



# Deaf and disabled children talking about child protection

All children have a right to be safe. This study was commissioned by the National Society for the Prevention of Cruelty to Children (NSPCC) to address a significant gap in current understandings of deaf and disabled children and young people's experiences of the child protection system<sup>1</sup>. Research shows that in addition to being at greater risk of experiencing child abuse<sup>2</sup>, deaf and disabled children experience a range of barriers in accessing appropriate responses. The abuse of deaf and disabled children is underreported and often hidden and a range of myths and stereotypes surround the abuse they experience. These perpetuate the silence around such abuse and present barriers to help seeking, timely recognition and effective response.

The study addressed four main research questions:

1. What are deaf and disabled children's experiences of seeking help about current or past abuse and what are their views and experiences (if any) of child protection systems across the UK?
2. What barriers to protection exist and how do these impact on deaf and disabled children?
3. What enablers of protection exist for deaf and disabled children?

4. How can practitioners better recognise signs of abuse in deaf and disabled children and provide more effective protection?

The study sought direct accounts of help seeking from 10 deaf and disabled people who had experienced abuse in childhood from across the UK. This was often in multiple forms, including sexual, physical and emotional abuse and physical neglect. Despite significant efforts to recruit, a larger number of eligible participants were not forthcoming.

## Deaf and disabled children's experiences of help seeking

Seven of the 10 participants had made clear disclosures of abuse in childhood in order to seek help. Some of these made multiple disclosures yet only two resulted in positive action leading to the abuse being stopped. Disclosures were made to a range of trusted people including teachers, school friends, relatives, foster carers, a neighbour and a priest. Other triggers for abuse to end included participants leaving the family or foster home in young adulthood, resistance by a child to the sexually abusive behaviour of an adult as she grew older, a child moving from her home country to the UK, and the abuse being detected by the police at age 18.

As well as making clear disclosures, participants attempted to communicate their distress and seek help through challenging internalising and externalising behaviours and attempted suicides. However, these expressions of distress were often assumed to be related to the child's impairment

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<sup>1</sup> We use the term *deaf and disabled* rather than the more accurate *deaf and/or disabled* to aid the readability of the report. Some of our participants were deaf, some were disabled, and some were both. The term *children* includes all children and young people aged 0-18.

<sup>2</sup> We use the term *abuse* to denote all forms of maltreatment including sexual, physical, emotional abuse and neglect.

rather than an indication of abuse. While some children's behaviour communicated distress, others became skilled at maintaining a silence about their experience over many years. Where disclosures were made, these were not always handled in a sensitive and supportive manner by adults, leaving children feeling disbelieved and disempowered. With regard to professional responses to disclosures of abuse, deaf and disabled people particularly valued continuity of support over a long period.

### **Barriers to help seeking or protection of deaf and disabled children**

A range of barriers to help seeking or help giving were identified through participants' accounts. First, there was an evident lack of individual awareness or collective consensus about what constitutes abuse of deaf and disabled children. This led to ambiguity in the minds of both children and adults regarding the most appropriate course of action. The apparent ease with which the credibility of deaf and disabled children could be called into question acted as a further barrier to protection. This often led to inaction or indecisive action by adults. Deaf and disabled children tended to shoulder the blame for abuse. In addition, both fear and social isolation were features of many participants' childhoods and acted as barriers to help seeking. Participants gave several examples of ways in which low credibility, self-blame, fear and isolation helped some perpetrators mask abusive behaviours. Finally, the invisibility of these children within services was notable. In some cases services were absent from their lives, in others, provision was inadequate or inappropriate. Particular concerns were raised in relation to the quality of some foster care placements and the lack of professional interpreting services and communication support.

### **Enablers of protection of deaf and disabled children**

Supportive relationships and access to professional interpreters were key enablers of protection for deaf and disabled children. Adults who played an important role in listening to children and attempting to address their abuse included family members, a teaching assistant, a peripatetic teacher of deaf children, a foster carer and a neighbour. Children felt a degree of trust in these relationships, enabling them to seek protection. Deaf participants stressed the importance of the relationship with an interpreter and described a number of roles that an interpreter might fulfil including being a confidante, a support, a means to avoid continuous repetition of the story and providing consistency across diverse settings and agencies. However, these roles may not always be appropriate for interpreters whose role is primarily facilitative and raise ethical and professional conduct issues.

### **Recognising and responding to the abuse of deaf and disabled children**

The abuse of six of the 10 participants was discovered during childhood or, in one case just beyond childhood at age 18 years. These discoveries led to a police investigation in three cases. Only one of these police investigations, the one involving the 18 year old, resulted in a prosecution with the perpetrator convicted of a sexual offence. Adult participants were often left with an enduring sense of injustice where either disclosures had not led to investigation or where criminal prosecutions did not follow.

The consequences of childhood abuse are long-term and extend into adulthood. This was true for all participants in this study. There were numerous examples of school education being adversely affected. Participants described long-term effects on their mental wellbeing, leading some into misuse of substances and risky sexual behaviours. However, some participants were able to identify positive elements and expressed a

sense of satisfaction with their life. The ability to transform adversity in childhood into a positive sense of self, however, required active work on the individual's part. In several cases, participants did not receive or seek help until adulthood.

### **Key issues and recommendations**

Six key issues emerged from the findings that require urgent attention. First, the findings highlight the complexity of the disclosure process for deaf and disabled children. A range of personal, family, community and societal barriers to disclosure must be tackled to ensure that abuse of deaf and disabled children is identified and addressed. In particular, greater clarity and consensus is needed about what constitutes abuse of deaf and disabled children and expectations regarding their fair treatment must be raised.

Second, there is a need for adults to work more proactively to identify potential signs of abuse rather than rely on children's disclosures. Our data suggest that it is possible for abused deaf and disabled children to be in close, regular contact with services and yet for abuse to go undetected. The fitness of purpose of child protection procedures in relation to deaf and disabled children requires attention at both a national and local level.

Third, there was an absence of formal support services in some participants' childhoods while available provision was often inadequate and/or inappropriate. The most striking absence was a comprehensive support service for deaf children including the use of a professional interpreting service. There was also no mention of a professional advocacy service for them or their families.

Fourth, social isolation was a dominant feature of their childhoods. Participants described a lack of friends and limited contact within their wider family and community. This feeling of isolation

was compounded by a lack of formal support from professional services. This is likely to have contributed to disabled children's vulnerability to harm. While children generally express a preference for a range of people to whom they can confide concerns and seek help with problems, such choice was not typically open to participants in this study.

Fifth, much greater understanding is needed of the consequences of child abuse across all aspects of deaf and disabled people's lives, the self-care and survivorship skills adopted by people and the long-term interventions necessary to respond to child abuse appropriately. Only one case in our sample reached court and secured a guilty verdict. While child witnesses generally are vulnerable to being seen as lacking competence, deaf and disabled children are perhaps even more disadvantaged in this respect. This attitude must be challenged.

Sixth, prevention of abuse must be a priority. Modest improvements in the quality of services provided to deaf and disabled children and their families could have a substantial impact on the prevention of abuse. For example, more recreational and social activities would reduce isolation and, therefore, vulnerability to harm. Sex and relationships education and safety skills training could allow deaf and disabled children to proactively identify situations that may be unsafe and allow adults to build in protective measures. With the support of professional services, parents have a key role to play in anticipating and addressing potential risks of abuse encountered by their deaf and disabled children. At the same time, risk-averse approaches can limit disabled children's inclusion in mainstream activities so a sensible balance should be struck.

Based on this analysis, our six key recommendations to the NSPCC are as follows:

- **Prevention:** Further develop existing preventative work to build a consensus amongst policymakers, practitioners,

parents and children about what constitutes abuse of deaf and disabled children and how this manifests. Ensure that all commissioned research takes account of disability issues.

- **Transformation:** Lobby local authority education and children's services to address gaps in services for deaf and disabled children that can contribute to increased vulnerability. For example, providing more social and recreational activities to reduce isolation and providing sex and relationships education and safety skills training for deaf and disabled children.
- **Transformation:** Bring the issue of disability to the attention of planned and ongoing inquiries into historic abuse. Highlight the increased risk faced by deaf and disabled children and the need to ensure that barriers are removed. Support should be provided to allow victim-survivors to come forward and contribute to understandings of past abuses and injustices.
- **Protection:** Work with criminal justice agencies, including the courts, to improve awareness of deaf and disabled children's ability to act as credible witnesses when given appropriate support and suggest how that support can best be provided.
- **Transformation:** Set up an advocacy scheme in each jurisdiction of the UK, to promote the interests of deaf and/or disabled children who have been abused.
- **Protection:** Form a coalition with key organisations and experts across the UK to develop research-informed training and professional guidance for interpreters dealing with child protection issues.

## Conclusion

There are significant difficulties for all children who experience abuse and neglect: in disclosure of abuse; in its recognition by self and others;

and in garnering appropriate and timely responses. This study has highlighted the additional vulnerabilities experienced by abused deaf and disabled children. Professional and societal responses need to be framed around better prevention, protection and social transformation.

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**Author Contributions:** JT was the Principal Investigator, supervised the study and was the named child protection contact. JT, KS, AF and DF designed the study. AC was the research fellow employed on the study and responsible for the main day to day research tasks. All authors resolved ongoing methodological and ethical issues. DF was project manager at inception to May 2014. CJ was the project manager June-Dec 2014. JT and DF designed and provided training to interpreters and interviewers. AC and AF undertook the interviews. CJ, KS, AC, AF and JT undertook analysis and revisions. All authors approved the final report.

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**The Child Protection Research Centre works to help improve the recognition, response and prevention of child maltreatment through independent research, academic leadership and education.** Positioned within the University of Edinburgh and in partnership with the NSPCC, our multi-disciplinary team is able to bring a broad, international frame of reference to help address entrenched and emerging issues in child protection. Our work is designed to strengthen advocacy, policy and practice in the UK and beyond so that children and young people are safe and survivors of abuse have access to the best care.

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