of being physically abused(Doucette).
- A study of deaf children showed 50 per cent of deaf children at a residential school reported abuse.(Sullivan et al 1987)
- 156 teachers and social workers of deaf children who reported 136 confirmed cases of abuse and 262 suspected cases.(Kennedy, 1990)

# What is Abuse?

- Lack of stimulation,
- Over-protection,
- Confinement to room or cot,
- Lack of supervision,
- Incorrectly given drugs and insensitive, intrusive or disrespectful applications of medical photography
- Parents' failure to acknowledge or understand their child's disability and thus to have unrealistic expectations.

# What is Abuse? (continued)

- Behaviour such as teasing from their family.
- Physical restraint such as being tied to wheelchairs, locked in bedrooms and time out are commonly used for hyperactive or learning-disabled children.
- Issues around permissible forms of restraint.  
(Independent review into allegations of abuse at Meadowdale Children's Home, Northumberland, a respite care setting for disabled children)

# What is Abuse? (continued)

- Force feeding
- Over medication
- Medical photography
- Deprivation of visitors
- Opening mail
- Lack of privacy

(BASPCAN Working Party on Disability and Abuse)



# Communication Techniques

- Signs  
e.g. British sign language or Sign Supported English
- Symbols  
e.g. Blissymbolic or Makaton
- Technology aided  
e.g. Light writers or Touch Talkers

# Blocks to Disclosure

- Child may receive less information on safety and prevention programmes
- May use other forms of communication
- May be isolated from community
- Disclosure may not be believed
- Communication may be censored of the words and phrases critical to disclosure

# Assessing Needs

- It is estimated there are 3,680 children under the age of 16 in Glasgow with one or more disabilities.
- About 300 families, in Glasgow, will have two or more severely disabled children.
- 55% of households with disabled children are living in poverty.

# Abuse and Residential Care

- Care itself may constitute a risk factor
- Isolation and deprivation from community
- If no respect for disabled children from staff a culture may develop where abuse is less likely to be condemned and therefore becomes more likely to occur

**“Disability protects the  
abusers”**

Kennedy 1990

# Challenges In Multi Agency Working

- Different Thresholds
- Joint ownership
- Stereotyping
- Keeping the child at the centre

# The Strengths of a Multi Agency Approach

- Sharing of expertise
- Holistic approach
- Additional resources and intervention strategies
- Co-ordination of assessments and intervention to meet child and family's needs

# Role of Social Work In Child Protection

- Make enquiries
- Inter-agency co-ordination
- Assessment of risk and need
- Protection of child
- Supporting families to support child



# Assessment of Risk and Need

- Child/Family's circumstances
- Risk factors (drugs/alcohol, domestic violence)
- Protective factors (e.g. co-operation, extended family, age of child etc)

# Challenges in Assessing Parenting

- **The concept of reasonable parental care can be particularly challenging where a child is disabled. Some children need more parenting or more skilled parenting than others.**
- **Some families have more than one disabled child which affects parenting capacity.**
- **When children have very complex needs and the demands on parents are heavy, there can be lower expectations of what constitutes reasonable parental care.**