

# PRACTITIONER GUIDE

## Neglect in Disabled Children

Research indicates that disabled children are more at risk of being abused than non-disabled children. It is estimated that disabled children are over 3 to 4 times more likely to be abused or neglected. They are more likely to be abused by someone in their family, and the majority of disabled children are abused by someone who is known to them.

This analysis covers a wide range of disabilities, including physical and sensory impairments, mental illness, mental or intellectual impairments, and long-term health problems.

### Barriers to seeking help

- Disabled children may lack knowledge about abuse and their right to protection, and their vocabulary may not be developed to enable them to seek help.
- Those in a child's network, to whom they could potentially turn for help, may not be familiar with the child's method of communication.
- Opportunities for seeking help from those who are familiar with the child's method of communication may be limited. Communication aids sometimes fail to include vocabulary that could enable the child to adequately explain their concerns.
- Disabled children may have a limited range of trusted adults to confide in. They may fear that if they raise concerns within their immediate network, confidentiality will not be maintained.
- A child may not have access to a private and safe area to discuss their concerns or be able to use a telephone or a computer without help.
- Sources of information and advice external to the child's network may not be accessible.

### Common forms of abuse

- Failure to provide treatment or providing inappropriate treatment.
- Not allowing adaptations or equipment a child might need.
- Not following dietician advice e.g. feeding orally when the child should be PEG fed.
- Threats of abandonment/exclusion.
- Exclusion e.g. from family events, over-use of 'respite', unnecessary schooling away from home. Depriving of visitors, including peers.
- Not feeding enough, in order to keep the child light for lifting.
- Excessive surgery.
- Forcing treatment that is painful.
- Inappropriate use of physical restraint.
- Rough handling and extreme behaviour modification.
- Lack of communication or stimulation.
- Teasing, bullying, or blaming the child because of their impairment.
- Having too high/low expectations of the child.
- Misappropriation/misuse of a child's finances.

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### Factors that increase risk

- Attitudes and assumptions that do not treat disabled children equally.
- Barriers to the provision of support services that lead to the disabled child and their family being isolated.
- There might be additional emotional, physical, and financial demands.
- Impairment-related factors, such as dependency on a number of carers for personal assistance. This can expose disabled children to a wide range of carers, some of whom may search out vulnerable children. Secondly, disabled children may become very reliant on a small number of carers, which may inhibit their seeking help.
- Impaired capacity to resist/avoid abuse e.g. restricted mobility, communication impairments and an inability to understand what is happening or to seek help.
- Barriers to communication and opportunities to seeking help can be limited.
- Reluctance to challenge parents/carers and professionals.
- Disabled children are less likely to receive sex education or information about their own bodies.
- May be unable to distinguish between types of touch or be aware of personal safety issues.
- There is a common failure to consult with, and listen to, the child and provide additional support to facilitate communication.
- Possible indicators of abuse can be assumed to relate to the child's impairment.
- Many disabled children undergo more medical procedures and take more medication than other children. This can increase risks such as misuse of medication, infliction of pain during medical procedures and withholding necessary care or medication.
- They may be especially vulnerable to bullying and intimidation, and/or be more vulnerable than other children to abuse by their peers.
- The speed of multi-disciplinary decision making can also contribute to poorer outcomes for children with more complex support needs.
- Children living away from home are particularly vulnerable, as family contact and contact may be reduced.



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### Recognising signs of neglect and what to look for

- Carer does not recognise the identity of a child with a disability, and as a result is negative about the child.
- Carer does not ensure health needs relating to disability are met and leads to a deterioration in the child's condition.
- Parents' own issues impact on their ability to respond to urgent health needs of a disabled child.
- Carer is hostile when asked to seek help for the child and is hostile to any advice or support.
- A child with limited capacity located elsewhere other than their home with no knowledge of parents.
- Carer does not support child with the use of communication aids – not attending follow-up appointments or maintaining equipment.
- Carer not following dietician advice e.g. risk of aspiration by feeding orally.
- Carer overmedicating the child.
- Equipment to care for the child safely is not present in the home, despite recommendations from professionals.
- A change in behaviours that do not appear to be the norm for the child and may be indicative of harm from another e.g. acting out sexualised behaviours with toys.

### Impact of abuse

In the general population, child victims of abuse are at high risk of multiple problems, including depression, anxiety, and low self-esteem. Consequences of abuse may be more pronounced in children with disabilities because of their already vulnerable physical and psychological state.

Research shows that the longer abuse goes on, the more damage may result. Since the child with disabilities who is abused is less likely to be identified, he or she is likely to suffer more damage because of long-term abuse. Abuse may exacerbate existing disabilities and cause additional permanent disabilities.

### Further sources of information

[NCPCC Learning—Research and resources for deaf and disabled children](#)

[Government guidance—Safeguarding Disabled Children](#)

