APPENDIX 12

Abuse of Disabled Children

12.1 Introduction

Around 777,000 children in the UK are disabled and evidence concerning disabled children suggests that they are at increased risk of abuse. Disabled children are:

- 3.4 times more likely to be abused
- 3.8 times more likely to be neglected
- 3.8 times more likely to be physically abused
- 3.1 times more likely to be sexually abused
- 3.9 times more likely to be emotionally abused

Source: Charity for Disabled Children

A number of factors related to disability account for the fact that disabled children are at greater risk than other children, of all types of abuse from their direct caregivers or from professionals in institutions where care is provided (e.g. respite establishments or day care facilities):

- Child's need for practical assistance in daily living, including intimate personal care, from what may be a number of carers;
- Child has fewer outside contacts and increased likelihood of social isolation;
- Physical dependency with consequent reduction in ability to be able to resist abuse;
- Communication or learning difficulties preventing disclosure;
- Carers and staff lacking the ability to communicate adequately with the child;
- A lack of continuity in care leading to an increased risk that behavioural changes are unnoticed;
- Child/family compromised about making complaints for fear of losing services
- Child is more vulnerable to bullying, intimidation abuse by peers;
- Child may not be believed when they report what has happened or may not be clear about what is/ not acceptable intervention by their carers.

Where there are any concerns about the safety and welfare of a disabled child these should be treated in the same way as any other child, with careful consideration of any additional needs and in accordance with the Rotherham Safeguarding Children Procedures.

12. 2 Providers of Services

Professionals must be watchful for institutional abuse. There have been enquiries into residential care offered to people with disabilities that identified well meaning but abusive behaviours for staff that have been institutionalised as a means of assisting staff in dealing with challenging and difficult behaviours.

Statutory and Voluntary providers of services must have:

- An explicit commitment to, understanding of disabled children's needs, safety and a culture of openness.
- Guidelines and training for staff on good practice in intimate care, working with children of the opposite sex, handling difficult behaviour, consent to treatment, anti-bullying strategies, sexuality and sexual behaviour among young people and the vulnerabilities of those living away from home.
- Have clear guidelines about the administration of drugs and medication.
- Providers and individual practitioners should always ensure that all disabled children are helped to:
- Make their wishes and feelings known in respect of their care and treatment
- Receive appropriate personal, health and social education (including sex education)
- Know how to raise concerns, and give them access to range of adults with whom they can communicate.
- Promote safe practice in the transport of children and young people with disabilities.

12. 3 Awareness and Recognition

A disabled child like any child is vulnerable to abuse. However, the research findings are that incidents of neglect, physical, sexual and emotional abuse are greater over the whole range of disability including physical disability, sensory impairment and learning disability. Hence when disabled children display behaviours that would cause concern in other children, it is important not to make assumptions about its connection with the disability.

Where a child is unable to tell someone of her/his abuse s/he may convey anxiety or distress in some other way, e.g. behaviour or symptoms. Carers and staff must be alert to this and be aware of the possibility that challenging behaviour may be caused by something more than disability.

12. 4 Types of Abuse

12.4.1 Physical Abuse

For disabled children, mobility problems and challenging behaviour may present with bruises or injuries. Generally these will be on predictable areas of the body. However, any unusual, unexplained or severe bruising or injury should be investigated in accordance with Rotherham Safeguarding Children Board Procedures.

- Force feeding
- Unjustified or excessive physical restraint or rough handling.
- Ill fitting or poorly maintained equipment which may cause injury or pain, inappropriate splinting
- Invasive procedures against the child's will
- Deliberate failure to follow medically recommended regimes.

12.4.2 Sexual Abuse

Sex offenders may target disabled children in the belief that they are less likely to be detected. There may be more opportunities to groom disabled children and a belief that any subsequent behaviour will not be seen as an indicator of abuse but linked to their disability.

The signs and symptoms of sexual abuse for disabled children are the same as for any child. The difference is that they may not be noticed. The symptoms may be assumed to be related to the disability or they may remain unexplained. A reluctance to consider the possibility of sexual abuse or denial of sexual abuse of disabled children is a major cause of non-recognition.

Stereo-typed behaviour such as self injury or 'public masturbation' should not be assumed to be the result of a disability. The possibility of sexual abuse should not be ruled out.

Bruising and soreness in unusual places may indicate abuse, especially if around the thighs, buttocks or genital area.

Insensitive handling of personal care can be abusive in itself.

Many children depend on a variety of adults for their basic care needs, ie. toileting, bathing, dressing. This increases accessibility and opportunity for care givers to be alone and in abusive situations to 'justify' inappropriate touching.

12.4.3 Emotional Abuse

Disabled children are particularly vulnerable to emotional abuse due to the value they are given in society. These children are likely to suffer low self-esteem, isolation and lack of independence and choice.

Early attachments are just as important for disabled babies and children. Disabled children and young people need emotional support for all the same reasons as other children and young people, e. g serious illness, bullying, family problems.

Low self-esteem may cause disabled children to believe that they have no control over what happens to them or that their wishes and feelings do not count. They may not understand or believe that abuse can and should be stopped.

- Extreme behaviour modification including the deprivation of liquid, medication, sedation, heavy tranquilisation
- Misapplication of programmes or regimes
- Not having their holistic developmental needs as children recognised or met due to excessive focus on disability
- Invasive procedures against the child's will
- Deliberate failure to follow medically recommended regimes
- Invasive procedures against the child's will

12.5 Communication

The basic principles of communication are the same for any child. Communication can be direct, e.g. through speech, signing, writing, pointing or indirect through play, drawings, behaviour or expressions.

Where a disabled child has communication impairments or learning disabilities, special attention should be paid to communication needs, to ascertaining the child's perception of events, his or her wishes and feelings. Every effort should be taken to enable a child to communicate to their fullest ability including the need for an interpreter or someone skilled in using the child's preferred method of communication. Sometimes this will require someone who knows the child and their individual style of communication well.

Many disabled children will be known to specialist services, (eg health and education) and may already be receiving services not as a child in need. However, there will be children and families who have not previously accessed services but whose vulnerabilities and needs become more pressing as the child becomes older and/or their condition becomes more difficult to manage.

When plans are being made to undertake an assessment of a disabled child it is important to identify someone who can communicate with the specific child to ensure that their wishes and feelings are heard. For those who cannot communicate we need to ensure that key staff record any changes in behaviour or demeanour.

The Common Assessment Framework (CAF) may be used by any agency as a means of working with the child, family and other service providers to identify and meet needs which could enable the child t achieve a satisfactory level of health and/or development.

12.6 Referral to Children's Social Care

Some disabled children will have more complex needs. Children who are unlikely to reach or maintain satisfactory level of health or development are entitled to receive services as a child in need.

Children's Social Care will carry out an initial assessment to determine whether the child is in need, the nature of any services required and whether a further or more detailed core assessment should be undertaken.

If at any point a practitioner becomes concerned that a disabled child is at risk of significant harm they should consult with their designated lead for child protection and make a referral to Children's Social Care.

12.7 Assessment Process/S47 Investigation

Expertise in both safeguarding children and promoting the welfare of the disabled children must be brought together to ensure that disabled children receive the same levels of protection from harm as any other children.

Possible indicators of abuse or significant harm may prove difficult to separate from the effects of child's impairment, therefore a multi-disciplinary approach involving all practitioners who work with the child is essential.

It is usual for a practitioner from the Children's Disability Team to take a lead in any S47 enquiry involving a child already known to them. Where the child is not known to the disabled children's team, case management rests with the relevant locality team unless a decision is made to transfer the case to the Children's Disability Team.

Where the concern is about abuse or neglect within the child's home all other children in the household should also be subject to enquiry in the normal way. Sometimes the locality team social worker will undertake the enquiry about all of the children, though they will need to liaise closely with other practitioners involved with the family. Usually the needs of the family will be better met with the specialist worker and a locality team social worker, undertaking the enquiry together.

There may be an increased role for practitioners from the disabled children's service, health and education services because of their relationship with a child and/or family.

The nominated health practitioner may be able to provide useful information prior to any investigation and other key practitioners who are familiar with the child's disability and communications method may be able to assist, directly or indirectly, with the investigation.

12.8 Strategy Discussion

Where there are concerns that a disabled child may be or is likely to suffer significant harm the Team manager will convene a strategy discussion/meeting in consultation with the Safeguarding Manager/Assistant Safeguarding Manager and other relevant practitioners.

In addition to considering the threshold for S47 enquiries, a strategy discussion may also look at appropriate multi-agency interventions early in the process and seek to minimise risk.

The strategy discussion/meeting for disabled children in addition to points in Section 6.11.9 should give particular consideration to:

Ensure that there is sufficient information about the impact and the context of the specific disability on the child;

Enabling the child to communicate effectively, sometimes this will require someone who knows the child and their individual style of communication. They can advise whether the usual method of communication can be used;

Whether specific specialist advice should be sought, who should undertake the investigation, where and how it will take place.

12.9 The Court Process

Agencies should not make assumptions about the ability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully and be helped and supported to participate in the criminal justice process when this is in the child's best interest and the interests of justice.

In criminal proceedings witnesses aged under 17 are automatically eligible for assistance with giving their evidence. The special measures which may be provided include: screens around the witness box so they cannot see the defendant: DVD recorded 'evidence in chief', live DVD links so that they may not have to go into the courtroom at all, intermediaries and communication aids, to facilitate good communication. Achieving Best Evidence in Criminal Proceedings (2002) – includes comprehensive guidance on planning and conducting interviews with children and a specific section about interviewing disabled children.