Safeguarding disabled children and young people

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Abstract

Disabled children are more at risk to all forms of child abuse. Optimal safeguarding disabled children and young people involves prevention, recognition and support for children and their families. In order to achieve this it is important to recognise the key risk factors that predispose to abuse and neglect and to understand how timely recognition and subsequent support can be offered to minimise both the risk and the harms that occur. This article aims to highlight the knowledge base that exists regarding safeguarding for this group and offers guidance to those working with these vulnerable children and young people.

Keywords abuse; attitude; child; disabled children young people; human rights; neglect; referral and consultation; social work

Introduction

Disabled children and young people are significantly more vulnerable to physical, sexual and emotional abuse and neglect than non-disabled children and young people. Hereafter, 'disabled children' is used to include 'disabled children and young people and those with special educational needs'. We use the term 'disabled children' deliberately. Generally, we prefer 'person-first language' because it is more appropriate to describe people 'with' or who 'have' specified characteristics, such as impairments or specific diagnoses. However, consistent with the International Classification of Functioning, Disability and Health (ICF), disability is created as a consequence of interaction between a person and their environment. Disability cannot be considered as intrinsic to the person. Hence, we believe that people are in fact disabled and not 'people with disabilities'.

Disabled children at greatest risk of abuse include those with:

- Behaviours that others find challenging
- Learning disabilities
- Speech, language and communication needs
- Long-term health conditions
- Complex conditions, especially those who are completely dependent on others for all of their care
- Deafness

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Disabled children have equal human rights to be safe from abuse and neglect as all other children. Despite suffering more abuse and neglect, disabled children often also suffer for longer. Those who work or volunteer with them are not always attuned to the possibilities of abuse or neglect or trained to know the specific signs to look out for, nor how best to protect them. These issues must be addressed if disabled children are to be safe from harm in our society.

In the past, many standard assessment frameworks and approaches have been developed with only non-disabled children in mind. The Children and Families Act 2014 and equivalent legislation in Wales, Scotland and Northern Ireland, emphasise person-centred consideration and care for all disabled children. It is everyone's responsibility to safeguard disabled children. Negative attitudes, myths and misbeliefs about disability lead to unequal access to services and resources for disabled children. In practice this means ensuring that all who work with disabled children know how to recognise their unique needs and vulnerabilities and to make necessary reasonable adjustments at all stages of the safeguarding process.

Epidemiology

Despite a dearth of large population-based studies and statistics in this area, review of recent research does shed some light on the magnitude of the problem. A study in Nebraska in the United States, with a sample size of 50,278, described a 9% prevalence rate of abuse among non-disabled children, but 31% among disabled children: disabled children were 3.4 times more likely to be maltreated than their non-disabled peers. In one English local authority, disabled children comprised 2% of the population aged 0–17, 10% of whom were on the child protection register. Scottish Government Child Protection Statistics found 7% of children on child protection registers were disabled, with disability status not known in a further 23%.

The research suggests that disabled boys are at greater risk of abuse than disabled girls. When abuse does occur, it is more likely that disabled children are abused by someone in their family and the majority of disabled children are abused by someone who is known to them.

What is disability?

The conceptual framework used here is that of the World Health Organisation's International Classification of Functioning, Disability and Health (ICF). This considers the interactions between a person's health conditions, their body structure and function, their activities and participation, environmental and personal factors as well as the overall context.

Whilst most health conditions and impairments cannot be 'fixed', there is much that can be done to reduce overall disability by making changes in the environment, both physical and attitudinal. For example, a child with autism may find it easier to work at a personal workstation, with visual prompts as to what to expect now and next in their day. A child with bilateral cerebral palsy will find it easier to navigate their home, school and community in a power wheelchair if doors are wide enough and ramps, lifts and accessible toilets are available. A child with Tourette's syndrome will feel less anxious when people around them accept their tics without constantly drawing attention to them, or admonishing them.

What is abuse and neglect?

The same definitions apply for disabled children as for all children. These are well articulated in "Working Together to Safeguard Children", 2015. Disabled children may also suffer a range of additional harms that are not always recognised. These include failure to have their communication needs met and/or unwillingness of others to try to learn their communication method, inappropriate restraint or rough handling, misuse or failure to administer medication, being denied access to medical treatment, misuse of their finances, insufficient help with eating and/or drinking, inadequate toileting arrangements or lack of stimulation. Additionally abuse or neglect may occur as a result of ill-fitting or inappropriate equipment provision or invasive procedures that are unnecessary or carried out against their will, or by people without the right competences. Disability hate crime is also abuse.

Why are disabled children more vulnerable to abuse and neglect?

The precise reasons for increased risk of abuse are unknown. However, the likely reasons are summarised in Box 1. If the only relationships or contacts a disabled child has are abusive, they may have nothing to compare this with and not know that it is wrong. It is the responsibility of professionals to look out for and overcome these barriers.

Entertaining the possibility of abuse and/or neglect of disabled children

Challenging as it is, professionals must be constantly alert to the possibility of abuse or neglect, so as to prevent potentially life-changing or fatal consequences. Abuse may be directly witnessed by a professional. More often, a child presents with an injury or other issues and working out what has happened is difficult. The barriers to identification of abuse in disabled children are summarised in Box 2. We must know where to seek supervision, support and peer review to constantly reflect on and improve our practice. We must also follow the rules:

Rule 1 — Take children seriously
Rule 2 — Act quickly
Rule 3 — Make notes
Rule 4 — Think the unthinkable
Rule 5 — Don't wait to be certain
Rule 6 — Share information

Proposed reasons for increased risks of abuse or neglect in children with disability

Compared to their non-disabled peers, disabled children are more likely to:

- Depend on others for assistance in daily living activities, including intimate personal care
- Have an impaired capacity to resist or avoid abuse
- Have speech, language and/or communication needs making disclosure difficult
- Have fewer opportunities to take part in social activities, hobbies or clubs, reducing their access to trusted adults or peers outside their usual circle of family and carers, to whom to disclose abuse
- Be more vulnerable to bullying and intimidation
- Be more likely to live in families who are under stress or experience poverty, exacerbated by the additional costs of caring for one or more disabled child, or who experience negative attitudes, comments and/or behaviours from others because of the child's disability
- Be part of a family where a parent has physical/mental health conditions and/or learning disabilities
- Have a larger number of service providers and wider circle of carers, statutory and voluntary across home, education, short breaks, leisure and community

Box 1

Jack's story

Jack is 7 years old. He has bilateral cerebral palsy and is dependent on other people and his wheelchair for all mobility and transfers. He has a number of bruises on his legs.

Considerations:

- Can Jack tell his own story? What help may be needed to facilitate this? For example, from the specialist speech and language therapist who knows him best.
- Does the story match the bruises in severity, location, type and pattern?
- Bruises on non-mobile children are much less likely to be accidental. Jack doesn't run about and fall over like non-disabled 7-year-olds. These bruises are worrying and need further investigation.
- Jack's equipment: could straps or splints account for the bruises?
- Jack's health conditions, known or yet to be diagnosed. Does he have seizures causing him to bang his legs against equipment? Does he have an undiagnosed clotting disorder requiring further investigation and expert opinion?
- Jack's various places of care and range of carers. Does anyone involved have information on how the bruises occurred?
- Whenever there are unanswered questions and abuse is a possibility in the differential diagnosis, then a referral to social care is essential, so that robust enquiries can be made, in the child's best interests.

Abuse or neglect is a possibility: what to do?

Local safeguarding children procedures should be promptly followed if abuse or neglect are on the list of possible diagnoses. It is the responsibility of all professionals and volunteers who come into contact with disabled children to be familiar with local safeguarding referral pathways. Pathways vary between localities: the lead may be taken by the child protection or the disabled children's social work team. It matters less who leads, more that the team has a competent understanding of disability issues, of the impact on families of caring for a disabled child, an