



What Works for
**Children's
Social Care**

UK Social Work Practice in Safeguarding Disabled Children and Young People

A qualitative systematic review

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What Works *for* Children's Social Care

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SHORT SUMMARY

Why did we carry out this review?

Disabled children have an increased risk of experiencing abuse, but we know that this group do not always receive the best child protection service. Often their abuse goes unnoticed and/or support is not put in place to better protect them, or help them to recover from abuse.

What were the aims of this review?

This study aimed to synthesize existing qualitative UK evidence on the known safeguarding risks and poorer outcomes for disabled children and young people who are at risk of, or who have experienced abuse. This study focused on research, which had sought the views of disabled children and young people, parents/carers and practitioners.

What did we do?

We used a systematic approach to search for all research, which has been undertaken since 2000 in the UK. We found 14 articles/reports from across 10 unique studies. All but one of the studies were published within the last six years. We found 197 qualitative findings from across these studies, and when combined they formed 12 synthesized findings to answer four research questions.

What were our findings?

Why are disabled children and young people at greater risk of harm?

- Disabled children and young people are often invisible in services, or can be hidden but in plain sight *within* services. This invisibility increases risk as this reduces the chances of signs of abuse being identified, and/or limits opportunities for disabled children to tell. Practitioners can assume disabled children are protected by others, or that children will disclose if abuse occurs. Disabled children report that practitioners do not always seek their views. There is a lack of understanding of the intersectionality of disability and child abuse, and of intersectional issues for disabled children.
- Attitudes, which could be defined as disablist and discriminate against disabled children, can render disabled children invisible, and/or seen as better protected than their non-disabled peers which can lead to greater risk. Some practitioners treating



all children the same fails to account for impairment effects in a child's life or any barriers caused by disability. Disclosures of abuse by disabled children can be minimized due to them being seen as unreliable witnesses.

- The lack of services for disabled children and/or high thresholds for services creates increased risk for this group. Thresholds for risk and responses were bound in varying notions of vulnerability and resilience for this group, and were tied up in misunderstandings of disability.
- Structures, processes and attitudes create and reinforce the vulnerability of disabled children and young people. Isolation, a lack of voice and agency and overprotection were seen to create vulnerability. A lack of accessible sex and relationship education was seen to reinforce this.

What tailor-made responses and interventions are available to disabled children and young people?

- There is a need for disabled child-centred practice whereby practitioners are not losing sight of the child, their impairment or abuse. The sharing of information across multi-agencies is important to gather a holistic picture of a disabled child. It is important to not lose sight of the child through complacency that other agencies will notice abuse. Direct communication with disabled children is important and can require time, a multi-agency approach and resources.
- Multi-agency coordination and cooperation at strategic, agency and individual practitioner level was identified as crucial to improving service responses and the availability of appropriate interventions for disabled children who have been, or are at risk of abuse.
- A lack of services, and appropriate accessible provision, as well as resources and time for practitioners, impact on quality responses and interventions to risk and abuse for disabled children. High thresholds for intervention were also noted.



What are the outcomes for disabled children and young people who have experienced abuse and associated trauma from the perspectives of disabled children/young people, parents/carers and practitioners?

- Outcomes were dependent on opportunities for telling and/or recognition of abuse by others, and the subsequent responses from services.
- Access to justice via thorough police investigations and criminal proceedings was rarely an outcome for disabled children and young people. They were often perceived as unreliable witnesses especially if they had communication needs. Disablism appeared to affect practice, with little evidence that access needs were met or adjustments made.
- A small number of outcomes could be identified from interventions. Young people have clear ideas about their desired outcomes from services. However, participants expressed ongoing unmet needs which could lead to negative outcomes for disabled children and young people.

What are the training and skills development needs of the workforce to effectively support disabled children?

- Findings indicate a need for increased training for practitioners in awareness of disabled children's heightened vulnerability to abuse, confidence and skill in communicating with disabled children, and challenging disablist attitudes. Findings also indicate a need for increased opportunities for multi-agency working.
- Social workers' lack of training, knowledge and skills to understand and respond to the abuse of disabled children was a source of concern and frustration. Skills to communicate with disabled children about abuse and unravel complexity were particular areas of training need. Negative attitudes, and a lack of time, resources and specialist social workers were identified as contributing to poor practice and signs of abuse being missed or misattributed to impairment.



What are our recommendations?

This study has shown that there is very little research evidence to inform practice to prevent abuse, identify abuse and reduce risk of all types of abuse for this group of children. We also know little about what works for whom and in which circumstances, and what helps disabled children recover. This study has highlighted some major learnings for practice and for policymakers at local and national level including;

- The need for updated national Multi-Agency Safeguarding Deaf and Disabled Children and Young People Practice Guidance to recognise the additional needs of disabled children and their families, and to guide practice.
- Local authorities, and Local Safeguarding Partnerships (the Police and Health as key local safeguarding partners and including education and third sector as appropriate) need to have local action plans and arrangements in place that address their individual and collective responsibilities for ensuring the equal safeguarding and protection of disabled children and young people.



EXECUTIVE SUMMARY

Introduction

Despite the known increased risk of experiencing abuse (Jones et al, 2012), disabled children's access to safeguarding and support at all stages of the child protection system is at best inconsistent (Ofsted, 2012; Taylor et al, 2016). Research has highlighted that recognising and responding to abuse involving disabled children is often more complex, time consuming and frequently involves more finely balanced decisions between protection and family support and greater long-term commitment of resources than that concerning non-disabled children (Kelly and Dowling, 2015; Taylor et al, 2016). This complexity points to an urgent need to review and synthesise existing evidence relating to maltreatment concerns and practice responses to disabled children during and following child protection enquiries (Taylor et al, 2014). Despite the clear need to improve practice, a review of this kind using systematic methods has yet to be carried out (PROSPERO, 2020). In summary, this review aimed to support:

- Evidence-informed planning and development of more appropriate, targeted, and cost-effective interventions for disabled children and their families.
- Better understanding of the complexity and nuances of safeguarding concerns and responses with this high-risk group of children and young people supporting the development of improved early help and reducing the need for crisis-driven, and costly, residential placements.
- Improved understanding of how and why many key issues facing the sector disproportionately affect disabled children (poor mental health, poorer outcomes, disabled children and their families lack of involvement in care-planning and the need for whole-family support) and identify possible solutions. Evidence that will support current agendas for change.

Objectives

The overall objective of this review was to address the relative invisibility of disabled children within generic child protection practice evidence by synthesising existing evidence on the known safeguarding risks and poorer outcomes for this group.



Aims of the systematic review:

1. To synthesise the existing evidence as to:
 - a. The identification of harms of disabled children and young people under the age of 25 years
 - b. Referral and assessment processes for this group
 - c. Responses within social care, and other agencies to safeguard disabled children
 - d. Outcomes (in the short and longer-term) for disabled children who have experienced abuse
 - e. Specific training and skills development for the workforce to effectively support disabled children.

2. To identify gaps and areas requiring research to further the development of an evidence-base for this group.

Specific research questions:

1. Why are disabled children and young people at greater risk of harm?¹

2. What tailor-made responses and interventions are available to disabled children and young people?

3. What are the outcomes for disabled children and young people who have experienced abuse and associated trauma from the perspectives of disabled children/young people, parents/carers and practitioners?

4. What are the training and skills development needs of the workforce to effectively support disabled children?

Methods

This is a qualitative systematic review which uses a meta-aggregation to synthesize the findings. The review involved academic searches across seven databases utilizing key words selected in relation to the research questions. A PiCo approach was taken to ensure that the results were as thorough as possible. Studies were screened by the team alongside

¹ Utilising qualitative evidence to better understand the complexity of increased risk.



strict inclusion criteria. Searches were undertaken in December 2020. The review utilized CASP for qualitative studies to assess risk of bias and GRADEcerQual to present a measurement of confidence in findings. This systematic review included 14 qualitative articles/reports from across 10 unique studies. As a result of the inclusion criteria and the focus of the review, all the studies took place in the UK. With the exception of one study, all studies were published within the last six years. Data extracted from 197 findings were then aggregated into categories based on similarity of meaning to form 12 synthesized findings. The study protocol was registered on PROSPERO (Registration number: CRD42020225289).

Results

Following critical appraisal, 14 qualitative articles/reports were included in the review equating to ten unique studies. These papers were published between 2002 and 2019. The initial search located 10,039 papers which was reduced to 240 for full-text review. A further 226 were then excluded as they could not answer the research questions.

All research included in this systematic review took place in the UK, and includes a total of 157 disabled children and young people's voices and 405 practitioners (this makes allowances for the fact there are multiple articles reporting on the same study).

The results of the CASP Checklist for qualitative research suggests that the research is of good quality with a low level of bias. Although it is clear that researchers in this area need to be more aware of their relationship with participants and the wider ethical implications involved. It should be noted that any negatively assessed studies would have been excluded. Application of GRADEcerQUAL revealed a high level of confidence in all findings apart from synthesised findings 8 and 10.

Strengths and limitations of available evidence

Overall, there is limited evidence to answer the research questions across the full breadth of harms to disabled children. Predominantly the studies have focused on child sexual exploitation/sexual abuse or intra-familial harm. There is little evidence pertaining to other forms of harm. There is also more evidence on risk, than on responses and outcomes. However, aside from one study, all have been undertaken since 2014, meaning that the data and evidence are valid to current practice. Collectively, they have provided a rich source of data on the complexity, and multi-layered risks for disabled children. The evidence starts to



build a more holistic understanding of what we have termed 'disabled child centred practice'. What the evidence has also shown is the multitude of gaps in our evidence base on disabled children and young people.

This review has clearly shown that further research is needed in this area. However, the included studies contain a diverse range of participants, and a wide range of multi-agency perspectives on the topic, as a result of the inclusion of academic and grey literature. The focus on grey literature allowed the review to capture voices from a range of young people who are often less accessible to researchers.

Conclusion

This review has exposed the scarcity of research evidence on the abuse and protection of disabled children and young people within the UK across all forms of harm, and across the diversity of disabled children and young people. This leaves many gaps in our understanding of how to prevent abuse, identify harms and reduce risk for this group of children. We also know little about the outcomes of child protection responses – what works for whom and in which circumstances, and what leads to recovery and/or survivorship. The lack of 'voice' for this group of children and young people in child protection research is undeniable. The synthesised evidence does, however, highlight some major learning for practice and for policymakers at local and national level. These include the following:

- That disabled children and young are often not visible to services, or they can be visible in services, but their impairment needs have not been recognized
- There is a lack of understanding of the intersectionality of disability and child abuse, and of intersectional issues for disabled children and young people
- Attitudes, which could be defined as disablist, can render disabled children invisible, and/or seen as better protected than their non-disabled peers, which can lead to greater risk
- Disclosures of abuse by disabled children can be minimized due to them being seen as unreliable witnesses
- Experiences of discrimination can lead disabled children not to disclose abuse
- The lack of services for disabled children and/or high thresholds for services creates increased risk for this group
- Thresholds for risk and responses were bound in varying notions of vulnerability and resilience for this group, and were tied up in misunderstandings of disability



- The lack of access to communication, and methods of communication places disabled children and young people at greater risk
- Isolation, a lack of voice and agency and overprotection were seen to create vulnerability. A lack of accessible sex and relationship education was seen to reinforce this
- There are some concerns about the normalization of violence for disabled children and young people through forced constraint
- There is a need for disabled child centred practice whereby practitioners do not lose sight of the child, their impairment or abuse
- The sharing of information across multi-agencies is important so that a holistic picture of a disabled child can be gathered so that impairment affects and indicators of abuse are not confused
- Direct communication with disabled children is important and can require time, a multi-agency approach and resources. This was often lacking
- Multi-agency co-ordination and co-operation at strategic, agency and individual practitioner level was identified as crucial to improving service responses and the availability of appropriate interventions for disabled children and young people who have been, or are at risk of abuse
- A lack of services, and appropriate accessible provision, impacted on quality responses and interventions to risk and abuse for disabled children
- Access to justice via thorough police investigations and criminal proceedings was rarely an outcome for disabled children and young people
- There is little evidence on outcomes for disabled children and young people following abuse and/or child protection interventions
- Variable skills and access to training across all agencies contributed to a lack of robust multi-agency and practitioner responses to suspected abuse of disabled children
- Social workers' lack of training, knowledge and skills to understand and respond to the abuse of disabled children was a source of concern and frustration.

Policy and Practice Recommendations

There are multiple policy and practice recommendations based on this evidence, and an urgent need to address significant research gaps in order to develop a more robust and encompassing evidence base. This short summary highlights a few of the recommendations outlined in full in the main report. Policy and practice recommendations include:



- 1) Updated national Multi-Agency Safeguarding Deaf and Disabled Children and Young People Practice Guidance needs to be developed, in consultation, to set out the additional needs of disabled children and their families and guide practice. It needs to provide a basis of shared values, aims and outcomes in safeguarding and supporting disabled children and their families.
- 2) Local authorities, and Local Safeguarding Partnerships (the Police and Health, as key local safeguarding partners) need to have arrangements in place that address their individual and collective responsibilities for ensuring the equal safeguarding and protection of disabled children and young people, and to include education and the third sector as appropriate in their areas.

These arrangements should include:

- The recognition of disabled children and young people as a key group facing additional risks and the development of local action plans that address their specific safeguarding needs and barriers to their protection.
- A commitment to seeking the voice and communicating directly with disabled children and young people at all stages of involvement about their views and experiences; and to ensure that every disabled child and young person has a trusted adult they can go to and a way to do so which works for them.
- A commitment to ensuring that support needs of families are heard and intersectional needs addressed.
- A commitment to developing multi-agency practices to work together to prevent breakdown at home and school for disabled children and young people.
- Local leadership to ensure the development of multi-agency training for all front-line staff and managers in understanding:
 - the needs and additional risks faced by disabled children (including autistic children)
 - communication and making disabled children and young people both visible and heard
 - effective partnership working to safeguard and support disabled children and their families
 - and making sense of complexity and issues of practitioner confidence and teamwork across agencies



- that children and young people's social and emotional needs are considered at all stages including within relationships and sex education.
- 3) The effective gathering of data by all organisations and the Local Safeguarding Partnerships (LSP) including systems that assess and evaluate the quality and impact of work with disabled children at all stages, including data from local authority designated officers (LADOs) responsible for managing allegations against staff, carers or volunteers.
 - 4) Local Safeguarding Children's Boards (LSCBs) / Local Safeguarding Partnerships (LSPs) and local authorities, the police and health service as key local partners, along with other relevant agencies, ensure that there is an effective range of provision in terms of advocacy, speech and language therapy. And work to develop effective support for families and children both in terms of prevention and recovery/therapeutic needs in the local area in order to safeguard and promote the welfare of disabled children, and to engage with the Joint Strategic Needs Assessment as a mechanism to do this.
 - 5) There is a need for recognition at strategic, management and frontline practice levels that more time and support for practitioners is required for working with disabled children and their families.



INTRODUCTION

Background

In England there are approximately 1.3 million children with special educational needs and disabilities (SEND), and increasing numbers with complex needs. In January 2019, the most prevalent type of primary need identified among pupils with SEND was ‘Speech, language and communication needs’, (21.7% of pupils having this recorded as their primary need). For pupils with Education, Health and Care (EHC) Plans, ‘Autistic Spectrum Disorder’ was the most common primary type of need (29.0% of pupils). ‘Speech, language and communication needs’ was also the most common type of need for pupils on SEND support; (23.4% of pupils) (DfE, 2020). Increasing numbers of children identified with complex special educational needs and disabilities led to a rise in high needs funding², from £5.66bn in 2014/5 to £6.85bn in 2020/21, an increase of 21% in real terms (House of Commons, 2020).

Disabled children and young people³ represent a significant minority of users of children’s social care. This is partly due to specific recognition of their increased impairment and family support needs within the Children Act 1989. Evidence indicates, however, that disabled children are also significantly over-represented within services designed to meet safeguarding needs. With government figures stating that 55.9% of children who had been looked after continuously for 12 months (for whom data were available) had a special educational need (SEN) in 2018/19, consisting of 27.2% with an EHC plan and 28.7% on SEN support. This compares to 46.0% of children in need with SEN and 14.9% of all children with SEN. The most common type of need for looked after children was ‘Social, Emotional and Mental Health’ (SEMH) – 40.4% of looked after children with an EHC plan had this type of need compared to 13.3% of all children with an EHC plan (DfE, 2019)⁴.

² The high needs funding system supports provision for children and young people with SEND from their early years to age 25. High needs funding is also intended to support alternative provision for pre-16 pupils who, because of exclusion, illness or other reasons, cannot receive their education in mainstream or special schools. *High needs funding arrangements: 2020 to 2021*, Gov.UK.(link to reference for quoted figure: <https://commonslibrary.parliament.uk/special-educational-needs-and-disability-support-rescuing-the-reforms/>)

³ The term SEND is the preferred term used by the current UK government. However, disabled children is an internationally recognised term and one which is most widely used in the literature pertaining to this review. It is also the preferred term when utilising a social model of disability, and hence will be used throughout this review to describe this group of children and young people.

⁴ We recognize that SEMH may be the outcome of child maltreatment, as well as a risk factor. It is outside of the remit of this review to examine the evidence pertaining to impairment as an outcome of maltreatment.



Disabled children and young people also represent a high proportion of children placed in residential schools and secure settings (Pinney, 2017). Lenehan (2017) highlights particular issues occurring for children with learning disabilities, autism and mental health needs and substantial numbers of these children being placed in residential special settings at high financial and emotional cost, when local provision across education, health and social care have been unable to meet the child and family's needs.

Evidence also indicates that this group of children and young people face far higher rates of exclusion, particularly from mainstream settings, indicating difficulties in understanding and meeting these children's needs. With government figures for 2018/2019 stating that the permanent exclusion rate for SEN pupils as being two to five times higher than those without SEN (rates for pupils with an EHC Plan is 0.15 and 0.32 for pupils receiving SEN support), compared to 0.06 for pupils without SEN. Figures of the fixed period exclusion rate are also almost four times higher, at 16.11 for pupils with an EHC Plan and 15.59 for pupils with SEN support pupils, compared to 3.57 for pupils without SEN (DfE, 2020a). This is particularly concerning when combined with data from the Office of the Children's Commissioner which indicates that only 38% of local authorities were tracking the number of children outside of mainstream education, despite the well-established link between children dropping off the radar of schools and susceptibility to gang involvement, violence and criminal exploitation (OCC, 2021).

A significant number of studies have shed light on gaps in service provision, and a lack of reasonable adjustments to services, which disproportionately affect this group of children and young people. Recent reports have particularly highlighted gaps in early help and support in early years, mental health support for young people with autism and mental health needs, short breaks and emotional support for families (Lenehan, 2017; Challenging Behaviour Foundation, 2019; Disabled Children's Partnership, 2021). Speech and language therapy (OCC 2019a) and advocacy services (OCC, 2019b) are also lacking.

The above evidence presents a fragmented and complex landscape of high levels of support needs among children with special educational needs and disabilities, in a population that can often be hidden as a 'minority' group within wider statistical and research evidence. Needs which the available evidence indicates frequently remain unmet, often resulting in these children's increased exposure to risk within their families and communities (OCC, 2021), sometimes precipitating the need for a safeguarding response (Kelly and Dowling, 2015).



These high levels of unmet needs and gaps in service provision are especially concerning given research indicating disabled children and young people are at heightened risk of all forms of violence and abuse, especially neglect. Studies consistently show disabled children are three to four times more likely to experience violence and abuse both within their families and wider communities than those without disabilities (Jones et al, 2012). Evidence from population-based studies further indicates that abuse involving disabled children often begins at younger ages, tends to be more severe (Sullivan and Knutson, 2000; Kvam, 2004), is often more violent (Akbas et al, 2009), and is more likely to involve multiple forms and recurrent episodes of abuse than that involving non-disabled children (Sullivan and Knutson, 2000). Studies also indicate that disabled children's risk of abuse varies according to impairment type, with having a mental or learning disability, communication impairment or behavioural difficulty being more strongly associated with maltreatment (Sullivan and Knutson, 2000; Spencer et al, 2006; Jones et al, 2012). Young people with learning disabilities have also been identified at increased risk of sexual abuse (Spencer et al, 2006). Some studies have also identified disabled boys as being at particularly increased risk of abuse (Sullivan and Knutson, 2000; Kvam, 2004).

The underlying reasons for disabled children's increased risk of abuse and neglect are complex, but are not well understood (Jones et al, 2012; Leeb et al, 2012). However, numerous studies have identified increased incidences of both disability and maltreatment among children from lower socio-economic backgrounds (e.g. Blackburn et al, 2010). Carers of disabled children are also more likely to experience social isolation and financial hardship, due to higher costs and reduced employment opportunities (Leeb et al, 2012; Contact, 2018), factors that have been shown to cumulatively affect the risk of abuse and neglect (Stith et al, 2009; MacKenzie et al, 2011).

Over the last decade, several reports have drawn attention to disabled children and young people's disproportionate risk of violence and harm within their families and wider communities. This includes increased risk of domestic violence (Thiara, Hague and Mullender, 2011; Public Health England, 2015; Shah et al, 2016; Safelives, 2017) and forced marriage, as well as online harm (Katz and El Asam 2018), gang violence and from the 'emerging threats' (Working Together, 2018) of child sexual exploitation (Berlowitz et al, 2013; Franklin et al, 2015,) and criminal exploitation associated with county lines (Home Office, 2018). There is also some evidence that a lack of appropriate help and support for 16 – 17 year old disabled young people leaving care increases their vulnerability to these risks



(Kelly, Dowling and Winter, 2016). And increasing concerns have been raised regarding young people being placed in unregulated accommodation without access to support (Children's Commissioner, 2020), including those aged under 16 years.

Although a number of the above reports do not focus specifically on disabled children and young people per se, they highlight that many of the children and young people within the samples have unmet needs associated with SEND which can make them more vulnerable to harms. This above list is by no means exhaustive.

These factors, taken together, make effective support and safeguarding of disabled children and young people an urgent sector priority. This is especially important given evidence that disabled children are proportionally *under*-represented among children subject to child protection plans (3.8% vs 7-9% of all children, (DfE,2011), yet make up 14% of children experiencing incidents leading to a Serious Case Review (Brandon et al, 2020). That these phenomena remain poorly understood (Stalker and MacArthur, 2012) affirms the need for this review to collate existing evidence in order to improve understanding within children's social care of how support and services can better protect disabled children and young people from abuse.

Identification and referral: Disabled children experience greater and specific barriers to disclosing abuse than their non-disabled peers (Taylor et al, 2014; Jones et al, 2017). When they do try to tell anyone, disabled children are less likely to be believed (Kvam, 2004; Herschowitz et al, 2007). Research indicates practitioners apply higher thresholds to disabled children for safeguarding referrals and are more likely to misattribute signs and symptoms of neglect and abuse to children's impairments (Brandon et al, 2011; Ofsted, 2012; Taylor et al, 2014). Further barriers to making child protection referrals raised by practitioners include a lack of confidence and skills communicating with disabled children about abuse and neglect, and a related fear of getting it wrong (Taylor et al 2014; Prynault-Jones et al, 2017).

Assessment and Intervention: Available evidence consistently suggests disabled children are under-represented among UK children receiving support via a child protection plan (Ofsted, 2012). The reasons for their under-representation within the child protection system appear complex (Stalker and McArthur, 2012), but may partly stem from emerging concerns for disabled children being effectively responded to at an earlier stage via Section 17 child in need procedures (Ofsted, 2012). This explanation would appear at odds however with the



finding that disabled children make up to a quarter of UK children living in out of home care (Baker, 2007; Kelly et al, 2016).

Associated risk and outcomes: Once in the care system, disabled children are much more likely to experience placement instability or be placed in residential care than their non-disabled peers (Kelly, Dowling and Winter, 2016). They are also less likely to have access to appropriate therapeutic and mental health support to aid their recovery from abuse (Kelly et al, 2016). Lenehan (2017) also raises concerns regarding the significant difficulties in residential settings accessing CAMHS support (2017). Of further concern is the finding that disabled children are at a disproportionately higher risk of experiencing significant harm leading to a serious case review, particularly during adolescence (Brandon *et al*, 2020). Evidence also indicates that disabled children are at risk of experiencing poorer outcomes than their non-disabled peers. For example, they are three times more likely to be not in education, training and employment than other 16 - 24year olds (House of Commons, 2018) and are also over-represented within the criminal justice system (Laming Review, 2016).

Rationale: The available evidence outlined above suggests that despite the increased risk of experiencing abuse, disabled children's access to safeguarding and support at all stages of the child protection system is at best inconsistent (Ofsted, 2012; NWGSDC, 2016). Research has highlighted that recognising and responding to abuse involving disabled children is often more complex, time consuming and frequently involves more finely balanced decisions between protection and family support and greater long-term commitment of resources than that concerning non-disabled children (Kelly and Dowling, 2015; Taylor et al, 2016). This complexity points to an urgent need to review and synthesise existing evidence relating to maltreatment concerns and practice responses to disabled children during and following child protection enquiries (Taylor et al, 2014). A scoping study of literature and policy, published in 2010, concluded that 'disabled children's rights to receive the same level of safeguarding as others are not being consistently upheld' (Stalker et al, 2010, p5). Despite the clear need to improve practice, a review of this kind using systematic methods has yet to be carried out (PROSPERO, 2020). In summary, this review aimed to support:

- Evidence-informed planning and development of more appropriate, targeted, and cost-effective interventions for disabled children and their families.
- Better understanding of the complexity and nuances of safeguarding concerns and responses with this high-risk group of children and young people supporting the



development of improved early help and reducing the need for crisis-driven, and costly, residential placements.

- Improved understanding of how and why many key issues facing the sector disproportionately affect disabled children (poor mental health, poorer outcomes, disabled children and their families lack of involvement in care-planning and the need for whole-family support) and identify possible solutions. Evidence that will support current agendas for change.

Definitions used within the review

Table One: Definitions used within the review

Disability	<p>The review was undertaken working with the following definitions:</p> <p>a) The Equality Act (2010) definition of disability which states that a person has a disability if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.</p> <p>b) The Children and Families Act (2014) definition of Special Educational Needs and Disability as contained within the Special Educational Needs and Disability Code of Practice: 0 to 25 Years Statutory Guidance for organisations which work with and support children and young people who have special educational needs or disabilities. This states: A child or young person has SEND if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person who has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of</p>
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	the same age in mainstream schools or mainstream post-16 institutions.
Safeguarding	The review was undertaken working with the definition of safeguarding and promoting the welfare of children as defined under Working Together to Safeguard Children (2018) which states protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and taking action to enable all children to have the best outcomes.
Forms of harm	All forms of harm including intra and extra-familial abuse, and abuse within residential settings were explored within this review. This included those who may already be within the care system, and thus included maltreatment by any caregiver.

Throughout this report we use the terms 'disabled children and young people' and 'abuse', however, this does require some explanation.

For ease of reading, we use the term 'disabled children and young people' to include all individuals aged 0 – 25 years who are either disabled, Deaf, or who have special educational needs⁵. However, we do replicate the definitions used within individual papers when specifically describing each study. We acknowledge that some people will identify with the term disabled while others will not.

We draw upon the social model of disability and make a distinction between impairment (ie: loss or limited functioning experienced by a person) and the barriers that disabled children and young people face because of the way societies are organised and attitudes that discriminate (UPIAS, 1976). In addition, our framing of disability is informed by Thomas'

⁵ The review has included the age-range of 0 – 25 years to reflect the current SEND provision contained within The Children and Families Act (2014) which provides Statutory Guidance for organisations which work with and support children and young people who have special educational needs or disabilities. We recognised that this creates a discrepancy in terms of age, by which children and young people are defined as under the age of 18 years within current child protection guidance under Working Together to Safeguard Children (2018).



social relational understanding of disability, whereby we recognise the significance of impairment effects, meaning the day-to-day impact of living with an impairment (2004, 2007). For example, some children have restricted speech/language and/or learning disabilities which affect their communication and/or understanding. We acknowledge acts of disablism whereby people use such impairment effects to discriminate, exclude, abuse and exploit disabled children and young people.

We use the term 'abuse' to denote all forms of abuse, neglect and sexual and criminal exploitation. When referring to individual studies we mirror the term of abuse utilised in the papers reviewed.

OBJECTIVES

The overall objective of this review was to address the relative invisibility of disabled children within generic child protection practice evidence by synthesising existing evidence on the known safeguarding risks and poorer outcomes for this group.

Aims of the systematic review:

1. To synthesis the existing evidence as to:
 - a. The identification of harms of disabled children and young people under the age of 25 years
 - b. Referral and assessment processes for this group
 - c. Responses within social care, and other agencies to safeguarding disabled children
 - d. Outcomes (in the short and longer-term) for disabled children who have experienced abuse
 - e. Specific training and skills development for the workforce to effectively support disabled children.

2. To identify gaps and areas requiring research to further the development of an evidence-base for this group.



Specific research questions:

1. Why are disabled children and young people at greater risk of harm?⁶
2. What tailor-made responses and interventions are available to disabled children and young people?
3. What are the outcomes for disabled children and young people who have experienced abuse and associated trauma from the perspectives of disabled children/young people, parents/carers and practitioners?
4. What are the training and skills development needs of the workforce to effectively support disabled children?

METHODS

3.1 Protocol registration

The review was registered with PROSPERO on the 18th December 2020: Prospero registration number: CRD42020225289. The review was entered on the Open Science Framework (OSF) <https://osf.io/4xycy7/> on the 10th December 2020.

We could not locate any current or historic systematic reviews examining this area.

Prior to registration the protocol was reviewed and agreed by the funder.

3.2 Study eligibility criteria

3.2.1 Participants

This systematic review considered studies that focused upon disabled children and young people (aged up to 25 years in accordance with provision under the Children and Families Act 2014) who have experienced abuse (or been at risk of abuse/exploitation) and have been part of multi-agency safeguarding practice. In this qualitative review, the included studies report on the experiences of disabled children and young people themselves, or the perspectives of practitioners from across agencies in order to inform better practice.

⁶ Utilising qualitative evidence to better understand the complexity of increased risk.



Participants resided in the UK and as such, all studies are UK studies. This focus on UK only studies has allowed the review to focus upon social work and safeguarding contexts that are generalizable for a UK context and can have a direct impact upon current social work, and multi-agency practice and policy.

Studies in which disabled children and young people were included but not given significant focus were excluded. We did not use any statistical analysis to make this decision (e.g. the majority of participants did not have to be disabled) but made a judgement as to whether the studies offered unique results for disabled children and young people.

We took the position that the studies had to focus upon children and young people under 25. Where it was not possible to identify individual ages, such studies were excluded. If it was possible to segregate specific participants who fit within the age criteria, this was done and such studies were included. Authors of studies were contacted to clarify any such missing information about their participants where time allowed.

All studies had to have a focus on abuse, this included all forms of harm including intra and extra-familial abuse, abuse within residential settings and/or online harms. This systematic review took the position that this related to any form of abuse; sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. We did not include bullying or traumatic events that were not directly linked to abuse.

3.2.2 Phenomena of interest

This systematic review explored social work in the context of multi-agency safeguarding practice in relation to the abuse of disabled children and young people. Please see Table 1 for the working definition of safeguarding.

Focus was placed upon responses to abuse and/or risk and not preventative strategies. There is no focus upon the perpetrators of abuse towards disabled children and young people. The review also did not include any specific studies on sexually harmful behavior of disabled children and young people.



3.2.3 Context

The review explored social work in the context of safeguarding practice in the UK, in relation to the abuse of disabled children and young people. Studies were conducted within the context of UK social work.

3.2.4 Type of studies

This systematic review considered interpretive studies that draw upon the experiences of disabled children and young people who have experienced abuse and their engagement with social work safeguarding practice in the UK, and on the experiences of practitioners involved in safeguarding. Systematic reviews were retained for investigation of the primary studies included.

As such, all study designs were qualitative or mixed methods with a clear qualitative phase. For studies reporting quantitative and qualitative data, only the qualitative data was reported. There were no restrictions put upon the types of methodologies employed. Quantitative studies were not included. As the review was focused upon social work responses and safeguarding from the perspective of the experiences of disabled children and young people and practitioners, it was important to collect these in-depth stories. Of course, such an approach is not to state that quantitative studies may be not valuable, but it is clear that quantitative studies cannot help to explore the detailed nuanced and tailor-made responses from social work in relation to the safeguarding of disabled children and young people who have experienced abuse.

Only studies that had been peer reviewed in some form were eligible. As a result, grey literature such as charity reports (e.g. NSPCC, Barnados) which included some reviewing mechanism, were included. This excluded studies that were reported in books, conference papers, and PhD Theses.

3.3 Search strategy

The search strategy aimed to include published peer reviewed studies and grey literature that reported research data. The first stage of the search focused upon academic peer-reviewed articles. A search strategy was developed and then adapted across the databases searched (see Appendix 1).

The main inclusion criteria for the studies revolved around the following aspects:



- Studies included participants who were children and young people (aged 0-25 years) who were disabled. Although first preference was given to these studies, the search also included parents/carers and professionals' perspectives specifically in relation to disabled children and young people (aged 0-25 years).
- Studies which focused upon the experience of disabled children and young people (aged 0-25 years) within children's services in a safeguarding context.
- Studies which include research about abuse, neglect, maltreatment and exploitation.
- Studies were UK based in order to be able to focus upon the UK safeguarding system.

There were also a number of enforced restrictions due to the short time scale of the review.

- Studies had to be written in English
- Studies had to be published from January 2000 in order to be able to speak to the current UK safeguarding landscape
- During the full-text screening the team took the decision to include only UK-based studies. This decision was informed by the unrealistic timescale to conduct an international review, but also the desire to create a review which would assist UK practitioners and policy makers. We identify this as a limitation and a gap which should be addressed.

Due to the nature of the research, any research deemed to have been carried out unethically would be excluded (although this did not occur).

Following this stage, a search for grey literature was conducted through a search of key websites utilizing a broader keyword search (See Appendix 1).

The searches took place on 23rd December 2020.

In addition to the above searches of published evidence, known researchers in the field within the UK were approached in order to identify any current research being undertaken in this area. No new studies were identified through this process.

3.4 Study selection

Post-search, all citations (including abstracts) were imported into EndNote v.X9 (Clarivate Analytics, PA, USA). All citations were initially screened by two reviewers (AT and AF) against the inclusion criteria and duplicates were removed. These two reviewers assessed



the inclusion based upon titles and then abstracts alongside the inclusion and exclusion criteria and research questions. At this stage full information was moved to an Excel spreadsheet for screening by the entire team. Studies that were excluded from the Excel spreadsheet (after reading the full text) have been further detailed in Appendix 2.

3.5 Data extraction

The data were extracted from each study using a standardized extraction sheet. The sheet allowed the reviewer to record key aspects of the study in a consistent and replicable manner. Extraction data included: the phenomena of interest in relation to the research questions, the population, key findings, objectives, methods, recommendations for practice and gaps in research. Extraction was conducted by AF, JG, JH and SG and then verified amongst the team, ensuring that all extraction was cross-checked. Reviewers met as a team throughout the extraction process to ensure consistency and a focus upon the research questions and the wider objectives⁷. It is vitally important throughout the meta-aggregation to align findings with evidence as this is central to the process (see 3.9) and as a result this was a key skill for the extraction team.

Multiple papers from the same study have been included. This has been noted in the assessment of strength of findings and confidence in the evidence.

3.6 Risk of bias assessment

This systematic review uses the CASP Checklist for Qualitative research (CASP 2018) to appraise the included studies. The Checklist is divided into three sections allowing the review team to assess bias using a simple checklist. Section A explores whether results are valid, focusing upon the clarity of aims, appropriateness of methodology and the overall research design. The section also allows reviewers to examine recruitment, data collection and any anomalies in the relationship between researcher and participant. Section B, examines the results of the study, allowing the reviewer to explore the ethical implications of the research and whether the data has been accurately analysed and presented. Section C finally, allows the reviewer to examine the impact of the research findings and whether they are likely to be valuable. Upon completion of the CASP Checklist a summary table is produced. The table records the positive and negative responses entered onto the Checklist

⁷ The lead author of the review was an author in a number of the studies included in this review. To ensure rigour, AF did not extract or review any of her own studies.



and in turn generates a numeric representation of the methodological strength of the included studies.

3.7 Assessing the certainty of evidence

This systematic review uses the GRADE-CERQual (Lewin et al, 2018) approach to assess the confidence in findings from systematic reviews, specifically with regards to qualitative evidence synthesis. GRADE-CERQual assesses review findings in relation to four components: Methodological limitation, coherence, adequacy of data, and relevance. The approach allows reviews to present tables detailing findings alongside the confidence in each finding (in relation to each component and an overall assessment and explanation for the assessment).

3.8 Data analysis and synthesis

Please see Appendix 4 for the full results of the synthesis.

We used meta-aggregation (see Lockwood et al, 2015) to produce synthesized findings which should be seen as strong statements that not only answer the research questions and fulfil the aim of the review, but also provide guidance for practitioners and policy makers. In order to arrive at such robust statements, the data is first extracted with a specific focus on exploring the findings from the study and relating this to evidence provided by the authors (including direct quotation, fieldwork observations, and illustrations). Findings are then assigned with levels of credibility. Lockwood et al (2015) suggest that there are three levels of credibility, namely: unequivocal, referring to evidence which 'beyond reasonable doubt' (page 183) most likely in the form of direct participant quotations with regards to the current review, credible, referring to evidence that could potentially be challenged and unsupported, and finally unsupported, where there is no link between findings and illustration. The result of such a task is a list of findings with associated evidence directly related to the research questions and overall review aim.

In order to focus the findings and evidence a process of categorization is then undertaken. In practice this resembles a grouping of related findings into categories, which then can be seen as themes or key concepts. Two or more findings can be used to form a category.

Following this categorization, the team embarked on the process of synthesizing. This involved grouping categories together under an overarching synthesized finding based upon similarity. The synthesized findings represent the totality of the categories enclosed within,



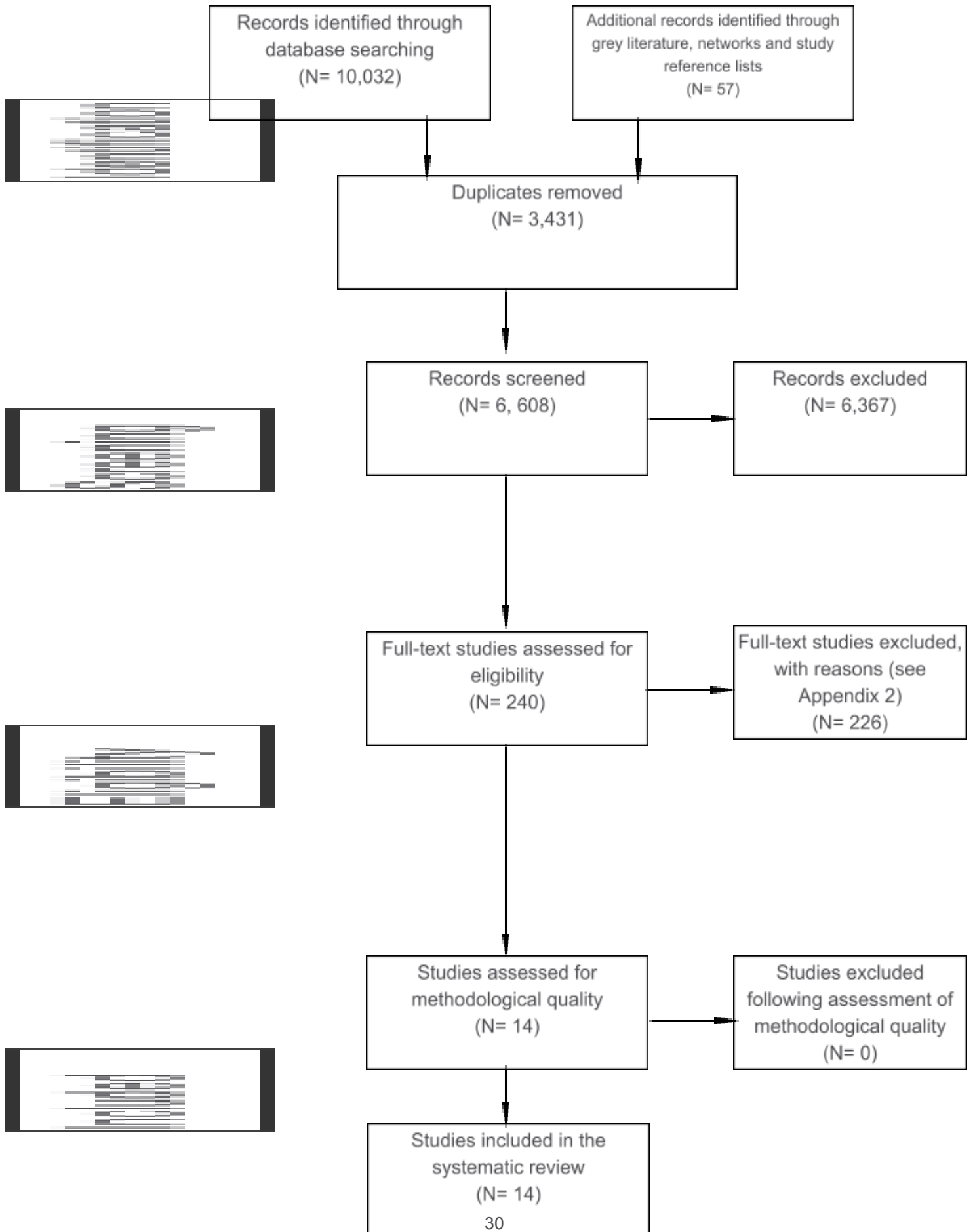
which in turn represent the findings. This logical and rigorous process results in findings which resemble statements and give a conclusive response to the research questions.



4 RESULTS

4.1 Search Results

The PRISMA flowchart (Figure 1) describes the complete process from the identification, screening, eligibility and final inclusion numbers. In total 10,039 initial studies were found. At this point 3,431 duplicates were removed. This left the team with 6,608 studies that were screened by AT and AF based upon titles and abstracts. After close consultation of the study protocol, 6,367 studies were excluded. A total of 240 studies were added to a study masterlist and the full-texts of these were obtained. Of these 240, 226 were excluded due to not being in line with the review aims. This resulted in a total of 14 articles/reports which met the inclusion criteria and were able to answer the research questions. Please see Appendix 1 for more details about the search strategies.





4.2 Characteristics of included studies

This systematic review included 14 qualitative articles/reports from across 10 unique studies. A full description of the included studies is presented in Appendix 3, however this short section will summarise key aspects of the included studies.

As a result of the inclusion criteria and the focus of the review, all the studies took place in the UK. The studies were relatively recent, with the clear exception being Cooke and Standen (2002). The remaining 13 articles were all published after 2014.

All of the studies (apart from Wilson et al, 2018, who used workshops with professionals) used interviews as a part of data collection. These were mainly used to capture the experience of disabled young people, with the exceptions being Cooke and Standen (2002) who conducted a survey with Chairs of Area Child Protection Committees and interviews with eight social workers of disabled children; and Stalker et al (2015) and Taylor et al (2014) who conducted focus groups with Local Authority Child Protection Committees followed by interviews (21) with practitioners. Most studies used multiple methods in order to capture the thoughts of disabled children, young people and practitioners.

In total 157 disabled children and young people's voices are included in the review and 405 practitioners (this makes allowances for the fact there are multiple articles reporting on the same study).

4.3 Risk of bias within studies

The team conducted a critical appraisal using the CASP Checklist for qualitative studies (Critical Appraisal Skills Programme 2018) in order to assess methodological quality. Appraisal took place after the data extraction process by the first reviewer and was later verified by at least one other team member. Any points of deliberation were resolved by the first and second reviewers through discussion. Table 2 clearly displays the results of the appraisal, however it is worth noting the high scores in all questions (low risk of bias).



Table 2: Critical appraisal results of eligible studies

<i>Study</i>	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
<i>Cooke & Standen 2002</i>	Y	Y	Y	Y	Y	U	U	U	Y	U
<i>Franklin & Smeaton 2017¹</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<i>Franklin & Smeaton 2018¹</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<i>Franklin et al, 2019</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<i>Franklin et al, 2015¹</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<i>Goff & Franklin 2019</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<i>Jessiman & Carpenter 2018</i>	Y	Y	Y	Y	Y	U	Y	Y	Y	U
<i>Jones et al, 2017²</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<i>Stalker et al, 2015³</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<i>Taylor et al, 2014³</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<i>Taylor et al, 2015²</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<i>Taylor et al, 2016</i>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
<i>Warrington et al, 2017</i>	Y	Y	Y	Y	Y	U	Y	U	Y	Y
<i>Wilson et al, 2018</i>	U	Y	Y	Y	Y	Y	U	U	Y	U
SCORE %	92.8	100	100	100	100	78.6	85.7	78.6	100	78.6

1 = Same study.

2= Same study.

3= Same study.

Y= Yes, N= No, U= Unclear, Critical Appraisal Skills Programme (CASP) Checklist for Qualitative studies

Q1- Was there a clear statement of the aims of the research? Q2- Is a qualitative methodology appropriate? Q3 Was the research design appropriate to address the aims of the research? Q4- Was the recruitment strategy appropriate to the aims of the research? Q5- Was the data collected in a way that addressed the research issue? Q6- Has the relationship between researcher and participants been adequately considered? Q7- Have ethical issues been taken into consideration? Q8- Was the data analysis sufficiently rigorous? Q9- Is there a clear statement of findings? Q10- How valuable is the research? (Note- Q10 does not require a yes/no answer. However, if the reviewer has responded positively this has been assigned as Yes, and conversely if the reviewer has responded negatively this has been assigned to No. If the review was undecided (or saw clear positives and negatives), U has been assigned.



4.4 Certainty of evidence assessment

Table 3: CERQual Evidence Profile

Summary of review finding	Papers contributing to the review	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Finding 1:	Cooke and Standen (2002); Stalker et al, 2015; Taylor et al (2016); Taylor et al (2014); Goff and Franklin (2019); Warrington et al (2017); Franklin et al (2019); Franklin and Smeaton (2017); Franklin and Smeaton (2018); Jones et al (2017), Franklin et al (2015) (n = 11)	Minor limitations 11 papers altogether for 7 studies, 2 studies with some methodological limitations)	High Consistency from practitioners and young people across studies	High	Highly relevant Evidence from children and young people (CYP)	High	High. There is consistent evidence across several studies. Relevance, coherence and adequacy of data.
Finding 2:	Taylor et al (2016); Taylor et al, (2014); Goff and Franklin (2019); Wilson et al (2018); Warrington et al, (2017); Franklin and Smeaton (2017); Taylor et al (2015); Franklin et al (2015) (n = 8)	Minor limitations 8 papers, 6 studies, 2 with some methodological limitations	High Consistency from practitioners and young people across studies	High	Highly relevant	High	High. There is consistent evidence across several studies. Relevance, coherence and adequacy of data.
Finding 3:	Stalker et al, (2015); Taylor et al, (2016); Taylor et al, (2014); Goff and Franklin, (2019); Wilson et al, (2018); Warrington et al, (2017); Franklin and Smeaton, (2017); Jones et al, (2017); Taylor et al, (2015); Franklin et al, (2015)	Minor limitations 10 papers from 7 studies, 2 studies with some methodological limitations	High Consistency from practitioners and	High	High	High	High. There is consistent evidence across several studies.



	(n=10)		young people across studies				Relevance, coherence and adequacy of data.
Finding 4:	Stalker et al, (2015); Taylor et al (2016); Taylor et al (2014); Goff and Franklin (2019); Wilson et al (2018); Warrington et al (2017); Franklin and Smeaton (2017); Franklin and Smeaton, (2018); Jones et al (2017); Taylor et al (2015); Franklin et al (2015) (n=11)	Minor limitations 11 papers from 7 studies, 2 studies with some methodological limitations	High Consistency from practitioners and young people across studies	High	High	High	High. There is consistent evidence across several studies. Relevance, coherence and adequacy of data.
Finding 5:	Cooke and Standen, (2002); Stalker et al, (2015); Taylor et al, (2016); Taylor et al, (2014); Goff and Franklin (2019); Franklin et al, (2019); Franklin and Smeaton, (2018); Taylor et al, (2015); Franklin et al (2015). (n=9)	Minor limitations 9 papers from 6 studies, 1 with some methodological limitations	High Consistency from practitioners and children across studies	High	High	High	High. There is consistent evidence across several studies. Relevance, coherence and adequacy of data.
Finding 6:	Cooke and Standen, (2002); Taylor et al, (2016); Taylor et al, (2014); Goff and Franklin, (2019); Jessiman and Carpenter, (2018); Franklin et al, (2019); Franklin and Smeaton, (2017); Franklin et al, (2015) (n=8)	Minor limitations 8 papers from 6 studies. 2 with some methodological limitations	High Consistency from practitioners and young people across studies	High	High	High	High. There is consistent evidence across several studies. Relevance, coherence and adequacy of data.
Finding 7:	Taylor et al, 2016; Goff and Franklin, 2019; Wilson et al, 2018; Warrington et al, 2017; Franklin and Smeaton, 2018; Jones et al, 2017; Taylor et al, 2015; Franklin et al, 2015	Minor limitations 8 papers from 7 studies. 2 with some	High Consistency from practitioners and	High	High	High	High. There is consistent evidence across



	(n=8)	methodological limitations	young people across studies				several studies. Relevance, coherence and adequacy of data.
Finding 8	Taylor et al (2015)	One paper, however methodologically sound.	Concern as only one study, however this was based on lived experience of participants. This finding was not found in other studies where CYP were participants.	Concern as only one study, but rich data.	High	Moderate	Moderate confidence as this finding was not found in other studies, although rich data from participants.
Finding 9	Taylor et al (2015), Taylor et al (2016); Taylor et al (2014) (n=3)	3 papers from 2 studies, methodologically sound	Strong coherence across the 2 studies.	Only in 2 studies, but rich data from a small number participants.	High	High	High, as although from a limited number of studies, there is rich evidence which is relevant and consistent.
Finding 10	Franklin and Smeaton (2018); Taylor et al (2015); Goff and Franklin (2019); Jessiman and Carpenter (2018); Franklin et al, (2019); Franklin et al (2015) (n=6)	Minor limitation 6 papers from 5 studies. 1 study with some methodological limitations	Some concerns as few findings from practitioners and young people across studies	Concerns regarding adequacy of data around interventions however, unmet need has adequacy of data.	High-concerning outcomes	Moderate	Moderate as the findings are relevant, there are concerns around adequacy of data.
Finding 11	Cooke and Standen (2002); Stalker et al, (2015); Taylor et al (2016); Taylor et al	Minor limitation	High consistency From practitioners	High	High-particularly as	High	High. There is consistent evidence across



	(2014); Goff and Franklin (2019); Franklin et al (2019); Franklin et al (2015) (n=7)	7 papers from 5 studies, 1 with some methodological limitations	across the 5 studies		practitioners identified these issues in their own practice		several studies. Relevance, coherence and adequacy of data.
Finding 12	Cooke and Standen (2002); Wilson et al (2018); Franklin et al (2015) (n=3)	Moderate limitation 3 papers from 3 studies. However, 2 had methodological limitations	Coherence limited as limited findings	Some data, but limited compared to previous finding	High-particularly as practitioners identified these issues in their own practice and CYP expressed frustration	Moderate	Moderate. Finding is highly relevant to all research questions, however, there are concerns as around methodological limitations and adequacy of data.



4.5 Synthesis of results

A total of 197 findings with supportive evidence were identified across the 14 papers and 10 individual studies. From the findings we synthesized 12 findings. The study findings, categories and respective synthesized findings are presented in Appendix 4. The individual findings accompanied by the supporting evidence can be found in Appendix 5. Synthesized findings are reported below aligned to the four research questions. Findings concerning gaps in research and evidence are reported in Section 5.4 and 5.6.

1. Why are disabled children and young people at greater risk of harm?

In answer to this question, a total of 90 findings with supportive evidence were identified across the 14 papers. From the findings, we identified four synthesized findings.

Synthesized Finding 1: Disabled children and young people are often invisible in services, or can be hidden but in plain sight *within* services. This invisibility increases risk as this reduces the chances of signs of abuse being identified, and/or limits opportunities for disabled children to tell. Practitioners can lose sight of disabled children through assuming they are protected by others, or will disclose abuse. Disabled children report that practitioners can lack curiosity and interest in their lives and not seek their views. There is a lack of understanding of the intersectionality of disability and child abuse, and of intersectional issues for disabled children. All of the above can mean important signs of abuse are missed, and this increases risk for disabled children and young people.

This finding was formed from five categories: 'Invisibility of disabled children', 'Invisibility of disabled child abuse', 'Lack of understanding of disabled child abuse', 'Invisibility of abuse', and 'child-centred practice'. These categories were formed from 20 findings across eleven papers (Cooke and Standen, 2002; Taylor et al, 2014; Franklin et al, 2015; Stalker et al, 2015; Taylor et al, 2016; Franklin and Smeaton, 2017; Jones et al, 2017; Warrington et al, 2017; Franklin and Smeaton, 2018; Franklin et al, 2019; Goff and Franklin, 2019).

The **invisibility of disabled children and young people *within* services** was raised by three studies (Franklin and Smeaton, 2017; Goff and Franklin, 2019; Franklin et al, 2019). Goff and Franklin (2019) drew attention to issues with access to assessment, diagnosis



and/or recognition of additional needs which impacted on whether individual children were identified as disabled and therefore receive appropriate services which met their needs. Additionally, this impacted on the visibility of disabled children as a group, whereby impairment related needs are not recognized within service planning and delivery. As this study highlights, quantifying the prevalence of abuses in this group is difficult when disability is neither recognized nor recorded (Goff and Franklin, 2019). Franklin and Smeaton (2017) highlight numerous examples of this whereby children experiencing child sexual exploitation (CSE) did not have their autism or learning disability recognized. However once recognized, signs of exploitation such as going missing were then subsequently attributed to the impairment and not dealt with as a child protection issue. Thus highlighting the need for professionals to be knowledgeable of both child protection and impairment effects.

Concerns were also raised in Goff and Franklin (2019) about the impact of austerity and the loss of key support and services within which disabled children would have been visible and where practitioners might have noticed signs of abuse. Within such services, children may also have formed supportive, consistent and trusting relationships which might have enabled them to talk about issues of concerns and/or disclose.

Franklin et al (2019) shines a light on the invisibility of disabled children and young people within child sexual abuse services. Services in this study reported *not* receiving referrals for young people with learning disabilities/difficulties, despite the fact that they know that they face greater risk of sexual abuse. In exploring this issue, the authors report that they found some services had very narrow definitions of disability, and difficulties in understanding the term 'learning disabilities/difficulties', and that there were children within these services whose needs had not been recognised. Franklin and Smeaton (2017) also report similar findings concluding that a failure to diagnose or see impairment can increase this groups' vulnerability as the child then does not receive appropriate support to meet their needs, and can remain hidden.

Alongside the invisibility of disabled children per se, findings indicated that **disabled child abuse can remain invisible to practitioners**. Participants in Cooke and Standen (2002) reported on a tendency to not see the abuse of disabled children. They question whether this is conscious or subconscious, but felt that this can lead to the abuse being severe before action is taken. In this study, it was reported that '**disability is seen first**' and that this can impact on whether abuse is recognized or not. Reported examples of this included seeing bruising as a result of clumsiness, or sexualized behavior as '*just something young people*



with learning disabilities do, with little consideration of what might lie behind such behavior. Reasons for not seeing the abuse were deemed to relate to a lack of knowledge and support, but also were a factor of too little time and resources. Similarly, Taylor et al, (2016) report that risks increase for this group, and can remain invisible, due to the perception that impairments can add complexity and challenges for practitioners who are lacking in knowledge and experience in **identifying impairment effects**. This can negatively impact on assessment of risk, and thus detection rates. As one practitioner stated:

“There’s been a number of children where I’ve seen professionals having huge difficulty about deciding whether it might be a child protection issue or related to a diagnosis of autism... it is very, very confusing sometimes” (Taylor et al, 2016, p.65).

Social workers often felt anxious about disabled child abuse having not received training with regard to the interface of disability and abuse (Cooke and Standen, 2002). This is explored in more detail below. Other risks were identified due to multi-agency professionals not having an awareness of the heightened vulnerability to abuse of disabled children (Stalker et al, 2015).

In Taylor et al, (2014), participants reported that **disabled children without communication impairments may be seen as less vulnerable** as there was an assumption that the child who can communicate would make a disclosure of abuse and therefore they were ‘protected’. Young disabled adults in Warrington et al (2017) who had experienced domestic violence illustrated how this lack of understanding can lead to increased risks for disabled children; they shared their challenges in disclosing:

...‘It’s difficult with autism to express – the autism makes it harder’. ... ‘They could just think it was part of autism because children with autism can get angry and throw things’. (Warrington et al, 2017, p.61).

Jones et al (2017) also highlights misconceptions amongst practitioners that there are improved detection rates of abuse of disabled children, which was seen to happen because **there were perceptions of high levels of professional contact for disabled children**. Similarly, Taylor et al (2016) identified possible complacency amongst practitioners, thus increasing risks for disabled children, whereby for some children who received high levels of support it was perceived that this would act as a ‘safety net’:

...there is a tendency to think that if there’s a child with additional needs or disabled then they have already got that extra support there... and they would expect somebody else to pick it up’ (Taylor et al, 2016, p. 67).



This study also shed light on practitioners' potential reliance upon parents/carers to understand a child's communication, or using them as a proxy for the child's perspective -thereby losing sight of the child.

Young disabled people in Franklin and Smeaton (2018) reported that professionals, and sometimes parents/carers were often not interested in their lives or enquiring about their lives. For example, asking about where they had been and what they did, and/or asking if they were in a relationship. A number of the young people interviewed said that if they had been asked about their lives, they might have spoken about what was happening to them earlier and at the time of the exploitation. Those who had social workers felt they had not had a supportive enough relationship with them to open up. Such level of inquiry was important in identifying risk across agencies, as one child stated:

"Everyone's an individual but they need to make sure that those who go missing are looked after and that they look at it properly. Police just look at it like "Oh they just wanna go out and get drunk and then throw you in a cell, but they need to look and see why they go missing and look at sexual exploitation". Katie, aged 14. (Franklin and Smeaton, 2018, p.11).

As can be seen in this example, and in examples in Jones et al (2017), often 'bad behaviour' or behavioural signs/efforts to communicate distress were more likely to be attributed to impairment rather than signs of possible abuse or help seeking. One disabled participant in Jones et al (2017) whose abuse began at age eight attempted suicide at around age nine. She was admitted as a psychiatric in-patient, but never felt she was given an opportunity to disclose her abuse.

Evidence was also found concerning how disabled children can be **treated as a homogeneous group** and the lack of recognition of intersectionality within disabled children and young people can increase risk. Franklin et al, (2015) raises this issue with regard to the invisibility of gender, ethnicity, sexuality and sexual identity within the identification and response to disabled child abuse. As one participant in this study reported:

'Some professionals just couldn't get their head around the fact that there were CSE risks with a young male, never mind that he had a learning disability and that all of [the CSE risks and the presence of a learning



disability] could account for his “challenging” behaviour.’ (Franklin et al, 2015, p.104).

Synthesized Finding 2: Attitudes, which could be defined as disablist⁸, can render disabled children invisible, and/or seen as better protected than their non-disabled peers which can lead to greater risk. Some practitioners reported treating all children the same, thus not accounting for impairment effects in a child’s life or disabling barriers. Disclosures of abuse by disabled children can be minimized due to them being seen as unreliable witnesses. The overprotection of disabled children can inversely increase their risk of abuse. Experiences of discrimination can lead disabled children not to disclose abuse.

This finding was formed from five categories; *‘Disclosure’, ‘Misunderstanding of disability’, ‘Lack of voice’, ‘Overprotection’ and ‘Lack of relationships and sex education’*. These categories were formed from 13 findings across eight papers (Taylor et al, 2014; Taylor et al, 2015; Franklin et al, 2015; Taylor et al, 2016; Franklin and Smeaton 2017; Warrington et al, 2017; Wilson et al, 2018, Goff and Franklin, 2019).

As already discussed in synthesized finding 1, studies found evidence for a number of attitudes and/or assumptions amongst practitioners that could render disabled children invisible, and therefore at greater risk. These included assumptions that a disabled child would disclose abuse if they can communicate (Taylor et al, 2014; Taylor et al, 2016). Within this same study practitioners also reported that they would treat all children the same regardless of impairment. It could be argued that such attitudes are disablist as they are failing to see barriers disabled children might face, or impairment affects which might increase risk for some children. Similar attitudes were found in Taylor et al, (2014) and Taylor et al, (2015) whereby participants reported that disclosures by disabled children and in particular by Deaf children and children with communication needs are not treated as reliable and therefore they do not receive a child protection response comparable to their non-disabled peers.

Goff and Franklin (2019) discuss findings that highlighted that:

‘Young people are seen as a problem rather than what they are experiencing being seen as a problem’ (Goff & Franklin, 2019, p46).

⁸ **Disablism** can be defined as discriminatory, oppressive, or abusive behaviour arising from the belief that disabled people are inferior to others. **Disablism** refers to prejudice, stereotyping, or "institutional discrimination" against disabled people.



This is reported to be particularly pertinent for neurodiverse children, behaviour that is deemed challenging and/or learning disability, whereby these groups of young people are often not understood and are misjudged. Negative attitudes towards them as both young people and distressed young people were reported to go unchallenged.

Goff and Franklin (2019) also highlight the effects of attitudes which deny disabled children their voice and agency. A number of studies report on how disabled children and young people have felt silenced in their daily lives. As will be described below, this can deny opportunities for empowerment, independence and/or autonomy and therefore increases risk to abuse. Similarly, studies report attitudes which foster low expectations for Deaf and disabled children (Taylor et al, 2015). Wilson et al (2018) highlight risks for Deaf children from false low socio-linguistic expectations which can mask abuse and neglect, and again attitudes that identify 'acting-out' or withdrawal behaviours as usual for Deaf children because they cannot express themselves verbally, when in fact, this may be a result of abusive experiences.

Warrington et al (2017) highlight how negative attitudes and compounding experiences of discrimination can affect whether a disabled child or young person discloses abuse. Young people in this study reported fear that they would not be believed. As one young participant stated '*Non-disabled people might not understand you.*' (Warrington et al, 2017, p34). Another said, '*having autism does affect the way people think of you.*' (Warrington et al, 2017, p34).

A number of studies also highlight issues of infantilisation of disabled children and young people, overly risk averse practice and overprotection of this group, which can inversely increase risk. For example, Franklin and Smeaton (2017) highlight how failing to recognize young people with learning disabilities' emerging sexuality and not providing them with adequate sex and relationship education can create vulnerability. This is described in more detail below. However, the authors describe that these findings illustrate underlying disablist attitudes that are denying disabled children knowledge, sexuality or independence, and/or attitudes that abuse does not happen to this group therefore they do not need to know this information. As one participant stated;



"We don't want to think that disabled young people have sex; we don't want to think that disabled young people can be exploited and be exploitative." (Franklin and Smeaton, 2017, p.13)

Synthesized Finding 3: The lack of services for disabled children and/or high thresholds for services creates increased risk for this group. Thresholds for risk and responses were bound in varying notions of vulnerability and resilience for this group, and were tied up in (mis)understandings of disability. Gaps in services, or poor service responses also contribute to risk. The lack of access to communication, and methods of communication places disabled children and young people at greater risk.

This finding was formed from seven categories; *'Thresholds of risk and intervention'*, *'Intersectional issues'*, *'Multi-agency working'*, *'Lack of services'*, *'Access to communication'*, *'Losing sight of the child'*, *'Need for preventative education'*. These categories were formed from 30 findings across 10 papers. (Taylor et al, 2014; Franklin et al, 2015; Stalker et al, 2015; Taylor et al, 2015; Taylor et al, 2016; Franklin and Smeaton, 2017; Jones et al, 2017; Warrington et al, 2017; Wilson et al, 2018; Goff and Franklin, 2019).

As already discussed, the invisibility of disabled children in services was identified as contributing to risk factors. This finding further expands on this by presenting evidence that indicates that such invisibility is due to the inaccessibility of universal services, a lack of specialist services for disabled children and young people, and/or that disabled children do not meet the high thresholds for services. As Goff and Franklin (2019) and Wilson et al (2018) reported, most young people with learning, sensory or physical disabilities do not reach the high threshold for specialist social care disability service provision. As already described, not seeing or understanding a child's impairment needs and/or how an impairment affects a child's life has implications for potential risks of abuse. Franklin et al, (2015) identified the challenges that children with 'moderate' learning disabilities (or perceived lower levels of SEN) can have with accessing any support, and/or for having their needs recognized. Many of the young people with learning disabilities currently supported by CSE services in this study were reported to not meet the high thresholds for learning disability services, yet have unmet needs associated with their impairment. As one professional in this study stated;



'I think the biggest problem is getting a diagnosis in the first place. Getting them referred is a problem, as is getting them diagnosed. The learning disability teams, social services' learning disability teams, I find historically they are backed up with cases and then they can't take new ones on. [...] It's a very frustrating system.' (Franklin et al, 2015, p.102).

Another participant quoted said;

'If young people aren't being assessed [in relation to having a learning disability] when they're younger and before they come to [the CSE project], we're missing a massive opportunity to provide them with support and potentially putting them at risk.' (Franklin et al, 2015, p.103).

Assessment for learning disabilities was reported to be particularly challenging for older children.

Goff and Franklin (2019) particularly draw attention to domestic violence and how the lack of services available to meet the needs of this group may increase risks with families having to stay in abusive situations because there are few, if any, alternatives. Wilson et al (2018) highlights the lack of support for Deaf parents.

Taylor et al (2014), Stalker et al (2015), Wilson et al (2018) and Goff and Franklin (2019) all draw attention to whether disabled children and young people are subject to higher, lower or equal thresholds for risk and subsequent intervention. This is explored more thoroughly in findings concerning service responses below. However, in the context of increased risks of abuse for disabled children, the evidence in these studies suggests that thresholds are bound in notions and attitudes towards the perceived increased or decreased vulnerability and resilience of disabled children, and/or attitudes towards abuse of disabled children and impairment needs. Further complications are added due to different perceptions of vulnerability which are based on type of impairments, and knowledge of impairment. As this example illustrates;

"A police officer from another authority reported that one child had not been placed on the register but remained with a children's disability team (primarily a family support team which may not have child protection expertise), because "the disability was more significant than the neglect." (p.130, Stalker et al, 2015)

Similarly, Taylor et al (2016) draws attention to the presence of impairment impacting on assessments regarding neglect or emotional neglect, or rather more an issue of parental



capacity and how this can be a factor in decision-making. Therefore, responses may be affected by low or differing expectations of what is deemed abusive and therefore acceptable for this group (Goff and Franklin, 2019). As one participant reported;

“There is a reluctance professionally from some angles, I guess, that aren’t disability focused to open that can of worms. Because what happens if you re-traumatise the child, what happens if they are an unreliable witness. (Goff and Franklin 2019, p.36)

As previously identified, the lack of attention given to sex and relationships was seen to increase risks for disabled children and young people. Within this synthesized finding, evidence illustrates this gap in disabled children and young people’s educational provision and support for emotional and social development opportunities (Franklin and Smeaton, 2017; Warrington et al, 2017; Goff and Franklin, 2019).

Goff and Franklin (2019) highlight specific gaps in support and provision for LGBT+ disabled young people to discuss, seek information regarding their sexuality and sexual identity, and be supported. In addition, the study draws attention to a lack of domestic abuse services which meet these intersectional needs. Issues are also raised about domestic violence services for disabled young men. A lack of appropriate services to meet the needs of Black, Asian and Minority Ethnic disabled children and young people was also raised in this study. This lack of appropriate service provision was identified as being directly linked to increasing risks for disabled children and young people.

Coupled with a lack of services, findings indicated that there were also gaps in provision particularly concerning access to communication, this was invariably linked to attitudes towards communicating directly with a disabled child. Wilson et al (2018) draws particular attention to barriers for Deaf children accessing interpreters, or practitioners with British Sign Language (BSL) knowledge, which meant they were invariably not seen on their own (away from family members who often acted as interpreters), nor given opportunities to share views and experience. The study identified gaps in knowledge of, and access to BSL interpreters across multi-agency provision. The lack of access to communication for, and with, disabled children has implications for risk and response across the whole safeguarding continuum in terms of identification, response, support and recovery. For example, Wilson et al (2018) highlights the barriers Deaf child face to disclosure in a hearing world, and where helplines and other forms of potential avenues for help-seeking are inaccessible.



Risks were also identified in Goff and Franklin (2019) due to a lack of multi-agency working whereby services were not given clear histories or knowledge of child protection concerns. They illustrate that this is particularly important for disabled children with complex needs whose behaviour may indicate histories of trauma and/or abuse, and need to be understood in order to provide appropriate care. Issues with multi-agency working was also highlighted at a national level by Franklin and Smeaton (2017) in their study on child sexual exploitation. Risks for this group are increased due to gaps in national and local multi-agency policies and a lack of implementation of local multi-agency guidance. As the following quote demonstrates a multi-agency approach is vital to meet all of disabled children's needs in order to reduce risk and implement appropriate responses.

"I think it is important to adopt a multi-agency approach in working with all young people and very important for schools and those caring for them to be trained in CSE to be able to 'spot the signs', raise concerns and work with agencies to help them communicate and support young people. Also improved access to and communication with health professionals and those responsible for assessing and diagnosing learning disabilities would help as it can be difficult to determine how to help and support a young person." (Franklin and Smeaton 2017, pp.17-18)

Without a multi-agency approach, across all studies the unmet needs of disabled children and young people were seen to continue to place them at risk of abuse, or further abuse. Franklin et al, (2015) presented evidence that even though specialist CSE services had achieved positive outcomes with some young people with learning disabilities, there was also evidence young people still faced ongoing risks due to unmet needs.

Synthesized Finding 4: Structures, processes and attitudes creates and reinforces the vulnerability of disabled children and young people. Isolation, a lack of voice and agency and overprotection were seen to create vulnerability. A lack of, or accessible, sex and relationship education was seen to reinforce this. Some impairments can specifically create vulnerability but a lack of support, provision or recognition of this can exacerbate it. There are some concerns about the normalization of violence through forced constraint.

This finding was formed from three categories; *'Barriers to help-seeking or protection'*, *'Factors that increase vulnerability'* and *'Social Isolation'*. These categories were formed from 41 findings across 11 papers (Taylor et al, 2014; Franklin et al, 2015; Stalker et al, 2015; Taylor et al, 2015; Taylor et al, 2016; Jones et al, 2017; Warrington et al, 2017;



Franklin and Smeaton, 2017; Franklin and Smeaton, 2018; Wilson et al, 2018; Goff and Franklin, 2019).

Synthesised findings 1, 2 and 3 have identified how disabled children can be invisible and/or their impairment and/or abuse can go unrecognized. Attitudes, which may be termed disablist, have also been shown to increase risk. The lack of services and/or lack of appropriate provision have been shown to contribute to risk of abuse or continued abuse. This synthesized finding brings this together to present the evidence on how this not only increases risks, but also creates and reinforces the vulnerability of disabled children and young people. As stated earlier, children are at greatest risk of abuse when they are hidden, isolated and silenced. The evidence points to increased creation and reinforcement of vulnerability in this group of children caused by attitudes, structures and processes.

Social isolation of disabled children and young people was identified across a number of studies (Franklin and Smeaton, 2017; Jones et al, 2017). This was identified to not only lead to abuse going undetected due to invisibility, but there were a number of structural issues which contributed to social isolation including large numbers of disabled children not being in school. Participants in studies undertaken by Wilson et al (2018) and Taylor et al (2015) discussed the frequent isolation that Deaf children and young people can experience in their everyday lives, in the home, school and local communities.

Taylor et al (2015), Jones et al (2017) and Goff and Franklin (2019) present data on how isolation can also mean that disabled young people miss out on other experiences and opportunities for friendships, conversations and positive experiences which might give them exposure to positive relationships. These may help indicate that what they are experiencing is abusive, and that they have a right to help and protection. Isolation was also a finding in Franklin and Smeaton (2017) study, which discussed how social isolation and a desire to have friends and be seen as 'normal' can render disabled children and young people more vulnerable to grooming and in this case CSE, gangs and criminality. As a practitioner in Franklin et al, (2015) stated:

'These young people can feel that they get very little attention in the real world; they are isolated and easy for groomers. They cannot always understand what is an "online friend" and a "real friend" and the different nuances of this.' (Franklin et al, 2015, p46)



Professionals in this study pointed out the benefits that the internet had brought to the lives of disabled people, however, it was widely reported that young people with learning disabilities might not have received good internet safety training, which places them at increased risks.

In similar vein, Goff and Franklin (2019) and Taylor et al (2015) highlight how the lack of **relationship and sex education** (RSE) creates vulnerability as this group miss out on opportunities to understand healthy relationships, sexuality and issues of consent. Disabled young participants in Franklin and Smeaton (2017) and Taylor et al (2015) who had received some sex education, reported that this had not adequately covered relationship issues, information concerning the giving and receiving of consent and how relationships can potentially be exploitative. Seeking information online about sexuality had led to some of these children in this study to be exploited.

In just one study (Goff and Franklin (2019)), the **use of physical interventions or restraints** against some disabled children and young people in residential and secure settings and schools, or at home was said by participants to create the potential for children to internalise and normalise physical aggression as normal. The authors note that this requires further examination.

As already described, professional expectations of **disclosures** of abuse, or that this group of children are better protected, creates and perpetuates vulnerability (Taylor et al, 2014; Taylor et al, 2016). In addition, there were a number of reported multiple disclosures by disabled children which did not lead to responses, thus rendering them more vulnerable (Taylor et al, 2015; Jones et al, 2017).

As already described, **overprotection** although in some cases might be well-meaning and justified, can create and reinforce vulnerability by not providing disabled children and young people with the skills and knowledge to live safe independent lives (Taylor et al, 2016). Parents and professionals may need support and knowledge to overcome this. Franklin et al (2015) also draw attention to this. One participant stating in this study '*Young people's experiences of the world can be confined to a door-to-door taxi or bus service to and from a special school*' (Franklin and Smeaton, 2017, p 477). For some young people interviewed in this study, their education on safe relationships and sexual exploitation had not formed part of any transition planning or preparation work for when leaving their family home or foster



care to live independently in supported living arrangements. Some were subsequently sexually and financially exploited in their supported living accommodation.

Similarly, studies report disabled children and young people's **lack of voice and agency**, and how this 'silencing' of this group contributes to and reinforces their vulnerability now and throughout their lives (Franklin et al, 2015; Goff and Franklin, 2019). Franklin and Smeaton (2017) discuss how this lack of agency and empowerment might also mean that disabled children might not think they will be listened to or believed and so remain silent.

Professionals highlighted in Franklin et al, (2015) that there remains a lack of empowerment of disabled children and young people as a collective group. This leads to a lack of their views being kept at the forefront of service development and their needs not being high on the agenda.

At an individual level, some **impairments' effects** were identified as creating and exacerbating vulnerability. Franklin et al, (2015) particularly highlight the challenges that children with learning disabilities and neurodiverse children can face, which can lead to exploitative and abusive situations. For example, due to impairment related difficulties in understanding social cues, social interaction and abstract concepts such as 'consent', 'healthy relationships' or 'strangers'. However, the authors stress that this vulnerability must not be seen as inevitable as good quality support and provision can overcome many of these challenges. They also highlight how professionals can also underestimate or find it very challenging when disabled young people reach the biological age of consent, yet lack capacity. Specialist CSE professionals in this study describe concerns around how agencies were responding to young people with learning disabilities who had reached the age of 18 and whether the vulnerability identified would be considered in adult services.

On a structural level across all studies in this synthesized finding, the variable awareness of the prevalence and nature of abuse of disabled children, and the lack of focus and attention on the abuse of disabled children was seen to create vulnerability.

2. What tailor-made responses and interventions are available to disabled children and young people?

In answer to this research question, a total of 109 findings with supportive evidence were identified across the 14 papers to produce 3 synthesized findings.



Synthesized Finding 5: There is a need for disabled child-centred practice whereby practitioners are not losing sight of the child, their impairment or abuse. The sharing of information across multi-agencies is important so that a holistic picture of a disabled child can be gathered so that impairment affects and indicators of abuse are not confused. It is important to not lose sight of the child through complacency that other agencies will notice abuse. Equally it is important to not lose sight of the child through over reliance or over empathy with parents/carers. Direct communication with disabled children is important and can require time, a multi-agency approach and resources.

This finding was formed from eight categories; *'Empathy with parents'*, *'Communication with disabled children'*, *'Losing sight of the child'*, *'Impairment related factors'*, *'Thresholds of risk and intervention'*, *'Locus of responsibility'*, *'Disabled child-centred practice'*, *'Communicating with Disabled Children'*, *'Young people's recommendations for improving CSA services'*. These categories were formed from 43 findings across nine papers. (Cooke and Standen, 2002; Taylor et al, 2014; Franklin et al, 2015; Stalker et al, 2015; Taylor et al, 2015; Taylor et al, 2016; Franklin and Smeaton, 2018; Goff and Franklin 2019; Franklin et al, 2019).

Within this synthesized finding, evidence is presented on the barriers and facilitators to achieving child-centred practice with disabled children and young people. As already described increased risks for disabled children and young people can be caused through losing sight of the child, their impairment and/or their abuse. Evidence within this synthesized finding highlights the implications of this at the micro-level of social care (and other agency) safeguarding responses and practice.

Stalker et al, 2015 highlight how practitioners can **lose sight of the child** (and abuse) due to overly focused attention on impairment. As they state:

"signs of abuse could be attributed to aspects of a child's impairment and thus go unrecognized. This applied to both physical signs such as injury and to changes in a child's behaviour denoting distress" (Stalker et al, 2015, p.129).

Conversely, they also highlight how practitioners can also lose sight of the child's impairment. Concerns were raised in this study that not holding the child at the centre, and seeing and treating the child holistically, can mean risks and abuse will be missed. As some practitioners in this study stated;



“While agreeing that in many respects disabled children should be treated in the same way as others, it was also important to look at their different needs and particularly any communication difficulties.” (Stalker et al, 2015, p.129).

Within this study, the importance of **shared information about specific impairments and medical conditions and/or medication details** of a children they worked with was highlighted. This was felt to be important to support practitioners to distinguish between impairment or medication effects and indicators of abuse (Stalker et al, 2015). Taylor et al (2014) raised important tensions within some practice, whereby some practitioners in this research felt that:

..‘flagging’ a child as disabled was the wrong approach to take, insisting that the signs and behaviours indicative of abuse would be the same as for non-disabled children’. The authors conclude that ‘participants viewed seeing every child as a child first as beneficial. This is to be commended but not if accompanied by inattention to specific needs relating to impairment.’ (Taylor et al, 2014, p.20)

Taylor et al, (2016) also talk of losing sight of the child due to perceptions that **the number of services that would potentially be involved with disabled children was highlighted as a safety net**. They argue that this must not lead to complacency in safeguarding practice. This reliance on others for protecting disabled children was also seen to extend to a reliance upon parents or carers to understand what the child was communicating, or even using them as a proxy for the child’s perspective, which in some cases could render the child vulnerable.

Direct communication with disabled children and young people was seen as an important factor in protecting, and providing appropriate responses. However, many studies point to the multiple barriers faced by practitioners attempting to do this, and barriers for disabled children who were not asked, listened to or heard. Within Taylor et al (2014), practice is highlighted whereby barriers to effective child-centred working were often attributed to children’s impairments rather than inadequate service responses. They describe decisions and actions as being ‘done to’ or ‘done on’ a disabled child rather than some practitioners recognizing disabled children’s agency. Cooke and Standen (2002) highlight the need to ensure more positive attention is paid to the communication needs of disabled children so that if abuse is suspected, investigations would be more likely to be successful. However, they also highlight the skills and training gap for practitioners in this area (which is explored more fully below). Stalker et al (2015) detailed the need for practice to adapt the



level, nature and format of communication to suit individual children, and that this should include observation being led/guided by a professional who knows the child well, is trusted by them and is attuned to the communication style of the child. It was seen as being especially important to focus on behavioural changes, and in non-verbal children subtle signs like the meaning of different noises a child might make, in order to create a holistic assessment.

The attitudinal barriers some practitioners are reported to have to communicating with disabled children have already been discussed, however, it is important to note once more, as described in Stalker et al, (2015) that some professionals describe “*most disabled children as 'too disabled' to communicate*” (Stalker et al, 2015, p. 131). Yet others in this study reported that seeking disabled children's views about child protection concerns must be considered and facilitated in multiple ways. In this study, the ingredients of a successful interview were identified: careful planning and preparation, a child-friendly venue, the right time of day to suit individual children's needs, communication aids and facilitators as appropriate. Taylor et al (2014) report on the creativity some workers used in seeking disabled children's views. However, it was also reported in this study, that disabled children were rarely given access to independent advocacy and/or seldom attended child protection conferences.

Cooke and Standen (2002); Stalker et al (2015), and Taylor et al (2014) particularly drew attention to the possibility of practitioners having **greater empathy with parents/foster carers** who were felt to be under particular stress in supporting their disabled child. This could be a particular challenge where workers had built up a strong bond with parents over time, and thus present challenges in raising child protection concerns. In Stalker et al, 2015, some respondents stated “some practitioners have:

“a kind of feeling that [disabled children] are so hard to look after, you almost lower your standards in terms of what is acceptable.” (Stalker et al, 2015, p.130).

In another paper, (same study) a participant stated:

‘It's back to this thing about parents being able to cope and what they cope with. If you've got a child who's not sleeping, you've got a lot of physical work to do with them... maybe we just allow a bit of neglect that we wouldn't tolerate elsewhere’ Interview 3 (Taylor et al, 2016, p.67).



Taylor et al (2014) described this as parent-centred practice rather than child-centred practice.

Taylor et al, (2016), however, raised questions regarding disability being seen as impacting on assessments where there are concerns about neglect, or whether there was more of an issue of parents' coping capacity which could be rectified through increased support. Therefore, issues of neglect may be a manifestation of lack of support and services for families rather than deliberate harm.

In a number of studies, disabled children and young people were asked directly about their experiences of child protection responses and what aspects of support they have found to be most helpful and supportive. Although in these studies, the young people often had mixed responses from services, they were able to articulate what would have been better. In Goff and Franklin (2019), for example, the young people highlight that for them good practice was individual, consistent practitioners who invested their time and care, who sought to understand how they presented and got to know them as people. Furthermore, somebody who saw past their 'outward behaviours' and accepted them. The young people wanted to feel valued, listened to and heard. This study highlighted how disabled young people see that being able to talk to someone, and for that person to listen, is vital for both protection and recovery. They report needing to feel safe to ask questions and for help.

Similarly, in Franklin et al, (2019) there was consensus across the young people about the nine key elements to ensure good practice:

- 1) Accessible information, and knowing what was happening,
- 2) The relationship with the practitioner,
- 3) Talking,
- 4) Confidentiality,
- 5) Outreach, (i.e. Practitioners being flexible in their approach and visiting the young people where they felt most comfortable, which might be a café)
- 6) Access to long-term support, not being rushed, but given the time needed to build a trusting relationship with their worker.
- 7) A personalised approach which met their specific impairment related needs,
- 8) Strategies for dealing with emotions and keeping safe,
- 9) Positive messages that the abuse was not their fault, and they were not responsible.

(Franklin et al, 2019, pp 4-5)



Once again feeling valued, worthy of support, empowered, cared for and listened to, and feeling that the practitioner was interested in them as a person were highlighted. These young people reported that this helped them engage, stay engaged, and access the support they needed to bring about positive changes in their lives, in this case after having experienced CSE.

Specific recommendations for working with young people with learning difficulties were the need for accessible information, time and support to process the information; a consistent practitioner to overcome any anxieties about change; having a fixed time and place for support; sufficient notice if the support is due to end; and understanding and support in education settings for young people who have experienced trauma. The latter highlighting the need for multi-agency approaches. The study also reported on suggestions for improved child sexual abuse services, this included the opportunity for young people to access group support, support provided outside working hours and for mental health trained professionals to work alongside practitioners to ensure mental health needs are met. In the young people's words:

"We were basically planning the whole police case... to get ready for whatever was going to happen next." (Sexual violence service) (Franklin et al, 2019, p19)

"Just having that, like, friend kind of person to go and talk to about anything, it doesn't have to be the 'situation'... Something happened at school last week, so I literally just texted [practitioner] and she came round and she was, like, how are things and stuff. It's just nice to know that you have that person to talk to." (Franklin et al, 2019, p20)

The young people felt that their practitioners had worked hard to build a relationship with them and to build trust to ensure successful engagement, which had been vital to giving the help and support they needed:

"It feels like a friend but it's not a friend, do you know what I mean... We were just chatting the whole time, it didn't feel formal, it was just like sitting here talking to a friend... I was comfortable with her." (Franklin et al, 2019, p21)

"From my experience, I think it's more the fact that there's someone that isn't going to judge you. They're there to listen and not actually judge you on who you are or what you've done or anything... [They] listen to what you have to say and how you're feeling and then... they help with it, not say what you should or shouldn't do. They advise what they would do, and you can sit there and think, 'Actually would this help me or not? I can try and see if it helps me or not.'" (Franklin et al, 2019, p20)



Franklin and Smeaton (2018) illustrated similar messages from disabled young people about child-centred practice that meets their needs, thus highlighting the importance of listening to children about what works for them. In this study some of the young people had been referred to CSE services for suspected exploitation, because of positive relationships which were often built up over a period of time, young people disclosed CSE. During interviews in this study, the young people also stated that *they would turn to their support worker if there was something that worried them, thus ensuring ongoing protection.* (p.103). Young people also spoke of the need for family support and working also with their parents/carers. As one young person said:

"She [the support worker] helped them [the young person's parents] to understand that it [the sexual exploitation] wasn't my fault. ... She would listen to them and help them to think of what they could do to help me. ... We'd [the young person and her parents] had been arguing a lot and they were fed up of me running away – I think they were fed up with me in general. ... She got them lots of information about ADHD and what school should be doing to support me. (Megan aged 16) " Franklin and Smeaton, 2018, p.104)

Another example of more positive long-term support came from a Deaf young man in Taylor et al, (2015) who stated:

"I had the same person all the time. I wouldn't have anyone else. I didn't want anyone else because they wouldn't have the background information – what happened to me... I think it is really important to have the same interpreter all the time" (Taylor et al, 2015, p.20)

However as previously described, child-centred practice did not always extend to practitioners' responses to disclosures of abuse, some young people in Taylor et al, (2015) felt abandoned, not listened to and therefore not offered counselling and therapeutic support. One young person in this study described their experiences:

" I did have counselling but with a woman who couldn't sign. She would use a laptop to communicate with me. She typed, 'How are you?'. I thought it was strange. I typed back 'I am ok'. She said, 'Do you want to talk about anything?' ... It wasn't possible because we couldn't communicate with each other" (Taylor et al, 2015, p.19)



A participant in Taylor et al, (2015) showed that even 'small gestures' or attempts to communicate can go a long way to making children comfortable. In this case it was a policeman who knew a few BSL signs:

"It was good to see a policeman who could sign. I felt comfortable straightaway. I felt a candle was being lit and felt warm. I was not frozen with worry. It was calm (Taylor et al, 2015, p.35).

In this case this gesture supported the young person until a qualified interpreter was available.

The above examples have shown evidence of what disabled children value about support. However, the complexity of keeping this group of children safe, and supported was highlighted in a few studies. As already mentioned, having knowledge and understanding of impairment effects is vital in providing appropriate, effective support. Franklin et al, (2015) reported on practitioner challenges in supporting young people with learning disabilities, or neurodiverse children, to understand potential risks of CSE. Professionals described how some young people with learning disabilities find it hard to understand abstract concepts when learning about intimate relationships and/or abusive relationships. In this study, some professionals also highlighted the additional vulnerability factors for some young people with learning disabilities who spend time away from their family in residential and short break facilities, explaining that little is known about how this group of young people is being protected. This same study (Franklin et al, 2015), draws attention to the complexity concerning the grey area of capacity to consent for young people with learning disabilities over the age of 16 years, their rights to sexuality and issues of exploitation thus shining a light on the importance of practitioners having knowledge and understanding across both child protection and disability, and abilities to assess young people's capacity to consent.

Given the overlapping bodies of knowledge and understanding required in disabled child abuse (disability and child protection), it is perhaps not surprising that two studies raised questions about where the locus of responsibility should belong – within mainstream or disability teams (Taylor et al, 2014; Stalker et al, 2015). Across these studies there were differing opinions, but neither study was able to offer evidence to support a decision.

A single study reported on the need for improved recording and reporting of cases, in this context as a mechanism for improving and sharing good practice (Cooke and Standen, 2002).



Synthesized Finding 6: Multi-agency co-ordination and co-operation at strategic, agency and individual practitioner level was identified as crucial to improving service responses and the availability of appropriate interventions for disabled children who have been, or are at risk of abuse.

This finding was formed from three categories; *'Child-centred referrals'*, *'Interagency Working'*, *'Unmet needs leading to increased risk requiring a multi-agency response'*. These categories were formed from eighteen findings across eight papers (Cooke and Standen, 2002; Taylor et al, 2014; Franklin et al, 2015; Taylor et al, 2016; Franklin and Smeaton, 2017; Jessiman and Carpenter, 2018; Goff and Franklin, 2019; Franklin et al, 2019).

Multi-agency co-ordination and co-operation was consistently identified by studies as playing a crucial role in determining the effectiveness of service responses to the abuse of disabled children (Cooke and Standen, 2002; Taylor et al, 2014, Franklin et al, 2015; Taylor et al, 2016; Franklin et al, 2019; Goff and Franklin, 2019). Multi-agency co-ordination and sharing of information was also identified by several studies as important in planning appropriate interventions with disabled children at risk of, or who had experienced abuse. This included the provision and delivery of therapeutic interventions to support disabled children's recovery from abuse (Franklin et al, 2015; Jessiman and Carpenter, 2018; Goff and Franklin, 2019).

There was a positive consensus among practitioner participants across several studies regarding the benefits of interagency working in tailoring service responses and interventions to individual disabled children's needs (Taylor et al, 2014; Franklin et al, 2015; Taylor et al, 2016). Practitioners' reported that having other services available to help facilitate interviews or provide information on a child's specific impairments had helped improve practitioners' ability to seek the child's view in assessments and during child protection inquiries:

'Health and education are involved in that initial referral discussion... So, and again the school can come with a great wealth of information about what this child, his ability, how well they speak, how do they communicate in school' (Taylor et al., 2016, p.68).

Practitioners in Taylor et al, (2014) specifically identified *"involving speech and language specialists, particularly those from the child's school who were already known to the child, and communication aids such as Makaton"* as helping to promote a holistic approach to investigating concerns around changes in children's behavior.



Sharing of specialist knowledge about children's communication and impairment needs across agencies was also identified as improving practitioners' confidence in undertaking interventions with disabled children (Taylor et al 2016; Franklin et al, 2015). Describing the benefits of close working relationships with a specialist disability service based close-by, a specialist CSE project worker said:

'I guess a lot of the links with [the specialist disability service] is about giving us confidence that we are doing the right things and that we can use the same resources but that we just need to adapt some of them and give them more time.' (Franklin et al, 2015, p76).

Inter-agency case-based discussion and information sharing was also identified as helping ensure thresholds and responses to disabled children at risk of abuse were consistently and appropriately applied by CSE project workers in Franklin et al (2015).

"We've got really good relationships with 'health', specifically the sexual health outreach nurses, and the sexual health outreach workers. We meet with them every few months to discuss any cases that we would signpost either way. [...] Any concerns they have about young people they are working with around sexual exploitation they will share – details about the young people, the perpetrators; they're really good at it.' (CSE Project Worker, p80, Franklin et al, 2015)

By contrast, practitioners in this and other studies (Franklin and Smeaton, 2017; Jessiman and Carpenter, 2018; Goff and Franklin, 2019) reported a lack of multi-agency communication and co-operation as reducing the ability of services to identify and respond appropriately to disabled children at risk of abuse. Practitioners highlighted that without access to, and communication with, health and other professionals involved in assessing and diagnosing learning disabilities, *"it can be difficult to determine how to help and support a young person.* (Franklin and Smeaton, 2017, p. 17/18). As well as the absence of formal assessment of learning disabilities, poor levels of data collection, analysis and sharing of information between agencies was identified as contributing to the wider under-identification of young people with learning disabilities at risk of, or exposed to CSE and Domestic Violence (Franklin et al, 2015; Goff and Franklin, 2019). One participant in Franklin et al, (2015) commented:

...there are only rare instances of learning disability featuring specifically within current processes and systems (p.80).

While another said:



'We don't actually know how many young people with disabilities we have worked with. [...] And part of that is down to [the absence of a] diagnosis.' (p.82).

Participants across several studies raised concerns regarding services not having access to a clear history of the child and the nature of previous professional involvement. This made piecing together what the young person had experienced, in order to support them, very difficult (Goff and Franklin, 2019). This was highlighted as a particular issue for disabled young people during the transition from child to adult services (Goff and Franklin, 2019). However, gaps in information sharing and services provided by other agencies was also identified by professional participants affecting therapeutic work with children with learning disabilities who had been sexually abused (Jessiman and Carpenter, 2018). Professionals' lack of transparency in sharing the nature of their concerns with young people when referring them onto specialist CSE services was cited as a source of anxiety and confusion by participants in Franklin et al (2019):

"I think they [police] have to do it with everyone, I didn't really know why." (Service User, Sexual violence service) (Franklin et al, 2019, p.17)

Other young people in Franklin et al, (2019) reported feeling anxious about attending services due to thinking they had been referred to help them change and reduce 'risk taking' behavior, with some appearing to have internalized an inappropriate sense of responsibility for their abuse as a result:

"I just got told, obviously because of what had happened, that she [practitioner] would have to see me and talk to me about dangers, warn me about what can happen, like the online stuff, what happens, what the actual service is for, basically." (Service User, Complex safeguarding Service) (Franklin et al, 2015, p.17)

Other participants in this study reported finding the volume and timing of professional involvement overwhelming, which they identified as being due to a lack of multi-agency planning and coordination. This had affected their ability to make meaningful use of the support that was offered:

"It was planned badly... It was all on top of each other... Everything just piled in all at once... Looking back on it now, I could do it [therapy] now more than anything because I've processed it more." (Service User, Sexual violence service) (Franklin et al, 2019, p17).



Overall, participants across studies consistently identified gaps and a lack of co-ordination in service provision across agencies as contributing to a lack of support to aid disabled young people's recovery from abuse. Education professionals in Goff and Franklin (2019) expressed concern about increasing numbers of disabled children placed in care as a result of domestic violence, who, they reported, had received little or no help to help them make sense of what had happened. Participants in Jessiman and Carpenter (2018) raised similar concern about the effects of ongoing fragmentation of services for children with learning disabilities on the ability of services to meet their complex needs, despite policy rhetoric about joined up and multi-agency working. A further concern about professionals from different agencies tendency to work in 'silos' within services', and on their collective ability to respond to the abuse of disabled children, was raised by participants in Goff and Franklin (2019) and Franklin et al, (2015). According to participants in Goff and Franklin (2019), one consequence of silo working was that some practitioners were very quick to close cases due to their perception that the issues raised lay outside of their agencies remit, rather than seeing them as a shared concern requiring a multi-agency response.

Multi-agency planning and co-ordination of services at a strategic level was seen as crucial to improving service responses to abuse involving disabled children at risk of abuse across all studies. For example, Scottish child protection practitioners in Taylor et al, (2014) reported high levels of inter-agency working and communication following the introduction of the Getting It Right for Every Child (GIRFEC initiative). This, in turn, participants felt had helped promote multi-agency sense of responsibility for child protection in recent years. Local multi-agency initiatives to support identification of young people with learning disabilities who experience, or are at risk of CSE, were viewed as having a similarly positive impact by participants in Franklin et al, (2015). However, gaps in national and local policy and lack of implementation of local guidance were viewed as increasing young people with learning disabilities' vulnerability to CSE overall (Franklin et al, 2015; Franklin and Smeaton, 2017; Franklin et al, 2019). In Franklin et al, (2015) participants reported this situation was further exacerbated by senior managers' lack of awareness of young people's heightened risk of CSE and their staff's related training needs:

Staff on the ground [in disability services] would think: "We need to know this [CSE]" – they would – but I don't think it's on the radar of senior managers and on their agendas. They're not making that link ' (Franklin et al, 2015, p.54).



A multi-agency approach was also identified by a number of studies as being essential to address the overall lack of appropriate services to address disabled young people's needs in other areas of their lives. Some studies identified that disabled young people's unmet needs due to a lack of service provision had themselves placed disabled young people at increased risk of abuse, or else hampered their recovery from abuse (Franklin et al, 2015; Jessiman and Carpenter, 2018). For example, some young people with learning disabilities in Franklin et al (2015) reported having unmet needs relating to support and information around their sexuality and mental health, which had resulted in their being exposed to risk by searching for support themselves online.

Synthesized Finding 7: A lack of services, and appropriate accessible provision, impacted on quality responses and interventions to risk and abuse for disabled children. Issues with a lack of alternative provision for disabled children at risk, and a lack of access to communication support were particular concerns. High thresholds for intervention were also noted. A lack of resources and time for practitioners negatively impacted on their abilities to deliver appropriate responses.

This finding was formed from five categories; '*Lack of resources/time*', '*Invisibility of abuse*', '*Lack of services*', '*Lack of RSE*', '*Access to communication*'. These categories were formed from 26 findings across eight papers (Taylor et al, 2015; Franklin et al, 2015; Taylor et al, 2016; Warrington et al, 2017; Jones et al, 2017; Franklin and Smeaton, 2018; Wilson et al, 2018; Goff and Franklin, 2019).

A lack of services and provision has been highlighted within other synthesized findings in relation to increases in risk and creation of vulnerability. Within this synthesized finding, service implications are presented in terms of their impact on responses and interventions for disabled children and young people following discovery or disclosure of abuse. The studies within this synthesized finding collectively highlight a lack of, or lack of appropriate service provision for this group of children when abuse is suspected or confirmed.

Taylor et al (2016) highlights **the lack of alternative provision for disabled children at risk**, including the paucity of residential care units or placements and concerns that sometimes children had remained at risk because of an inability to find suitable accommodation or foster care for disabled children who were removed from the family home.



The **general lack of resources and time for professionals** to be able to establish positive relationships with disabled children or to adequately assess and provide effective interventions for protecting them was identified in Taylor et al (2016), and Goff and Franklin (2019). In turn, this increased the reliance placed on interagency working as a means to shore up protection efforts. Goff and Franklin (2019) highlights this in relation to domestic abuse experienced by disabled young adults where the authors report a lack of appropriate interventions to support the young person at the time. As described in this study:

"Very few of the professionals interviewed could give examples where disabled young people, whom they worked with as young adults, had had any previous intervention to help them to understand domestic abuse at the time of the abuse in their childhood." (Goff and Franklin, 2019, p.34).

The study highlighted that there are very few specialist services, or accessible mainstream services for disabled young people experiencing domestic abuse, or intimate partner violence, thus increasing risk:

'The lack of mobility for families who need to be close to specialist provision or hospitals, who live in adapted homes, whose children need specialist equipment, or who need support from their wider family/friendship network meant it was impossible to flee abusive homes'. (Goff and Franklin, 2019, p.47).

Being able to provide appropriate service responses was also often dependent on professionals, and disabled children, having access to communication support, with this shown to be particularly challenging for Deaf children who may need BSL (Jones et al, 2017; Wilson et al, 2018). Whereby barriers through lack of, or misunderstandings over responsibility for funding and access to BSL signers in assessments was highlighted. Jones et al (2017) also describes the important wider role that interpreters can undertake in providing supportive relationships to the child. Taylor et al, (2015) highlights children's preferences for Deaf counsellors rather than requiring an interpreter with a hearing counsellor which made them feel uncomfortable.

Studies have highlighted the **invisibility of disabled children and young people in mainstream post-abuse services** (Warrington et al, 2017; Franklin et al, 2019); others have also highlighted the paucity of specialist therapeutic services for this group of children and young people (Taylor et al, 2015). Disabled young people themselves highlighted the need for more provision of CSE services in preventing and addressing CSE, and they



pointed to the specialist skills that these services have in working with young people (Franklin and Smeaton, 2018).

As previously mentioned, some studies have highlighted unmet needs of disabled children and young people. In Franklin and Smeaton (2018) they report particularly on how meeting young people's learning needs is important in reducing the risk of CSE. The lack of quality sex and relationship education has been repeatedly mentioned already in this review. Coupled with this, disabled young people in Taylor et al, (2015) suggest that there should be accessible campaigns to raise awareness about abuse and sources of support: for example, television campaigns being made more accessible through greater use of subtitles. Preventative work has, however, not been the focus of this review.

In addition, Franklin et al, (2015) cite how the lack of services to assess and diagnose learning disabilities, autism and special educational needs can affect meeting the needs of young people in this case who experience, or are at risk of, CSE. Many of the young people with learning disabilities currently being supported by CSE services in this study were reported not to be meeting the high thresholds for learning disability services, but have unmet needs associated with their impairment.

3. What are the outcomes for disabled children who have experienced abuse and associated trauma from the perspectives of disabled children/people, parents/carers and practitioners?

In answer to this question, a total of 22 findings with supportive evidence were identified across the 14 papers to form the following three synthesized findings.

Synthesized Finding 8: Outcomes were dependent on opportunities for telling and/or recognition of abuse by others, and the subsequent responses from services.

This finding was formed from three categories; *'Barriers to help seeking'*, *'Opportunities/triggers for disclosure'*, *'Disclosures of abuse not leading to action'*. These categories were formed from six findings across one article (Taylor et al (2015)).



In Taylor et al (2015), participants spoke of the barriers they faced in either disclosing the abuse, or having their abuse recognized. Disabled children spoke of their fear, being scared for their safety and wellbeing (or that of their siblings), or that the abuse might escalate. For some children, they were living in residential settings or foster care which created additional barriers. As highlighted previously in the evidence on risk, the absence of services in these children's lives, or services which were sporadic or inadequate meant that disabled children in Taylor et al (2015) had few opportunities for their abuse to be discovered. Some participants described being let down by services. Findings indicated that this was particularly acute because disabled children's views were not given attention and rarely sought independently of their parent/carer due to their impairment, especially if the child had a communication need. A lack of communication support was reported to exacerbate difficulties communicating about abuse. Two Deaf participants in the study raised concerns about the use of their (abusive) parents as facilitators of communication, allowing them to conceal abuse.

Triggers for children being able to tell or start to let anyone know in this study, or enablers for disclosure, were found to be a child's growing awareness of the abusive nature of the behavior facilitated through sex and relationships lessons at school, the escalation of the abuse, or situational factors such as an inquisitive neighbour who asked the child directly. Participants' reported experiences where adults had played an important role in listening to them, being someone they could trust, someone who they felt could protect them, which led them to feel able to speak out.

This study highlights that telling however, did not often result in positive outcomes for the children. Despite in a number of cases, multiple disclosures by the child. Participants reported that they were not believed by adults, that the seriousness of their disclosures were misunderstood or minimized, or that they had disclosed to other children or vulnerable adults who were not able to respond effectively. For the majority of disabled children disclosure/discovery did not lead to child protection investigations. And in some cases, abuse continued or only ended when children were able to leave the home/foster home, move country or the abuser died. Few participants in the study could report positive outcomes from service responses when they were children. One positive example was long-term support for a Deaf young man whose abuse became known to the police at age 18. For him positive outcomes were achieved because he had the same person supporting and interpreting for him throughout the investigation reducing the number of times he had to repeat distressing information. Another example shared was where a young woman was



allowed to bring her friend with her to the police station when she was required to make a video statement. None of the participants in the study reported involvement with professional advocacy services.

Synthesized Finding 9: Access to justice via thorough police investigations and criminal proceedings was rarely an outcome for disabled children and young people. They were often perceived as unreliable witnesses especially if they had communication needs. Disablism appeared to affect practice, with little evidence that access needs were met or adjustments made.

This finding was formed from the two categories of 'Access to Justice' and 'Unreliable witness' and 'Disablism' from four related findings within three papers (Taylor et al, 2014; Taylor et al, 2015; Taylor et al, 2016).

Within this finding, participants identified the lack of access to justice via criminal procedures for disabled children and young people who have experienced abuse (Taylor et al, 2014; Taylor et al, 2015; Taylor et al, 2016). A few participants perceived it was impossible to interview a child with communication impairments, others spoke of interviews not taking place with disabled children who were 'non-verbal' (Taylor et al, 2014; Taylor et al, 2016) and/or that the information that could be gathered from disabled children would not provide enough evidence (Taylor et al, 2016). Disabled children were perceived to be unreliable witnesses (Taylor et al, 2014; Taylor et al, 2016). Other participants expressed how they had sought support to facilitate communication, but interviews had gone ahead without measures being put in place (Taylor et al, 2014; Taylor et al, 2016).

"There was a joint meeting held between police and social work... it was decided that they would do [the interview] just using verbal communication. We got some help from school for their advice but they weren't at the joint interview and the joint interview was done and it was quite sad in a way you know, this wee boy had said very clearly his foster carers son-in-law had punched him and hit him and was very specific about where on his body he got hit yet the police spoke to the foster carer and the son in law and would take no further action and it felt as though it was mainly due to the boy having complex needs" (Interview 7) (Taylor et al, 2014, p.59)

Taylor et al (2015) provides evidence on the number of discoveries of abuse which led to police investigations. Six out of the 10 participants in this study had their abuse 'discovered'



during childhood, or in one case just beyond childhood at age 18 years. In only three cases did this lead to police investigations:

'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. It is notable that the only case that came before the courts was one where the abuser was apprehended by the police while committing the offence' (Taylor et al, 2015, p.35).

After police investigations ended due to insufficient evidence, participants in this study reported feeling vulnerable, scared that their abuser would find them, and in one case they were returned home to their abuser.

Across these findings there were concerns about the efficiency of the investigations undertaken by the police, with participants reporting not being given medical examinations, or reporting that they felt they were obstructed from pursuing justice by barriers relating to misunderstanding of their impairment and not receiving appropriate support to meet their needs (Taylor et al, 2015). One example included not being able to recall an abusers name despite being able to explain what he looked like (Taylor et al, 2015). Participants reported an acute sense of injustice when investigations had not been taken seriously following disclosures, and in turn the lack of pursuit of criminal prosecutions (Taylor et al. 2015).

Synthesized finding 10: A small number of outcomes could be identified from interventions. Young people have clear ideas about their desired outcomes from services. However, participants expressed ongoing unmet needs which could lead to negative outcomes for disabled children and young people.

This finding was formed from three categories; *'Consequences and outcomes following abuse'*, *'Outcomes for young people with learning disabilities who experience, or are at risk of, CSE'* and *'Desired outcomes of CSA services /from child perspectives'*. These categories were determined from 13 findings across six papers (Franklin et al, 2015; Taylor et al, 2015; Franklin and Smeaton, 2018; Jessiman and Carpenter, 2018; Franklin et al, 2019; Goff and Franklin, 2019).

Findings from the only evaluated specialist intervention identified (in this case for children with learning disabilities) reported a range of outcomes for children that the service achieved. These included; improved relationship with their mothers, improved child's mood,



increased child's confidence and ability to manage anger and defiance, and the cessation of self-harming (Jessiman and Carpenter, 2018). It was reported that positive outcomes were achieved because the model of support had allowed more time and flexibility for therapeutic assessment and intervention in order to meet the needs of children with learning disabilities, having been adapted from the model used for non-disabled young people. However, there were still unresolved needs reported by carers including that the intervention had not sufficiently addressed the question of how to have healthy sexual relationships, and concerns that the child remained vulnerable to forming inappropriate relationships and/or experiencing further sexual abuse. This study also reported other unmet needs regarding education and/or health, which would require a multi-agency response, however, they reported that services for children with learning disabilities were 'fragmented'.

Given the lack of evaluation of services, Franklin et al, (2019) report on the outcomes that disabled children and young people **want** to receive from services following sexual abuse. The young people could articulate a number of desired outcomes including:

- Feeling safe and supported.
- Having strategies to deal with emotions.
- Increased confidence, self-worth, self-belief and ability to speak about abuse
- Being able to speak up/out
- More positive relationships with others, including parents and friends.
- Increased knowledge of 'risks'.
- Improved physical and sexual health.

The young participants reported that they wanted support to feel safe, receive help with emotions, relationships/friendships, support with their education and their future, help with physical and mental health, support with being in care and leaving care, support for their learning difficulties, help with going missing/running away and support with bereavement.

However, positive outcomes were not always achieved. Participants in Goff and Franklin (2019) identified the potential re-victimisation of disabled young adults in their own intimate partnerships when they had experienced parental domestic abuse and issues of abuse, vulnerability and/or rejection that had been unresolved. Taylor et al, (2015) reported on the negative educational outcomes that disabled children and young people can have following abuse, with one young woman experiencing an 18-month gap in her education due to the psychological effects of her abuse. Another reported being scared as school was close to



the site of their abuse in a residential setting. This same study reported on unmet mental health needs, self-harm and attempted suicides, and unresolved anger. The participants in this study reported that their childhood experiences continued to shape their lives and identities both in negative and positive ways. However, to achieve a positive sense of self was reported to have taken a lot of time, work and support. (Please note within this study some participants are outside of our age range and we are unable to disaggregate their data. With the short time-frame for this review we have been unable to explore this with the authors. However, given the lack of alternative data we have included this study).

Franklin et al, (2015) also reported unmet needs leading to poor outcomes. This again included mental health issues and lack of educational support, but participants in this study also reported feeling isolated, wanting friends and opportunities to socialize, and information about their sexuality. Across both these studies (Taylor et al, 2015 and Franklin et al, 2015) there were reported negative outcomes due to the lack of therapeutic support.

Despite receiving some specialist CSE support, a few participants in Franklin et al, (2015) reported that risk of exploitation had not been reduced as in their words they '*could still find themselves in risky situations*'. This was also a finding in Franklin and Smeaton (2018). Others reported still being unsure that they had experienced sexual exploitation, even though it was apparent to others that they had done so. This was reported to become particularly challenging for practitioners regarding young people with learning disabilities who appeared to lack capacity to consent, but have the legal right to sex as aged over 16 years.

Some young disabled participants in Franklin and Smeaton (2018) had come to understand from their CSE service that what they had experienced was sexual exploitation and reported that this helped them to process what had happened. Other reported outcomes in this study included understanding how to keep safe, recognizing risk and dangers, no longer going missing, being settled in care placements and education provision, improved relationships with family and friends, and improvements in behaviour, confidence and self-esteem as a result of being listened to within the CSE service. This study reported that the fundamental outcome the majority of disabled young people accessing CSE services spoke of, was that they had been listened to and no longer felt alone.



4. *What are the specific training and skills development needs for the workforce to effectively support disabled children?*

In answer to this question, a total of 18 findings with supportive evidence were identified across the 14 papers to form the following two synthesized findings.

Synthesized Finding 11: Variable skills and access to training across all agencies contributed to a lack of robust multi-agency and practitioner responses to suspected abuse of disabled children. This includes a lack of awareness of disabled children's heightened vulnerability to abuse, and a lack of confidence and skill in communicating with disabled children, which was sometimes influenced by disablist attitudes. Findings indicate a need for increased training for practitioners in both these areas as well as increased opportunities for multi-agency working.

This finding was formed from four categories; '*Awareness Training*', '*Communication with disabled children*', '*Lack of confidence and fear*', '*Understanding of disability and abuse*', '*...*'. These categories were formed from fourteen findings across seven papers. (Cooke and Standen, 2002; Taylor et al, 2014; Franklin et al, 2015; Stalker et al, 2015; Taylor et al, 2016; Goff and Franklin, 2019, Franklin et al, 2019).

Across different studies, an inconsistent focus on disability within multi-agency child protection training was identified as contributing to practitioners' variable levels of awareness regarding disabled children's heightened risk of abuse. Stalker et al (2015) found among the five Scottish Protection Committees (CPCs) whose practice they examined:

"Two CPCs with less awareness of disabled children's heightened risk provided "generic" child protection training; another was investigating the need for training about protecting children with "additional support needs". In contrast, the other [two] CPCs recognised the need for more training in both communication skills and child protection work with disabled children."(Stalker et al, 2015, p.131)

Practitioners' lack of training was similarly suggested as a potential explanation for Cooke and Standen's finding that: *"the abuse of disabled children is not always recognized and reported until there are gross symptoms of abuse."* This led to a recommendation of the need for *"early recognition to be built into awareness training"* (2002). The need for teachers



and staff in mainstream and special schools to have awareness training to help them spot the early signs of abuse among disabled children was also highlighted, given that *“apart from the child’s parents, the teacher may well be the person who spends most time with the child.”* (Cooke and Standen, 2002). Practitioners and young people in other studies (Franklin et al, 2019; Franklin et al, 2015) identified schools as being *“in an ideal position to identify young people with learning disabilities who might be at risk”*. Concern was also raised, however, that:

“schools and colleges do not have as much awareness and understanding of sexual abuse and exploitation as they do about other risks specific to young people (e.g. physical abuse and emotional abuse) – nor as much awareness and understanding of the long-term impact of these traumas, even when the abusers, risks and dangers have been removed. Practice to support better understanding, and to support schools in meeting these young people’s needs, was seen as vital” (Franklin et al, 2019, p.34).

A lack of training around how other less visible forms of violence and abuse may affect disabled children and young people was also identified by Goff and Franklin (2019) through exploring disabled young people’s experiences of domestic abuse. This study found evidence that many practitioners working in domestic violence had no specific training in disability and many health and social care practitioners working in disability services had no specific training in domestic abuse (Goff and Franklin, 2019). Concern was also raised by professionals that this lack of access to knowledge and training in these dual specialisms may lead to assumptions being made that:

“that signs of trauma and distress in disabled children and young people may be attributed to their impairment and questions about what they are experiencing may not be asked” (Goff and Franklin, 2019, p.30).

Moreover, some practitioners felt that, due to a lack of training, practitioners are not making connections between service users’ needs (whether relating to disability or domestic violence) and sharing information about the availability of specialist services in the area (Goff and Franklin, 2019).

The lack of practitioners with combined specialist knowledge in both disability and child protection practice was a finding highlighted by other studies. A specialist Child Sexual Exploitation (CSE) worker in Franklin et al, (2015), for example, reported that: “non-disability specialists often have limited understanding or knowledge of learning disabilities:



'Child protection professionals generally are not clued in to disability – and, quite depressingly, they don't seem to use the knowledge of disability which is all around them. Even within social work you will have social workers who are specialists or who are very knowledgeable about disability, but their colleagues in child protection don't think to engage with them – which is extraordinary.' (Franklin et al, 2015, p.50).

This failure to utilize areas of complementary knowledge and skill in training across different agencies to meet the needs of young people was commented on as potentially leading to signs of CSE being missed:

'It's down to people working in silos: "We do child protection" or "We do CSE training"; it's not automatically thought that: "Oh, the learning disability teams need to be at that [CSE] training as well". [...] Staff on the ground [in disability services] would think: "We need to know this [CSE]" – they would – but I don't think it's on the radar of senior managers and on their agendas. They're not making that link.' (CSE Worker, Franklin et al, 2015, p54)

Practitioners' perceived deficit in knowledge and skills concerning either child protection or disability due to a lack of training was reported as undermining their confidence and sometimes willingness to take on cases of suspected abuse involving disabled children (Taylor et al, 2016; Taylor et al, 2014). One practitioner in Stalker et al, (2015) commented that:

"What you find is that you muddle through quite a lot of your cases with children with disabilities and it's dependent on your own learning" (Stalker et al, 2015 p131).

Practitioners especially highlighted how these gaps in their knowledge compromised their ability to respond appropriately to the additional layer of complexity the presence of disability brings to child protection work. Disabled children, as a result, practitioners reported:

"actually quite often they don't receive the same service as children who are classed not to have a disability."(Social worker). (Stalker et al, 2015 p131).

Lacking sufficient skills to communicate effectively with disabled children when child protection concerns are raised was a particular source of anxiety among practitioners (Taylor et al, 2014; Stalker et al, 2015, Franklin et al, 2015; Taylor et al, 2016). Three practitioners and one Child Protection Committee in Stalker et al, (2015) referred to staff feeling anxiety



and even [expressing] “fear” at the prospect of working with disabled children. In Taylor et al (2016) , practitioners similarly identified:

“a tension between the emphasis on child centredness and having confidence that they had the necessary training to achieve this in practice for disabled children”. (Taylor et al, 2016, p.68)

More worrying is the apparent association between practitioners’ lack of confidence in their training and skills and negative, sometimes disablist attitudes towards communicating with disabled children. For example;

“seven practitioners and one CPC reported negative attitudes (theirs or their colleagues’) towards communicating with disabled children”: for example, it was not their responsibility to do so they didn’t see it as “their responsibility to do so (social work, health, police); communication aids were difficult to use and “most” disabled children were “too disabled” to communicate.” (Stalker et al, 2015, p.131).

A sometimes-similar disregard by police towards young people with learning disabilities’ additional communication needs and vulnerabilities when interviewing them concerning sexual exploitation was noted by young people and professionals in Franklin et al, (2015):

“because of lack of awareness of the issues that the young person is facing and there is an assumption that the young person [with a learning disability] will respond in the same way as any other young person... The expectations are still there that the young person will plough ahead and give their evidence but there isn’t actually much adjustment made for the fact that this young person has a recognised learning disability.” (Franklin et al, 2015, p.94)

Suggestions from these studies to improve practitioner and multi-agency responses to disabled children’s complex safeguarding and communication needs include; frontline staff *learning basic signing or Makaton in order to enable deaf and children with learning disabilities to seek help*” (Taylor et al, 2015; Cooke and Standen, 2002). It was emphasized however, that *“basic signing should augment rather than replace the use of professional BSL/English interpreters”*. The training and skills of these BSL/English interpreters was seen as essential to effective safeguarding of deaf children (Taylor et al, 2015). A further suggestion to help improve awareness of CSE risk among young people in residential care and residential special schools and the staff working with them was to bring in specialist CSE workers from outside to deliver training (Franklin et al, 2015).



Synthesized Finding 12: Social workers' lack of training, knowledge and skills to understand and respond to the abuse of disabled children was a source of concern and frustration. Not having skills to communicate with disabled children about abuse and unravel complexity were particular areas of training need. Negative attitudes, and a lack of time, resources and specialist social workers were identified as contributing to poor practice and signs of abuse being missed or misattributed to impairment.

This finding was formed from two categories; '*Understanding of disability and abuse*', '*Communication with disabled children*'. These categories were formed from five findings across three papers (Cooke and Standen, 2002, Franklin et al 2015; Wilson et al, 2018).

As lead professionals within child protection enquiries, it seems fitting that some specific findings regarding social workers' training needs in relation to disabled children emerged across the studies. Although, given the multi-agency nature of child protection responses, the overlap with some of the findings presented above is perhaps also to be expected.

Social worker's own anxiety about the impact of a lack of training and skills on their ability to recognize and respond appropriately to the abuse of disabled children was particularly evident in Cooke and Standen (2002). This was mentioned in relation to practitioners not feeling equipped to unravel the additional complexity often present in cases of suspected abuse involving disabled children:

..."Social workers are often faced with even more complex issues when dealing with the abuse of children with disabilities and the social workers interviewed did not feel they had had sufficient training regarding the interface between abuse and disabilities. This raised levels of stress and anxiety among practitioners" (Cooke and Standen, 2002, p.9).

This, in turn, appeared related to concern expressed by social workers themselves of a tendency among practitioners '*not to see*' the abuse of disabled children" (Cooke and Standen (2002). Most young people at risk of CSE in Franklin et al, (2015) "*reported that they did not have a good relationship with their social worker. For some, this centred on a feeling that they were not receiving the right kind of support*" including a lack of focus on the abuse, as one young person said:

"The social worker didn't help really as they were focusing on your home, your family life and it's not really about that. It's about the incidents and how we are coping." Chantelle aged 14, (Franklin et al, 2015, p.84).



Professionals from both statutory and voluntary sector agencies similarly “noted low levels of awareness of CSE among social workers who work within children’s disability services”, which they felt to be reflected in low levels of referrals from these professionals to specialist CSE services. A lack of representatives from disability services attending training on CSE was identified as a key area, which if addressed, would help improve social work responses to CSE involving children with learning disabilities (Franklin et al, 2015).

Insufficient time and resources were also acknowledged as restricting social workers’ ability to meet the needs of disabled young people who experience or are at risk of abuse (Cooke and Standen, 2002; Franklin et al, 2015). Social workers lacking the skills needed to recognize and communicating effectively with deaf and disabled children about abuse was also identified as a particular area of training need. In the case of deaf children, the situation was identified as exacerbated by “*the scarcity of specialist social workers with knowledge about deaf children’s development, who can interact directly with deaf children and/or parents who might be BSL users*”. As a result of this lack of specialist workers, “[social workers] were less likely to be able to recognise risk or signs of neglect and abuse” (Wilson et al, 2018, p169).

Finally, findings from CSE workers suggest that disablist attitudes sometimes influence social workers’ responses to young people depending on how the individual young person presents in terms of the nature of their learning disability. As one practitioner put it:

‘So, I’m going to generalise: if it was a nice, sweet, pliable young person with a learning disability that was diagnosed, some [social workers] could be sympathetic and see [the risk of CSE] as a concern and [...] it can be: “Oh we must protect them,” and that young person will never be allowed to have any relationship and will never be allowed to have sex. [But] If they’re spectrum disorders and there can be frustrations with dealing with that young person, people cannot respond so sympathetically: “Oh well, it’s just another challenging young person”. (Franklin et al, 2015, p86).

This finding appears to reinforce social worker’s need for awareness training regarding how the misattribution of young people’s behavior, especially where their learning disability may not have been formally diagnosed, can increase their vulnerability to CSE and other forms of abuse.

DISCUSSION

5.1 Summary of findings



This qualitative systematic review intended to investigate UK social work practice in safeguarding disabled children and young people. The searches resulted in the inclusion of 14 qualitative papers (across 10 studies). The team used the CASP checklist for qualitative studies (see section 4.3) to assess risk of bias and methodological quality. The analysis of the 14 included papers identified 197 findings (see Appendix 4). These findings were synthesized to create 12 synthesised findings.

The synthesized findings were assessed using GRADE CERQual method which suggested the team could have a high confidence in the evidence in 10 findings and moderate confidence in two. The CASP Checklist for qualitative research suggests that there are no major limitations of the research methodologies or risk of bias.

See Section 4.5 for the synthesis of findings and Section 4.2 (Appendix 3) for characteristics of papers.

5.2 Discussion of findings

This review set out to examine the evidence across four research questions. The synthesized findings across these will be discussed in turn.

Research question one asked; ‘*Why are disabled children at greater risk of harm?*’

Key issues concerning invisibility, values and attitudes, lack of services and the creation and perpetuation of vulnerability were identified as key overlapping issues. The following attempts to unravel this complex picture.

The impact of being unseen

Franklin and Smeaton (2017) highlight numerous examples of children and young people experiencing sexual exploitation whose disability - learning needs - were not recognized, and not identified by any agency. Subsequently, this means that work with the child is not rooted in a strong understanding of this key part of the child’s identity and day to day experiences. Practitioners need to use that information to plan the best ways to communicate and work with the child, and importantly in terms of providing the additional support and protection the child may need. Serious case reviews have consistently highlighted the need to look at risks in the context of the needs of the child as a whole, and those of their parents/carers, and additionally the impact of family and environmental factors (Brandon et al, 2020). Knowledge and skills are needed in three areas; 1) disability and the meaning of the impairment for how



this individual child sees, understands and articulates their experiences, 2) a holistic approach to assessment (multi-agency) AND 3) an understanding of the power and dynamics inherent in exploitation and abuse.

Invisibility does not create the risk in itself, but being invisible – in the sense of not being seen/heard, asked or recognised as a focus of concern, and therefore not picked up by services and not referred, potentially prolongs the period for which the child is at risk and/or experiencing actual harm (Cooke and Standen, 2002). Evidence from disabled young people indicates that practitioners need to ask, take time, show an interest and it is in that context that trust, space and awareness for the young disabled person may grow. While these factors associated with telling may be the same for all children, the ability for disabled young people to process, trust and the extra time and understanding needed may be lacking for many disabled young people. This may also be exacerbated by cuts to service provision, and inconsistent and patchy services for this group of children.

Not seeing the child, and not picking up on harm is highlighted in Franklin et al, (2019). While practice needs to address the needs of both children and their whole family (including siblings), children's care is dependent on those looking after them. The needs of parents/carers for practical, financial and emotional support are a crucial part of stability and in the prevention of family breakdown. If a disabled child's experience is lost from sight because of the immediate focus being on practical and day to day care needs, this means that time is not spent building up a relationship with the child themselves independently of the parent/carer. And time is not spent to get to know enough about their day to day lived experiences to enable practitioners to detect changes or concerns. The need for time to observe and notice may be more important where children have communication and learning needs. Seeing and observing the child and forming patterns about how they are when they are settled and happy, knowing what they are like when they are not and are unhappy or angry, can be found out through inter-agency practice too. Good inter-agency practice can use the skills of other agencies to collectively share information and help practitioners to 'see'. This requires extra care and attention when children have learning and communication needs.

It is the responsibility of practitioners to 'see' – to notice, ask, find out about the child's preferred communication style, sensory and other needs related to what and how they communicate; it is not the responsibility of the children to tell or be responsible for telling



(Cossar et al, 2013; Franklin and Goff, 2019; Brennan and McElavney, 2020). Practitioners need to be aware of what helps children to tell – and ensure that with all children they are creating opportunities for the child to build up trust and confidence in case they do ever need to start to let someone know if they are being harmed. These two factors –1) lack of time caused by the need to continually, both in discussions, meetings and on visits, address unmet practical, financial and the consequential stress/support needs, and 2) lack of time devoted to the child can combine to close down the space for telling. This may mean that practitioners lose sight of the relationship with the child. Taylor et al (2014) highlighted the tendency especially where children have complex needs and cases are open for very long periods from when the child is young, that the relationship supporting the parents becomes the focus; or that practitioners do not raise concerns fearing upsetting or damaging the relationship. In their thematic inspection on the Protection of Disabled Children, Ofsted (2012) highlighted drift and delay in recognition of factors associated with neglect. Neglect can be a result of poor support, lack of help and a failure to address the whole picture including other factors affecting the family of a disabled child such as increased risks of poverty, isolation and mental health needs. Importantly, the COVID pandemic may mean parents' support needs increasingly take up time and focus, and increase the chances that the child's experiences and needs move further out of sight making harm harder to detect (DCP, 2021). The child may be visible on each home visit, but their experiences are hidden in plain sight.

Disabled children and young people are not visible in services: Not asking the right questions about how children present is an issue identified several times. Patterns of behaviour or presentations that ought to lead to questions about wellbeing and safety appear to be problematic especially when behaviour is described as 'challenging'. Questions appeared to not be asked about patterns which were frequently observed, and which were accepted as though part of the impairment. However, these may be telling us about the child's emotional place/state. In some cases, the 'behaviour' is either punished or attributed to the impairment. For example, in Franklin and Smeaton (2017) in terms of going missing and in Jones et al (2017) in terms of the behaviour being seen as a 'problem', rather than as a form of communication which needs to be understood. Young people are seen as the problem, rather than what they are experiencing being seen as the problem; this inhibits further enquiry and the harm remains hidden.

Where the combination of insight from the synthesized findings about 'invisibility' and 'attitudes and values' come together it can render the child unseen, and harm can remain



undetected. Disabled children and young people can remain unsupported, living for longer with hidden harm and its potentially corrosive effects. Findings indicate that services have reported not receiving referrals for disabled children and young people. Despite the fact that risks of sexual abuse/exploitation are higher for this group of children, and that for young people in the 16-24-year age bracket risks of domestic abuse are the highest (SafeLives Spotlight, 2017). Franklin et al (2019) shines a light on the invisibility of disabled children and young people within child sexual abuse services, with the services they spoke to reporting *not* receiving referrals for young people with learning disabilities/difficulties. A number of studies highlighted the added layers of invisibility because of overlapping social inequalities and specifically the needs of black and minoritized ethnicities, and disabled LGBTQ+ young people (Franklin et al, 2015; Goff and Franklin, 2019). Seeing disabled young people as a homogenised group misses the additional layers of discrimination; further limiting access to help and recognition.

The lack of visibility of disabled children in generic services was highlighted by a number of the studies in the sample (Franklin and Smeaton, 2017; Warrington et al, 2017; Goff and Franklin, 2019). Goff and Franklin (2019) highlighted gaps in service level data including the lack of data about who is being referred, who is receiving a service and who is not. Making data visible and being able to compare numbers of disabled children and young people accessing a service as a percentage of the population facilitates evaluation and accountability. This is an issue that was identified by Ofsted (2012) in their recommendations for the then Local Safeguarding Boards now Local Safeguarding Partnerships.

Issues of visibility, data and multi-agency practice remain an issue recommended for attention by Ofsted (2012, 2017) and followed up by the National Working Group on Safeguarding Disabled Children in their 2016 report (NSPCC, 2016). Ofsted (2017) referred to the need for practice to challenge whether they have fully taken account of the heightened risk to disabled children and young people. Understanding how well this group are being protected requires data about both need and service provision.

At a practice level, recommendations of Ofsted (2012) concerned seeking the views of disabled children, putting them into context with the child's history and background (thus rendering visible and known the child's day to day lived experiences in order to reduce risks of harm and increase support and responses to help in recognition and recovery). In addition, having processes for regular and robust review to ensure opportunity for inter-agency and family participation help to make visible unmet needs and prevent harm.



Effective multi-agency pooling of knowledge reduces invisibility (Brandon et al 2020). It relies also on effective national and local policies specific to the additional risks faced by disabled children and the additional training and inter-agency practice considerations required to provide an equal service. These include attention to values, additional areas of risk, additional help and support, communication, needs analysis and multi-agency planning to redress the balance in terms of practice, and the services that a child and their family receives (NWGSDC, 2016).

Where experiences are hidden – and disproportionately so for disabled children and young people, this may mean that the child continues to be harmed without it being identified. Confidence and skill in being alert to signs and indicators that they may be at risk of harm depend on the practitioner’s understanding of communication, the training and support they receive, the time allowed and available to be spent building a relationship and getting to know the child. This also depends on how the practitioner sees their own role and remit. Evidence in this review described a lack of confidence in communication with disabled children and the need for a shift in values from responsibility of the child to tell, to responsibility of the worker to communicate in the child’s preferred style. The synthesized findings with respect to visibility, attitudes and values highlight particularly the barriers faced by disabled children in this regard.

In avoiding Linguistic Neglect of Deaf Children’, Humphries et al. (2016) highlight issues of social and emotional isolation of deaf children, which can make them vulnerable to abuse. They argue that linguistic deprivation compounds the abuse, because the child is less able to report it. Assessment and planning for deaf and disabled should include attention to how their communication needs are being addressed at all stages. The issue of not using parents and family members as interpreters (which was also highlighted in the Climbié Inquiry) refer within social care and health to the need to use professional trained interpreters in enquiries. Not to do so and to use informal or family members may mean that key information is lost from children’s accounts.

Siloed practice is a key area addressed in the Triennial analysis (Brandon et al 2020) which highlights the dangers of a focus just on one ‘silo’, one part of the child, or one part of practice with the child, as opposed to the whole child and the family within the multi-agency context. Decisions by services such as health or education which illustrate decision-making in isolation, and which unintentionally render children invisible and isolated, need to be considered within this discussion about the combined effects of invisibility, values and



assumptions, and practice structures. A 'one size fits all' approach identified in a number of studies (Taylor et al, 2016; Goff and Franklin, 2019), and the tendency in practice to make assumptions in how behavior is interpreted, may result in a child being excluded, off-rolled or eventually home educated if education placements break down. Issues in recognition and lack of early help are highlighted in numerous studies (Lenehan 2017; Martin-Denham 2020; Hutchinson 2021). Issues of breakdown leading to children being out of school may lead unintentionally to an increase in other forms of risk on-line (Katz and El Asam, 2018; Anti Bullying Alliance), sexual exploitation (Franklin et al, 2015) and other forms of harm such as criminal exploitation. Being out of school also means being away from other potentially supportive relationships to start to talk to about harm or difficult experiences. These children may be being seen regularly by services, for example, in school or by occupational therapists (OTs) or physios but seen only in terms of the 'part of the child' that the service is treating rather than seen as a whole child.

Another example of children unintentionally hidden from view via siloed practice decisions is the practice of recording that the client did not attend (DNA) and closure if children miss appointments. Successive triennial analyses have raised this issue, and it is addressed by health in terms of making a shift from DNA, *did not attend*, to WNB, *was not brought*. This shifts analysis to the reasons why the child was not seen and to seeking to find out; an important safeguarding mechanism.

The issue of **isolation leading to abuse going undetected** is highlighted in a number of studies (Stalker et al, 2015; Taylor et al, 2015, Wilson et al, 2018). Missing out on positive opportunities to make friends and socialize, which can provide opportunities to test out positive relationships and explore, is an important point. The issue of isolation increasing exposure to risks of abuse is explored in Franklin and Smeaton (2017) highlighting grooming, being drawn into unsafe spaces and places on and off-line. Practitioners' day to day knowledge whether they are from education, health or social care, gives everyone involved the opportunity to support the young person to make positive social and emotional networks. Franklin et al, (2019) explored the support needed by parents of disabled children with helping their children understand issues of sex and relationships; these issues are also addressed in Taylor et al, (2015) and Goff and Franklin (2019). There are a number of issues relating to potential gaps; being out of school reduces chances of getting access to relationships and sex education (RSE) in schools, and RSE in schools may not be adapted to individual learning styles. Parents/children may find the issues difficult to approach and



need emotional help and support to do so. Disabled young people voiced that they want help with these issues (Franklin and Smeaton, 2017; Goff and Franklin, 2019).

The issue of **disabled young people's voice, disabled children being heard** and their ability to have a say is a significant one referred to in a number of the studies in this review. Many disabled children have agencies involved, many also do not. Where needs are hidden and assessments or diagnoses not made, delays in diagnosis and waiting lists in terms of speech and language therapies (OCC 2019a) and a lack of appropriate and available advocacy (OCC 2019b) can all affect the child's ability to speak out, ability to participate and to be heard in decisions about their lives. In terms of advocacy, key issues identified in 2019 by the Office of the Children's Commissioner were that too many services were inadequate, waiting times were too long, there was inequity of access and inconsistent quality of information.

Many concerns have been voiced about harm to disabled children and young people in residential settings and closed cultures. Winterbourne View, Whorlton Hall and many other enquiries have led to significant activity addressing abuse via the Transforming Care programme, which highlighted concerns about the use of restrictive practices and made recommendations about practice in hospital settings for disabled children and young people with learning and mental health needs. Young disabled people's needs and safety in residential and hospital settings are not addressed directly in the studies within this sample but are highlighted within the Lenehan Review (2017) about the needs of those with learning and mental health needs in secure settings. As has been shown above, the voices of disabled children are less heard and they are less visible. Those placed in secure and residential settings a distance from home may struggle to be heard more than those living at home and this is a significant issue of concern in light of some of the issues raised above about values, training, being heard and rights-based practice.

Guidance has been issued with respect to reducing restrictive practice. However, serious concerns about the use in schools of restrictive practices have been raised by Martin-Denham (2020) who highlights the issues of inappropriate use of isolation booths as potentially falling within the category of emotional abuse. Effective analysis of data on enquiries where there are concerns about the behavior and suitability of those working with children was one of the areas recommended by the Ofsted report (2012), as was the reporting on allegations relating to disabled children to ensure that concerns are appropriately referred.



All of the above, which is by no means exhaustive, illustrate the multi-layered complexity which currently underpins the reasons for the increased risks of abuse for disabled children and young people.

Research Question 2 asked, ‘What tailor-made responses and interventions are available to disabled children and young people?’

How services are designed and whether they are designed specifically with attention to the needs of disabled children in mind depends on issues related to recognition of the additional and intersectional needs of disabled children and young people and their families, and those with hidden needs or no diagnosis as yet. It also reflects local strategic coordination or lack of this as highlighted by Ofsted (2012) and in the ‘Her Majesty’s Chief Inspector’ (HMCI) commentary which highlights the need for greater attention to the safeguarding needs of disabled children indicating that area arrangements for identifying, assessing and meeting children and young people’s education, health and care needs are frequently slow.⁹

Multi-agency co-operation is essential to effective safeguarding of disabled children

The papers reviewed provided strong evidence for the crucial role played by multi-agency co-ordination and co-operation in effective services and responses to safeguarding of disabled children. There are some positive examples of how sharing of information between agencies helped practitioners tailor their responses to the needs and experiences of individuals and groups of disabled children. Participants in Stalker et al, (2015) and Taylor et al, (2014) each provided examples of where a pooling of knowledge and skills had led to improved practitioner confidence in their ability to recognize possible signs of abuse involving disabled children, with participants also identifying specific local and national policy initiatives (e.g. GIRFEC in Scotland), helping to foster shared responsibility for safeguarding disabled children. These findings are consistent with previous reviews exploring safeguarding practice with disabled children (Ofsted, 2012; Herson et al, 2015). Learning from these good practice examples could be usefully applied to improving safeguarding practice with disabled children more widely.

⁹ HMCI commentary: the future of area special educational needs and disabilities inspections’, Ofsted, July 2020;
www.gov.uk/government/speeches/hmci-commentary-the-future-of-area-special-educational-needs-and-disabilities-inspections.



Specialist CSE workers in Franklin et al, (2015) described how good links established with both sexual health and disability workers helped ensure their resources are adapted to take appropriate account of young people's impairment needs and that thresholds for risk and intervention are appropriately applied. This provides further support for the findings discussed earlier (Taylor et al, 2014; Taylor et al, 2015; Goff and Franklin, 2019) that practitioners need to be knowledgeable about both disability and child protection in order to respond effectively to abuse involving disabled children. Sharing of information and knowledge between specialist workers across agencies is clearly also an important part of this process, based on the findings of this review. This issue was also previously identified as a key recommendation for improving practice based on analysis of serious case reviews involving disabled children (Brandon et al, 2009).

Practitioners in several studies (e.g. Taylor et al, 2016) identified education and speech and language professionals already known to the child as crucial to communicating directly with children during child protection enquiries. Children's trusting relationships with these school-based professionals and their skills in observing and interpreting changes in disabled children's behavior were also vital in overcoming barriers to recognition and allowing children to tell about abuse, a finding consistent with previous studies with both disabled and non-disabled children (Orelove et al, 2000; Cossar et al, 2014). An important finding of this review however, is that specialist project workers in Franklin and Smeaton, (2017) and Franklin et al, (2019) expressed concern regarding a lack of awareness and sometimes reluctance to acknowledge and act upon disabled young people's increased risk of exposure to child sexual exploitation. Specific concern was also raised by practitioners in Franklin et al, (2015) about the need for a coordinated multi-agency response to raising awareness of the risk of CSE among disabled young people attending residential special schools. Practitioner and agency responses to these issues may have been improved due to increased multi-agency awareness and training in relation to this and other contextual safeguarding issues since this study was published (Firmin, 2020). Although the generic invisibility of this group, and the invisibility of their needs may still be a crucial inhibiting factor in improved practice.

A lack of co-ordination and sharing of information between agencies was identified by practitioners and young people in several papers as reducing services' ability to safeguard disabled children (Franklin and Smeaton, 2017; Jessiman and Carpenter, 2018; Goff and Franklin, 2019). The lack of formal diagnosis, poor information sharing between agencies was particularly identified as affecting practitioners' ability to tailor interventions to disabled



young people's needs and experiences (Goff and Franklin, 2019; Franklin et al, 2019). A lack of multiagency monitoring and data collection was also viewed as contributing to the wider under-identification of young people with learning disabilities exposed to CSE by Franklin et al (2015). This factor has also similarly been identified by successive practice surveys as a barrier to prioritizing the effective safeguarding of disabled children. That recommendations made by earliest of these surveys, now almost 20 years ago (Cooke and Standen, 2002), closely mirror those of more recent surveys (Ofsted, 2016; NWGSDC, 2016) highlights that worrying little appears to have changed. This should be of particular concern to social care given disabled children's heightened risk of exposure to the additional threats and contextual harms that have emerged both online and in their communities during this period (Berlowitz et al 2013; Katz and El Asam, 2018; Home Office, 2018).

Lack of service provision and co-ordination affects risk, responses and outcomes for disabled children following abuse.

Poor provision and fragmented service responses were identified by several studies as having a strongly adverse effect on outcomes for disabled children at risk of, or who had experienced abuse. Some studies (Taylor et al, 2016; Goff and Franklin, 2019) identified concrete examples where a lack of suitable provision for disabled children had meant that they remained at risk due to an inability to identify suitable accommodation or foster care, with potentially serious risks in the short term. The lack of suitable foster carers has also been identified in other studies as contributing to placing disabled children at risk of experiencing poorer outcomes in the longer-term. A more general concern raised by practitioners across these and other studies (Taylor et al, 2014; Franklin et al, 2015) was a lack of time and resources to adequately assess and plan interventions with disabled children. This sometimes led to an overreliance on other agencies to monitor safeguarding concern for young people, and a lack of ability to undertake direct work with young people to help them make sense of their experiences, which could have potentially adverse effects on longer term outcomes. The need for more specialist services to work with them was highlighted by disabled young people who had experienced domestic violence or child sexual exploitation (Franklin et al, 2015; Goff and Franklin, 2019). While preventive services lay beyond the scope of this review, given the strong association between exposure to violence and abuse in childhood and a range of adverse outcomes in adulthood (Gilbert, et al, 2009), this represents an important gap in service provision.

Evidence that outcomes for disabled children following abuse depended on opportunities they had for telling and recognition of abuse by others was an important finding among the



papers reviewed. It also strongly echoes the findings of previous research with non-disabled children (Cossar et al, 2014), as to the importance of supportive relationships and sensitive service responses in enabling young people to recognise and tell others about their abusive experiences and seek help. Practitioners' lack of time and resources to engage with young people and gaps in service provision were each identified as particularly impacting Deaf and disabled children with additional communication needs and particularly seriously impacting on Deaf and disabled children in restricting their access to justice within criminal proceedings against perpetrators of abuse (Taylor et al, 2015; Jones et al, 2017). These findings raise important concerns about discrimination against disabled young people and highlights the importance of access to communication in upholding disabled children's equal rights to express their views and to be protected from abuse, regardless of impairment. However, even where BSL interpreters were provided, evidence from participants in Taylor et al (2015) and Jones et al, (2017) suggested that the presence of a third person affected professionals' view of them as credible witnesses, suggesting negative, possibly disablist attitudes towards this group of young people which also has a detrimental impact on the opportunities and outcomes they experience following abuse.

This review highlighted an overall lack of research evidence evaluating outcomes of therapeutic interventions for children who had experienced sexual abuse, being restricted to a single study (Jessiman and Carpenter, 2018), with a very small sample size. This finding mirrors that of a previous systematic review, identifying negligible research on effective interventions with disabled children and adults following violence and abuse (Mikton et al, 2014). Jessiman and Carpenter (2018) did identify a range of positive outcomes for disabled young people following therapeutic intervention in terms of improved emotions, behaviour and relationships. However, carers in this study also expressed concern about the impact that of a lack of sex and relationships education (an issue also raised by Franklin et al, 2015; Franklin and Smeaton, 2018; Franklin et al, 2019) and fragmented service provision would have on these young people's ongoing vulnerability to abuse and longer-term outcomes. The desired outcomes expressed by disabled young people themselves on what they want to receive from services following sexual abuse also provide valuable insights that should be carried forward into much needed future research on this topic.

Research question 3 asked: What are the specific training and skills development needs for the workforce to effectively support disabled children?



The papers in this section of findings indicated training needs, variable skills and access to training across all agencies; they indicated too that lack of training contributed to lack of robust responses to suspected abuse. Lack of awareness among practitioners of the heightened vulnerability to abuse and lack of confidence, knowledge and skills in communication were needs referred to. Disablist attitudes may contribute to the ways in which practitioners approached communicating with disabled children. The findings indicate a need for increased training for practitioners.

The combination of lack of awareness, lack of training to critically reflect on attitudes and values, and lack of opportunity to explore effective practices potentially limits the development of good practice and recognition of the ways in which individuals and agencies need to make adjustments to offer an equal service to disabled children; training is a vital space for reflection on this. It also enables practitioners to share their own examples of what works or is effective, to build on their own learning. The findings reveal inconsistent access for the practitioners in the studies to training; this reflects the patchy and inconsistent availability of specialist services across regions such as advocacy (OCC 2019), and access to speech and language services (OCC 2019). While all settings are expected to have safeguarding training these findings indicate that not all training covers the safeguarding needs of a group recognized as facing heightened risk and where additional areas of learning and reflection are needed to support the development of more consistent and effective practice; one study highlighted the need for teachers and staff in mainstream schools to have training in safeguarding disabled children (Franklin et al, 2019). The majority of disabled children attend mainstream school; difficulties understanding and managing behavior leading to breakdown and poor outcomes for children and issues of understanding behavior, making sense of what behavior communicates have been identified in a study in Sunderland (Martin-Denham, 2020); the study highlights the positive conditions and relationships within which children thrive and indicates messages for practice. These exemplify the positive messages which training is a potential route to share.

Further messages for interagency training are highlighted in Goff and Franklin (2019); many practitioners from domestic abuse services broadly had not had training in disability, and many health and social care staff had not had specific domestic abuse training; while co-working is an important way to share and work, nonetheless training is essential in picking up signs and indicators, assessing needs, having the right conversations and making connections to local services. To address silo practice (Franklin et al, 2015; Brandon 2020),



training which brings agencies together creates space to learn and develop knowledge and practice, and opens up opportunities to create safer practices. Similar learning was illustrated in Franklin et al, (2015) which identified low awareness of CSE among workers in disability services.

The findings related to social work training highlighted social workers' own frustrations and concerns about needing the skills to communicate effectively and to understand disabled children's needs and those of their families (Cooke and Standen, 2002; Wilson et al, 2018; Franklin et al, 2015). Alongside challenges of time and resources, these needs for social workers, and other practitioners, have been highlighted in the findings discussed above; for social workers as the lead agency having the confidence to communicate directly, to make relationships and build trust to explore the child's world, and their needs and those of their families, these are vital skills. The issues of making sense of behavior as communication is covered above; training needs to highlight that every child communicates. Without addressing social workers' confidence and skills to communicate with disabled children themselves, and realise the critical and specific ways each child communicates, they may unwittingly feed into a narrative about some disabled children being unable to communicate. In their lead agency role, it is important for social workers to be able to draw on the knowledge and skills of other practitioners who can inform, support and teamwork to ensure the child or young person is made visible and is heard; this needs to include those placed away from home, for whom visits and communication may happen less frequently but who need equally to be visible, seen, understood and given agency and a voice.

5.3 Strengths and limitations of the review methods

A clear strength of this systematic review is that it was guided by a published protocol to which the review adhered to throughout. The aims and research questions were consistent throughout the process as a result. The review focuses upon an area which is considered under-researched, specifically from the angle of social work practice. It is important to note that the review has presented qualitative research from first-hand accounts and direct experience. This review is important because practice on the ground is developing. Disabled young people are often invisible yet experience greater risk, this review has highlighted that the evidence on which to base new developments for this group is severely lacking.

A rigorous search took place to obtain the included studies (including grey literature searches, contacting key networks and hand sorting through studies and reference lists).



However, it is possible that some studies were not found. This would most likely be due to the lack of consensus in relation to some of the key terms used in the search strategy, although everything was done to minimize this by searching rather broadly. As a result, the team had to screen a high number of articles and read a large amount of full-texts. However, this is necessary to ensure that the review captured papers that focused on UK social work practice with disabled children and young people.

This systematic review was completed in a short time frame from date of acceptance of protocol to date of report submission (late November 2020 - March 2021).

5.4 Strengths and limitations of available evidence

Overall, there is limited evidence to answer the research questions across the full breadth of harms to disabled children. There were 14 articles relating to ten studies. Predominantly the studies have focused on child sexual exploitation/sexual abuse or intra-familial harm. There is little evidence pertaining to other forms of harm. There is also more evidence on risk, than on responses and outcomes. However, aside from one study, all have been undertaken since 2014, meaning that the data and evidence are valid to current practice. Collectively, they have provided a rich source of data on the complexity, and multi-layered risks for disabled children. The evidence starts to build a more holistic understanding of what we have termed – disabled child centred practice. What the evidence has also shown is the multitude of gaps in our evidence base on disabled children and young people.

This review has clearly shown that further research is needed in this area. However, the included studies contain a diverse range of participants, and a wide range of multi-agency perspectives on the topic, as a result of the inclusion of academic and grey literature. The focus on grey literature allowed the review to capture voices from a range of young people who are often less accessible to researchers. Overall, the risk of bias in the included studies was low with moderate or high confidence in the synthesized findings.

5.5 Recommendations for practice and policy



Although the review has identified significant gaps in evidence, consistent themes within the synthesized findings point towards the following recommendations for policy and practice.

1. Updated national Multi-Agency Safeguarding Deaf and Disabled Children and Young People Practice Guidance needs to be developed, in consultation, to set out the additional needs of disabled children and their families and guide practice. It needs to provide a basis of shared values, aims and outcomes in safeguarding and supporting disabled children and their families.
2. Local authorities, and Local Safeguarding Partnerships (the police and Health, as key local safeguarding partners) need to have arrangements in place that address their individual and collective responsibilities for ensuring the equal safeguarding and protection of disabled children and young people, and they need to include education and the third sector as appropriate in their areas.

To include:

- a. The recognition of disabled children and young people as a key group facing additional risks and the development of local action plans that address their specific safeguarding needs and barriers to their protection.
 - b. A commitment to seeking the voice and communicating directly with disabled children and young people at all stages of involvement about their views and experiences; and to ensure that every disabled child and young person has a trusted adult they can go to and a way to do so which works for them.
 - c. A commitment to ensuring that support needs of families are heard and addresses intersectional needs.
 - d. A commitment to developing multi-agency practices to work together to prevent breakdown at home and school for disabled children and young people.
 - e. Local leadership to ensure the development of multi-agency training for all front-line staff and managers in understanding;
- the needs and additional risks faced by disabled children (including autistic children and those with learning disabilities)



- communication and making disabled children and young people both visible and heard
 - effective partnership working to safeguard and support disabled children and their families
 - complexity and issues of practitioner confidence and teamwork across agencies
 - that children and young people's social and emotional needs are considered at all stages including Relationships and Sex Education.
3. The effective gathering of data by all organisations and the LSP including systems that assess and evaluate the quality and impact of work with disabled children at all stages including data from local authority designated officers (LADOs) responsible for managing allegations against staff, carers or volunteers.
 4. Local safeguarding children boards (LSCBs) / local safeguarding partnerships (LSPs) and local authorities, the police and health service as key local partners, along with other relevant agencies, ensure that there is an effective range of provision in terms of advocacy, speech and language therapy and work to develop effective supports for families, children both in terms of prevention and recovery/therapeutic needs in the local area in order to safeguard and promote the welfare of disabled children and engage with the Joint Strategic Needs Assessment as a mechanism to do this.
 5. There is a need for recognition at strategic and management and frontline practice levels that more time and support for practitioners is required for working with disabled children and their families.

5.6 Recommendations for research

Given the scarcity of research focused on this group in the UK, there are many research gaps. The limited evidence we have been able to draw upon indicates that proper investment is needed to ensure we develop evidenced-based practice which better identifies and responds to this group of children and young people, who are known to be at increased risk of abuse. The following recommendations for research have been identified via the



studies reviewed, and through looking at the evidence as a whole. This list is by no means exhaustive.

As the evidence has shown, this group of children are often invisible or hidden in plain sight within services. The synthesized evidence has shown few studies per se, but the studies included have been predominantly focused on child sexual exploitation/abuse or intra-familial abuse. This leaves vast gaps in our understanding of all forms of harm for this group. Increased risks for gang violence and criminal exploitation, domestic violence and online harms have been highlighted, as has the lack of focus on abuse of disabled children within residential settings. We found no evidence to support practice learning in these areas. Without a better understanding of risks, and responses to all forms of harm we cannot protect this group of children.

We have not been able to find evidence to inform practice sufficiently regarding the pathways to harms, and specifically protective factors. Studies have not been undertaken for example, on how early help and family support can improve outcomes for the group. We also have a large gap in understanding regarding the pathways in, and out of care for disabled children. The vulnerability of this group on leaving care has also been highlighted but lacking in evidence. This review similarly has not identified any studies that have focused on safeguarding vulnerable disabled young people during the transition from children's to adult services.

The review has raised serious concerns regarding appropriate responses being dependent on 'diagnosis' or identification of unmet impairment needs. We urgently need to understand how this lack of recognition of need is linked to increased risks, and impacting on the provision of appropriate, accessible and timely responses.

The review has identified many concerns regarding our lack of evidence on intersectional risks and responses for disabled children and young people. The invisibility of ethnicity, gender and sexuality is stark. Franklin et al (2015) specifically highlight the lack of referrals for Black, Asian and Minority Ethnic disabled children, disabled males, and LGBTQ+ disabled children and young people to CSE services, and draws attention to the high level of concern regarding autistic females at risk of, or experiencing, CSE. Issues of gender, sexuality and gender identity were also highlighted as key areas of concern within the one exploratory study concerning domestic violence (Franklin and Goff, 2019). Yet, it is interesting to note that there are no specific studies addressing many of the questions raised



concerning these important gaps in our understanding across all forms of abuse. Forthcoming qualitative research which undertook in-depth interviews with 20 parents/carers of children with SEND who have experienced CSE will highlight a raft of concerns regarding autistic girls providing important learning for practice and policy (Franklin, Goff and Greenaway-Clarke, 2022).

Many of the studies in this review have raised concerns but have not been able to shed further light. In a similar way, 'disability' has been homogenised without more nuanced understanding of risks and responses for impairment groups which has been shown by the evidence in this review to be affected by understanding, awareness and thresholds to services. For example, authors have highlighted that very little research to date has examined the impact that disabled children's perceived 'challenging behaviour' may have on child protection decision-making.

Good multi-agency working is vital for this group of children given their diverse and sometimes complex needs. However, the review has shown that we do not have an evidence base on good multi-agency models of working for this group – we need to understand what works for whom and why, so that we can unpick some of the complexity in the lives of these young people and in our service structures and processes.

At a micro-level, evidence is needed to understand 'what works' so that multi-agency workers can see the 'whole child' – disability and abuse – and within the context of the family. As we have termed – what does 'disabled child-centred practice' really look like? Alongside this, evidence is needed to create better understanding of the nuances of practitioner responses (and attitudes) to disabled child abuse, which this review has found to sometimes be poor, and sometimes to be what might be termed 'disablist'. Evidence to support how we can address some of this poor practice is much needed.

Whilst some research attention has been paid to the conditions that increase the likelihood of disclosure, less attention has been paid to the conditions that lead an adult to act or not to act on such a disclosure (Jones et al, 2017). We need to understand how practitioners are framing disabled children, disabled child abuse and disability (Stalker et al, 2015).

The evidence base has shown from the young people's accounts the importance that they place on being listened to, and informed of what is happening. We lack evidence on how disabled children and young people, and their parents/carers are being involved in child



protection processes and their experiences of decision-making. Linked to this is a need to better understand access to independent advocacy and the vital role this can play.

The evidence on outcomes for this group is poor. As shown, studies have highlighted the invisibility of disabled children in post abuse services and therapeutic services, and the very limited access this group has to accessible support within these mainstream services, or via access to specialist therapeutic provision. We need a better understanding of the barriers this group face to accessing this provision. Jessiman and Carpenter (2018) highlight the gaps in understanding the effects of sexual abuse on children and young people with learning disabilities, and the efficacy of interventions. Similarly, the lack of evaluation of CSE interventions for young people with learning disabilities was highlighted by Franklin et al, (2015). However, given the findings of this review such an argument could extend across all forms of harm and responses for this group. We can learn from the experiences and views of disabled children within these small-scale studies about the responses they would have liked to receive, and about the child-centred ways in which they would like services to respond but there is a dearth of evaluated practice. Although there are some studies in this review where the views and/or voices of disabled children and young people have been sought, there has been very little attention given to understanding their experiences of abuse and of any response. Taylor et al, (2015) calls for more attention to understanding the long-term impact of abuse through a life course approach to the study of abuse of deaf and disabled children, which they argue could add to our knowledge greatly.

Similarly, a finding of this review has been the limited access to investigation and justice for this group. This does need further research in order to better understand barriers and facilitators for this group. There is an urgent need to understand how this group can be better supported to give evidence and be seen as 'credible'.

The lack of services, and accessible appropriate provision has been a feature of this review. Evidence is now emerging of the devastating impact of the pandemic on disabled children and their families, we can only surmise that this will lead to more safeguarding concerns about the group of children and their families whose support and support mechanisms have been curtailed. Evidence is now needed to ensure that any support forthcoming for children, also meets the needs of this group of children.

Although this review was not looking at prevention of abuse, a number of authors have identified that more research is needed on what helps **prevention of all types of abuse of**



Deaf and disabled children. This review has highlighted a significant number of issues which increases the risk for this group, and thus prevention warrants closer attention. A small-scale NSPCC funded study, which explored what support parents/carers needed in order to talk their disabled child about sexual abuse, highlighted this as a service and resource gap (Franklin et al, 2019).

The authors of the studies contained in this review often reflect on the short timescales for studies and the need to secure samples quickly, (thus engaging with those children already receiving a service), the experiences of young people whose abuse remains hidden or who have never received support warrants attention.

Finally, although this review has highlighted the dire need for research which focuses specifically on this group of children, it should be argued that *“Research on child abuse and neglect more generally should pay due account to the proportions of deaf and disabled children within their sample and report accordingly. This includes those with intellectual or learning disabilities”* (Taylor et al, 2015, p 49).

5.7 Conclusion

This review has exposed the scarcity of research evidence on the abuse and protection of disabled children and young people within the UK across all forms of harm, and across the diversity of disabled children. This leaves many gaps in our understanding of how to prevent abuse, identify harms and reduce risk for this group of children. We also know little about the outcomes of child protection responses – what works for whom and in which circumstances, and what leads to recovery and/or survivorship. The lack of ‘voice’ for this group of children and young people in child protection research is undeniable. The synthesized qualitative evidence does, however, highlight some major learning for practice and for policymakers at local and national level. These include the following:

- Disabled children and young people are often not visible to services, or they can be visible in services but their impairment needs have not been recognized.
- There is a lack of understanding of the intersectionality of disability and child abuse, and of intersectional issues for disabled children and young people.
- Attitudes, which could be defined as disablist can render disabled children invisible, and/or seen as better protected than their non-disabled peers which can lead to greater risk.



- Disclosures of abuse by disabled children can be minimized due to them being seen as unreliable witnesses.
- Experiences of discrimination can lead disabled children not to disclose abuse.
- The lack of services for disabled children and/or high thresholds for services creates increased risk for this group.
- Thresholds for risk and responses were bound in varying notions of vulnerability and resilience for this group, and were tied up in (mis)understandings of disability.
- The lack of access to communication, and methods of communication places disabled children and young people at greater risk.
- Isolation, a lack of voice and agency and overprotection were seen to create vulnerability. A lack of sex and relationship education was seen to reinforce this.
- There are some concerns about the normalization of violence through forced constraint.
- There is a need for disabled child-centred practice whereby practitioners are not losing sight of the child, their impairment or abuse.
- The sharing of information across multi-agencies is important so that a holistic picture of a disabled child can be gathered so that impairment affects and indicators of abuse are not confused.
- Direct communication with disabled children is important and can require time, a multi-agency approach and resources.
- Multi-agency co-ordination and co-operation at strategic, agency and individual practitioner level was identified as crucial to improving service responses and the availability of appropriate interventions for disabled children who have been, or are at risk of abuse.
- A lack of services, and appropriate accessible provision, impacted on quality responses and interventions to risk and abuse for disabled children.
- Access to justice via thorough police investigations and criminal proceedings was rarely an outcome for disabled children and young people.
- There is little evidence on outcomes for disabled children and young people.
- Variable skills and access to training across all agencies contributed to the lack of robust multi-agency and practitioner responses to suspected abuse of disabled children.
- Social workers' lack of training, knowledge and skills to understand and respond to the abuse of disabled children was a source of concern and frustration.



There are multiple policy and practice recommendations based on this evidence, and an urgent need to address research gaps in order to develop a more robust and encompassing evidence base.



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Thomas, C. (2007) *Sociologies of Disability and Illness. Contested Ideas in Disability Studies and Medical Sociology*. Basingstoke, Palgrave Macmillan.



Union of the Physically Impaired Against Segregation (1976). *Fundamental Principles of Disability*. London, UPIAS.



7 APPENDICES

Appendix 1: Search Strategy

ASSIA

Search terms	Records retrieved
	23/12/2020
((noft(child) OR noft("young people") OR noft(youth) OR noft(adolescents) OR noft(juveniles) noft(teen*) AND (noft(disabled) OR noft(disability) OR noft(impairment) OR noft(Deaf) OR noft(autism) OR noft(neurodiversity) OR noft("special needs"))) AND noft(Abuse OR Safeguarding OR Protection OR exploitation OR neglect OR violence OR prostitution OR trafficking OR pornography OR abuse images OR maltreatment OR trauma OR Sexting OR online harms) AND noft(Social Work OR Welfare OR Assessment OR Care OR Identification OR Reporting OR Practice OR Prevention OR Policy OR Intervention OR Social Services)) AND (at.exact("Article") AND stype.exact("Scholarly Journals") AND la.exact("ENG"))	1448

Google Scholar

Search terms	Records retrieved
	23/12/2020
Keywords (child OR "young people") AND (disabl* OR impairment OR neurodiversity) AND (Abuse OR Safeguarding OR Protection OR exploitation OR neglect) AND ("Social Work" OR Welfare OR Care OR Identification OR Policy OR Intervention OR "Social Services")	First 200

PsychINFO

Search terms	Records retrieved



	23/12/2020
su((child OR "young people" OR youth OR adolescents OR juveniles OR teen*) AND (disabled OR disability OR impairment OR Deaf OR autism OR neurodiversity OR "special needs") AND (Abuse OR Safeguarding OR Protection OR exploitation OR neglect OR violence OR prostitution OR trafficking OR pornography OR "abuse images" OR maltreatment OR trauma OR Sexting OR "online harms") AND ("Social Work" OR Welfare OR Assessment OR Care OR Identification OR Reporting OR Practice OR Prevention OR Policy OR Intervention OR Social Services))	893

Pub Med

Search terms	Records retrieved
	23/12/2020
("child"[Title/Abstract] OR "young people"[Title/Abstract] OR "youth"[Title/Abstract] OR "adolescents"[Title/Abstract] OR "juveniles"[Title/Abstract] OR "teen*" [Title/Abstract]) AND ("disabled"[Title/Abstract] OR "disability"[Title/Abstract] OR "impairment"[Title/Abstract] OR "Deaf"[Title/Abstract] OR "autism"[Title/Abstract] OR "neurodiversity"[Title/Abstract] OR "special needs"[Title/Abstract]) AND ("Abuse"[Title/Abstract] OR "Safeguarding"[Title/Abstract] OR "Protection"[Title/Abstract] OR "exploitation"[Title/Abstract] OR "neglect"[Title/Abstract] OR "violence"[Title/Abstract] OR "prostitution"[Title/Abstract] OR "trafficking"[Title/Abstract] OR "pornography"[Title/Abstract] OR "abuse images"[Title/Abstract] OR "maltreatment"[Title/Abstract] OR "trauma"[Title/Abstract] OR "Sexting"[Title/Abstract]) AND ("Social Work"[Title/Abstract] OR "Welfare"[Title/Abstract] OR "Assessment"[Title/Abstract] OR "Care"[Title/Abstract] OR "Identification"[Title/Abstract] OR "Reporting"[Title/Abstract] OR "Practice"[Title/Abstract] OR "Prevention"[Title/Abstract] OR	1137



"Policy"[Title/Abstract] OR "Intervention"[Title/Abstract] OR "Social Services"[Title/Abstract])	
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SCOPUS

Search terms	Records retrieved
	23/12/2020
(ALL (child OR "young people" OR youth OR adolescents OR juveniles OR teen*) AND ALL (disabled OR disability OR impairment OR deaf OR autism OR neurodiversity OR special AND needs) AND ALL (abuse OR safeguarding OR protection OR exploitation OR neglect OR violence OR prostitution OR trafficking OR pornography OR abuse AND images OR maltreatment OR trauma OR sexting OR online AND harms) AND ALL (social AND work OR welfare OR assessment OR care OR identification OR reporting OR practice OR prevention OR policy OR intervention OR social AND services)) AND (EXCLUDE (ACESSTYPE(OA))) AND (EXCLUDE (DOCTYPE , "bk") OR EXCLUDE (DOCTYPE , "re") OR EXCLUDE (DOCTYPE , "ch") OR EXCLUDE (DOCTYPE , "cp"))	1697

Sociological Abstracts

Search terms	Records retrieved
	17/12/2020
noft((child OR "young people" OR youth OR adolescents OR juveniles OR teen*) AND (disabled OR disability OR impairment OR Deaf OR autism OR neurodiversity OR "special needs") AND (Abuse OR Safeguarding OR Protection OR exploitation OR neglect	1868



OR violence OR prostitution OR trafficking OR pornography OR "abuse images" OR maltreatment OR trauma OR Sexting OR "online harms") AND ("Social Work" OR Welfare OR Assessment OR Care OR Identification OR Reporting OR Practice OR Prevention OR Policy OR Intervention OR "Social Services")) Limited: Scholarly journals	
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SSCI

Search terms	Records retrieved
TOPIC: (child OR "young people" OR youth OR adolescents OR juveniles OR teen*) AND TOPIC: (disabled OR disability OR impairment OR Deaf OR autism OR neurodiversity OR "special needs") AND TOPIC: (Abuse OR Safeguarding OR Protection OR exploitation OR neglect OR violence OR prostitution OR trafficking OR pornography OR "abuse images" OR maltreatment OR trauma OR Sexting OR "online harms") AND TOPIC: ("Social Work" OR Welfare OR Assessment OR Care OR Identification OR Reporting OR Practice OR Prevention OR Policy OR Intervention OR "Social Services") Refined by: LANGUAGES: (ENGLISH) AND DOCUMENT TYPES: (ARTICLE) Timespan: All years. Indexes: SSCI.	17/12/2020 2789

Total papers	10,032
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Search strategy for grey material

Agreed UK websites:

- SCIE
- NICE
- Research in Practice



Children and Young People Now
NSPCC
Barnardo's
Action for Children
Children's Society
Ann Craft Trust
Council for Disabled Children
PACE (Parents against Child Exploitation)
NCB – National Children's Bureau
Office of the Children's Commissioner in each UK nation England, NI, Wales, Scot
Association of Child Protection Professionals
Department for Education/Home Office/Department of Health
NWG on CSE
Centre for Expertise in Child Sexual Abuse
Disabled Children's Partnership
National Autistic Society
Ofsted

Keywords:

Child* OR "young people" OR youth OR adolescents OR Juveniles OR Teen) AND (Disabled OR disability OR impairment OR Deaf OR autism OR neurodiversity OR special needs) AND (Abuse OR Safeguarding OR Protection OR exploitation OR neglect OR violence OR prostitution OR trafficking OR pornography OR abuse images OR maltreatment OR trauma OR Sexting OR online harms)

Method

A search was conducted of all websites identified. Websites had different method of searching reports or documents; some had specific search tools and/or key terms areas, others had publications listed by date only. In order to capture all potential documents, each website was thoroughly explored for documents referring to the three broad subject areas:

- 1) child - Child* OR "young people" OR youth OR adolescents OR Juveniles OR Teen)
- 2) abuse or protection - Abuse OR Safeguarding OR Protection OR exploitation OR neglect OR violence OR prostitution OR trafficking OR pornography OR abuse images OR maltreatment OR trauma OR Sexting OR online harm
- 3) disability- Disabled OR disability OR impairment OR Deaf OR autism OR neurodiversity OR special needs OR SEN

Many websites focused on child protection or welfare did not have 'Disabled' as a research area. Conversely, websites focused on disability often did not have 'child protection' or 'abuse' as research areas or search terms. Other websites had a list of publications. Where two of the broad subject areas were in the title or description, the papers were downloaded and recorded.

Number of potential documents gathered = 141



To identify all documents covering all three broad key terms, the documents were scanned for each key word individually. Where documents focused on disability- key words for child protection or abuse were searched for in text. Where documents focused on child protection, key words for disability, SEN, deaf etc were searched for in text.

Some known documents, particularly those over five years old, did not show on websites. Snowballing captured these.

Total number of grey material documents with all three subject key words submitted for full text review
= 57



Appendix 2: Excluded studies following full text review

Studies were excluded for the following reasons: (i) the focus of the research was not on disabled children and young people, (ii) the research did not report on abuse, (iii) non-UK study, (iv) no qualitative research findings were presented, (v) the focus was not upon social work, (vi) disability explored as resultant from abuse.

1. Action for Children (2018) 'Are we failing children at risk of abuse and neglect? Revolving Door Part 2' Action for Children. Available at:
https://media.actionforchildren.org.uk/documents/revolvingdoor_pt2_final.pdf
Reason for exclusion: the focus of the research was not on disabled children and young people
2. Action for Children (2019) 'Patchy, piecemeal and precarious: support for children affected by domestic abuse', pp. 1–58. Available at:
<https://media.actionforchildren.org.uk/documents/patchy-piecemeal-and-precarious-support-for-children-affected-by-domestic-abuse.pdf>
Reason for exclusion: the focus of the research was not on disabled children and young people
3. Aguila-Otero, A., et al. (2018). "Children and young people with intellectual disability in residential childcare: Prevalence of mental health disorders and therapeutic interventions." *International Journal of Social Welfare* 27(4): 337-347.
Reason for exclusion: the research did not report on abuse
4. Allnock, D. and Miller, P. (2013) *No one noticed, no one heard: a study of disclosures of childhood abuse*. London: NSPCC Available at:
<https://learning.nspcc.org.uk/media/1052/no-one-noticed-no-one-heard-report.pdf>
Reason for exclusion: the focus of the research was not on disabled children and young people
5. Allnock, D. S. (2017). "Memorable life events and disclosure of child sexual abuse: possibilities and challenges across diverse contexts." *Families, Relationships and Societies* 6(2): 185-200.
Reason for exclusion: the focus of the research was not on disabled children and young people
6. Allnock, D., et al. (2012). "In Demand: Therapeutic Services for Children and Young People Who Have Experienced Sexual Abuse." *Child Abuse Review* 21(5): 318-334.
Reason for exclusion: the focus of the research was not on disabled children and young people
7. Allnock, D., et al. (2015). "Self reported experiences of therapy following child sexual abuse: Messages from a retrospective survey of adult survivors." *Journal of Social Work* 15(2): 115-137.



Reason for exclusion: the focus of the research was not on disabled children and young people

8. Alriksson-Schmidt, A. I., et al. (2010). "Are Adolescent Girls With a Physical Disability at Increased Risk for Sexual Violence?" *Journal of School Health* 80(7): 361-367.

Reason for exclusion: non-UK study

9. Anderson, M. L. and I. W. Leigh (2011). "Intimate Partner Violence Against Deaf Female College Students." *Violence against Women* 17(7): 822-834.

Reason for exclusion: non-UK study

10. APPGC (2015) Building Trust: One year on Progress in improving relationships between children and the police (November) Available at:

https://www.basw.co.uk/system/files/resources/basw_122120-5_0.pdf

Reason for exclusion: the focus of the research was not on disabled children and young people

11. Baldry, E., et al. (2006). "Domestic Violence and Children with Disabilities: Working towards Enhancing Social Work Practice." *Australian Social Work* 59(2): 185-197.

Reason for exclusion: non-UK study

12. Barnett, E. R., et al. (2018). "Developing, implementing, and evaluating a trauma-informed care program within a youth residential treatment center and special needs school." *Residential Treatment for Children & Youth* 35(2): 95-113.

Reason for exclusion: the research did not report on abuse

13. Belton, E. (2017) 'Turn the Page: manualised treatment programme: final evaluation report. London: NSPCC Available at:

<https://learning.nspcc.org.uk/media/1091/turn-the-page-manualised-treatment-programme-final-evaluation-report-regular-text-version.pdf>

Reason for exclusion: the focus of the research was not on disabled children and young people

14. Berelowitz, S. et al. (2012) 'I thought I was the only one, the only one in the world: The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation In Gangs and Groups Interim Report.', London: Office of the Children's Commissioner., (November). Available at:

<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/07/I-thought-I-was-the-only-one-in-the-world.pdf>

Reason for exclusion: the focus of the research was not on disabled children and young people

15. Berg, K. L., et al. (2015). "Victimization and depression among youth with disabilities in the US child welfare system." *Child: Care, Health and Development* 41(6): 989-999.

Reason for exclusion: non-UK study



16. Berg, K. L., et al. (2019). "Children with developmental disabilities experience higher levels of adversity." *Research in Developmental Disabilities* 89: 105-113.

Reason for exclusion: non-UK study

17. Betman, B. G. (2014). Exploring the phenomenological experience of child sexual abuse in deaf women through the creation of a Sandtray World. AAI3601514.

Reason for exclusion: non-UK study

18. Brandon, M. et al. (2020) 'Complexity and challenge: a triennial analysis of SCRs 2014-2017', (March). Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869586/TRIENNIAL_SCR_REPORT_2014_to_2017.pdf

Reason for exclusion: the focus of the research was not on disabled children and young people,

19. Brandon, M. Sidebotham, P et al (2011) Child and Family Practitioners Understanding of child Development. Lessons from a small sample of serious case reviews. Research report DFE. RR110.

Reason for exclusion: the focus of the research was not on disabled children and young people

20. Brenner, J., et al. (2018). "Behavioral Symptoms of Reported Abuse in Children and Adolescents with Autism Spectrum Disorder in Inpatient Settings." *Journal of Autism and Developmental Disorders* 48(11): 3727-3735.

Reason for exclusion: non-UK study

21. Brownlie, E. B., et al. (2007). "Language impairment and sexual assault of girls and women: Findings from a community sample." *Journal of Abnormal Child Psychology* 35(4): 618-626.

Reason for exclusion: non-UK study

22. Bruhn, C. M. (2003). "Children with Disabilities: Abuse, Neglect, and the Child Welfare System." *Journal of Aggression, Maltreatment & Trauma* 8(1-2): 173-203.

Reason for exclusion: non-UK study

23. Burgess, C. et al. (2013) 'The state of child neglect in the UK', Action for Children, (4764232), p. 48. Available at:

https://www.actionforchildren.org.uk/media/3270/2013_neglect_fullreport_v12.pdf.

Reason for exclusion: the focus of the research was not on disabled children and young people

24. Byrne, G. (2018). "Prevalence and psychological sequelae of sexual abuse among individuals with an intellectual disability: A review of the recent literature." *Journal of Intellectual Disabilities* 22(3): 294-310.

Reason for exclusion: non-UK study



25. Caldas, S. J. and M. L. Betsy (2014). "The Sexual Maltreatment of Students with Disabilities in American School Settings." *Journal of Child Sexual Abuse* 23(4): 345-366.
Reason for exclusion: non-UK study
26. Carr, E. R., et al. (2019). "When Sexual Trauma Survivors with Severe Psychiatric Disabilities Experience Institutional Care." *Journal of Trauma & Dissociation* 20(2): 179-196.
Reason for exclusion: disability explored as resultant from abuse
27. Catani, C. and I. M. Sossalla (2015). "Child abuse predicts adult PTSD symptoms among individuals diagnosed with intellectual disabilities." *Front Psychol* 6.
Reason for exclusion: non-UK study
28. Children's Commissioner (2015) 'Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action' (November 2015) Available at:
<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/Protecting-children-from-harm-full-report.pdf>
Reason for exclusion: the focus of the research was not on disabled children and young people
29. Children's Commissioner (2017)' Investigating Child Sexual Abuse The Length of Criminal Investigations' (April 2017) Available at:
<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/Investigating-Child-Sexual-Abuse-CCO-April-2017-1.2-1.pdf>
Reason for exclusion: the focus of the research was not on disabled children and young people
30. Children's Commissioner (2017) 'Preventing Child Sexual Abuse The Role of Schools' (April 2017) Office of the Children's Commissioner Available at:
<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/Preventing-CSA-The-Role-of-Schools-CCO-April-2017-1.2-1.pdf>
Reason for exclusion: the focus of the research was not on disabled children and young people
31. Christoffersen, M. N. (2019). "Violent crime against children with disabilities: A nationwide prospective birth cohort-study." *Child Abuse & Neglect* 98.
Reason for exclusion: non-UK study
32. Christoffersen, M. N. (2020). "Sexual Crime Against Schoolchildren With Disabilities: A Nationwide Prospective Birth Cohort Study." *J Interpers Violence*: 886260520934442.
Reason for exclusion: conference paper
33. Clarke, T. (2019) 'The characteristics of gang-associated children and young people: technical report', (February), p. 39. Available at:
<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Characteristics-of-Gang-Associated-Children-and-Young-People1.1.pdf>



Reason for exclusion: the focus of the research was not on disabled children and young people

34. Clawson, R. and R. Clawson (2010). "Disability and Child Sexual Abuse: Lessons from Survivors' Narratives for Effective Protection, Prevention and Treatment." *The British Journal of Social Work* 40(5): 1648-1649.

Reason for exclusion: no qualitative research findings were presented

35. Clements, K., Holmes, D., Ryder, R. and Mortimer, E (2017) 'Workforce perspectives on Harmful Sexual Behaviour' Available at:

https://www.researchinpractice.org.uk/media/2610/workforce_perspectives_on_harmful_sexual_behaviour_research_report_2.pdf

Reason for exclusion: the focus of the research was not on disabled children and young people

36. Conroy, P. (2012). "No safety net for disabled children in residential institutions in Ireland." *Disability & Society* 27(6): 809-822.

Reason for exclusion: no qualitative research findings were presented

37. Coorg, R. and A. Tournay (2013). "Filicide-suicide involving children with disabilities." *J Child Neurol* 28(6): 745-751.

Reason for exclusion: non-UK study

38. Corr, C. and R. M. Santos (2017). "Abuse and Young Children With Disabilities: A Review of the Literature." *Journal of Early Intervention* 39(1): 3-17.

Reason for exclusion: non-UK study

39. Corr, C. and R. Milagros Santos (2019). "Jocelin: A best-case scenario for a young child with disabilities who experienced abuse?" *Early Child Development and Care* 189(1): 1-15.

Reason for exclusion: non-UK study

40. Corr, C., et al. (2019). "'It's Never Black and White': Early Interventionists' Experiences Supporting Abused Children and Their Families." *Psychological Services* 16(1): 103-110.

Reason for exclusion: non-UK study

41. Cossar, J., Brandon, M., Jordan, P. (2011) 'Don't make assumptions': Children's and young people's views of the child protection system and messages for change. (2011) Office of the Children's Commissioner Available at:

https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/07/Dont-Make-Assumptions-Childrens-views_of_the_child_protection_system_.pdf

Reason for exclusion: the focus of the research was not on disabled children and young people



42. Devaney, J., McConville (2016) 'Childhood neglect – the Northern Ireland experience Research, Policy and Planning' (2016) 32(1), 53-63 Available at: <http://ssrg.org.uk/wp-content/uploads/2012/01/Devaney-McConville.pdf>
Reason for exclusion: the focus of the research was not on disabled children and young people
43. Dion, J., et al. (2018). "Child Maltreatment Among Children With Intellectual Disability in the Canadian Incidence Study." *Ajidd-American Journal on Intellectual and Developmental Disabilities* 123(2): 176-188.
Reason for exclusion: non-UK study
44. Dvorscak, D. (2005). "Sexual Abuse Among Deaf and Hard of Hearing Adolescents." *Socialno Delo* 44(1-2): 81-91.
Reason for exclusion: non-UK study
45. Edwards, E., et al. (2005). "Child Abuse Investigation and Treatment for Deaf and Hard of Hearing Children: Ethical Practice and Policy." *The Social Policy Journal* 4(3-4): 53-67.
Reason for exclusion:
46. Embry, R. A. and F. D. Grossman (2006). "The Los Angeles County response to child abuse and deafness: a social movement theory analysis." *Am Ann Deaf* 151(5): 488-498.
Reason for exclusion: non-UK study
47. Euser, S., et al. (2016). "The Prevalence of Child Sexual Abuse in Out-of-home Care: Increased Risk for Children with a Mild Intellectual Disability." *J Appl Res Intellect Disabil* 29(1): 83-92. Reason for exclusion: non-UK study
48. Feather, K. A. (2016). "Antibullying Interventions to Enhance Self-Efficacy in Children With Disabilities." *Journal of Creativity in Mental Health* 11(3-4): 409-422.
Reason for exclusion: the research did not report on abuse,
49. Findley, P. A., et al. (2016). "Exploring the Experiences of Abuse of College Students With Disabilities." *J Interpers Violence* 31(17): 2801-2823.
Reason for exclusion: non-UK study
50. Fisher, M. H., et al. (2013). "Differences in social vulnerability among individuals with autism spectrum disorder, Williams syndrome, and Down: syndrome." *Research in Autism Spectrum Disorders* 7(8): 931-937.
Reason for exclusion: non-UK study
51. Fisher, M. H., et al. (2016). *Victimization of Individuals With Intellectual and Developmental Disabilities Across the Lifespan. International Review of Research in Developmental Disabilities*. 51: 233-280.
Reason for exclusion: no qualitative research findings were presented



52. Fisher, M. H., et al. (2019). "A population-based examination of maltreatment referrals and substantiation for children with autism spectrum disorder." *Autism* 23(5): 1335-1340.

Reason for exclusion: non-UK study

53. Fleming, A. R., et al. (2018). "Treatment-seeking college students with disabilities: Presenting concerns, protective factors, and academic distress." *Rehabil Psychol* 63(1): 55-67.

Reason for exclusion: non-UK study

54. Flynn, S. (2019). "Social work intervention pathways within child protection: Responding to the needs of disabled children in Ireland." *Practice: Social Work in Action*.

Reason for exclusion: no qualitative research findings were presented

55. Flynn, S. (2020). "Convergent spaces: Intersectional analysis of ethnic minority status and childhood disability in Irish safeguarding work." *Child & Family Social Work*.

Reason for exclusion: no qualitative research findings were presented

56. Flynn, S. (2020). "Theorizing disability in child protection: Applying critical disability studies to the elevated risk of abuse for disabled children." *Disability & Society* 35(6): 949-971.

Reason for exclusion: no qualitative research findings were presented

57. Flynn, S. (2020). "Towards parity in protection: Barriers to effective child protection and welfare assessment with disabled children in the Republic of Ireland." *Child Care in Practice*.

Reason for exclusion: no qualitative research findings were presented

58. Flynn, S. and C. McGregor (2017). "Disabled Children and Child Protection: Learning From Literature Through a Non-Tragedy Lens." *Child Care in Practice* 23(3): 258-274.

Reason for exclusion: no qualitative research findings were presented

59. Focht-New, G., et al. (2008). "Persons with developmental disabilities exposed to interpersonal violence and crime: Strategies and guidance for assessment." *Perspectives in Psychiatric Care* 44(1): 3-13.

Reason for exclusion: the focus was not upon social work

60. Focht-New, G., et al. (2008). "Persons with developmental disability exposed to interpersonal violence and crime: Approaches for intervention." *Perspectives in Psychiatric Care* 44(2): 89-98.

Reason for exclusion: the focus of the research was not on disabled children and young people

61. Fox, C, and Le Blanc, O. (2018) 'Involve us, respect us: Engaging young people in relationships and sex education'. Barnardo's. Available at:

<https://www.barnardos.org.uk/sites/default/files/uploads/involve-us-respect-us.pdf>



Reason for exclusion: the focus of the research was not on disabled children and young people

62. Franchino-Olsen, H., et al. (2020). "Minor sex trafficking of girls with disabilities." *International Journal of Human Rights in Healthcare* 13(2): 97-108.

Reason for exclusion: non-UK study

63. Franklin, A., Toft, A. and Goff, S. (2019) "'You fear everything that is out of your control. Because you are their safe one": parents'/carers' views on how we can work together to prevent the sexual abuse of disabled children'. London: NSPCC Available at: <https://learning.nspcc.org.uk/media/1879/parents-and-carers-views-on-preventing-sexual-abuse-of-disabled-children.pdf>

Reason for exclusion: the focus was not upon social work

64. Fraser-Barbour, E. F. (2018). "On the ground insights from disability professionals supporting people with intellectual disability who have experienced sexual violence." *Journal of Adult Protection* 20(5-6): 207-220.

Reason for exclusion: the focus of the research was not on disabled children and young people

65. Frederick, J., et al. (2019). "Homicides and Maltreatment-related Deaths of Disabled Children: A Systematic Review." *Child Abuse Review* 28(5): 321-338.

Reason for exclusion: no qualitative research findings were presented

66. Fyson, R. (2004) 'Young People with Learning Disabilities Who Show Sexually Inappropriate Behaviour' Ann Craft Trust Available at: <https://www.anncrafttrust.org/wp-content/uploads/2019/07/Young-People-Fyson-Report.pdf>

Reason for exclusion: the research did not report on abuse,

67. Galloway, S., Love, R. and Wales, A. (2017) 'The Right to Recover: therapeutic services for children and young people following sexual abuse: an overview of provision in the West of Scotland', (November). Available at:

<https://learning.nspcc.org.uk/media/1128/right-to-recover-sexual-abuse-west-scotland.pdf>

Reason for exclusion: the focus of the research was not on disabled children and young people

68. Galloway, S., Love, R. and Wales, A. (2017) 'The right to recover: therapeutic services for children and young people following sexual abuse: an overview of provision in the West of Scotland'. London: NSPCC. Available at:

<https://learning.nspcc.org.uk/media/1128/right-to-recover-sexual-abuse-west-scotland.pdf>

Reason for exclusion: the focus of the research was not on disabled children and young people

69. Gartland, D., et al. (2014). "The case for early intervention to reduce the impact of intimate partner abuse on child outcomes: results of an Australian cohort of first-time mothers." *Birth* 41(4): 374-383.

Reason for exclusion: non-UK study



70. Giardino, A. P., et al. (2003). "Providing medical evaluations for possible child maltreatment to children with special health care needs." *Child Abuse Negl* 27(10): 1179-1186.

Reason for exclusion: the focus was not upon social work

71. Goldson, E. (2001). "Maltreatment among children with disabilities." *Infants and Young Children* 13(4): 44-54.

Reason for exclusion: non-UK study

72. Gosh Ippen, C., et al. (2014). "Clinical considerations for conducting Child-Parent Psychotherapy with young children with developmental disabilities who have experienced trauma." *Pragmatic Case Studies in Psychotherapy* 10(3): 196-211.

Reason for exclusion: the focus was not upon social work,

73. Gotby, V. O., et al. (2018). "Childhood neurodevelopmental disorders and risk of coercive sexual victimization in childhood and adolescence - a population-based prospective twin study." *Journal of Child Psychology and Psychiatry* 59(9): 957-965.

Reason for exclusion: non-UK study

74. Govindshenoy, M. and N. Spencer (2007). "Abuse of the disabled child: a systematic review of population-based studies." *Child Care Health Dev* 33(5): 552-558.

Reason for exclusion: no qualitative research findings were presented

75. Grossman, S. F. and M. Lundy (2008). "Double Jeopardy: A Comparison of Persons With and Without Disabilities Who Were Victims of Sexual Abuse and/or Sexual Assault." *Journal of Social Work in Disability & Rehabilitation* 7(1): 19-46.

Reason for exclusion: the focus of the research was not on disabled children and young people

76. Haight, W., et al. (2013). "The elementary-school functioning of children with maltreatment histories and mild cognitive or behavioral disabilities: A mixed methods inquiry." *Children and Youth Services Review* 35(3): 420-428.

Reason for exclusion: non-UK study

77. Hatton, C. and E. Emerson (2004). "The relationship between life events and psychopathology amongst children with intellectual disabilities." *Journal of Applied Research in Intellectual Disabilities* 17(2): 109-117.

Reason for exclusion: the research did not report on abuse

78. Haynes, A. (2015) 'Realising the potential: tackling child neglect in universal services in England'. London: NSPCC Available at:

<https://learning.nspcc.org.uk/media/1101/realising-potential-tackling-neglect-universal-services-report.pdf>

Reason for exclusion: the focus of the research was not on disabled children and young people,



79. Heinson, A. and N. Ellonen (2013). "Are Children with Disabilities and Long-term Illnesses at Increased Risk of Disciplinary Violence?" *Journal of Scandinavian Studies in Criminology & Crime Prevention* 14(2): 172.

Reason for exclusion: non-UK study

80. Helton, J. J. (2010). Children with a disability, physical abuse, entry into out-of-home care, and stability of out-of-home placements. *AAI3399018*: 714.

Reason for exclusion: book

81. Helton, J. J. and C. M. Bruhn (2013). "Prevalence of Disabilities and Abilities in Children Investigated for Abuse and Neglect." *Journal of Public Child Welfare* 7(5): 480.

Reason for exclusion: non-UK study

82. Helton, J. J., et al. (2018). "Sexual Abuse of Children With Learning Disabilities." *Child Maltreat* 23(2): 157-165.

Reason for exclusion: non-UK study

83. Hendricks, C., et al. (2014). "Associations Between Child Disabilities and Caregiver Discipline and Violence in Low-and Middle-Income Countries." *Child Development* 85(2): 513-531.

Reason for exclusion: non-UK study

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Reason for exclusion: no qualitative research findings were presented

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Reason for exclusion: the focus of the research was not on disabled children and young people,

86. Hollis, V. (2017) 'The profile of the children and young people accessing an NSPCC service for harmful sexual behaviour: summary report'. London: NSPCC Available at: <https://learning.nspcc.org.uk/media/1088/the-profile-of-the-children-and-young-people-accessing-an-nspcc-service-for-harmful-sexual-behaviour-summary-report-regular-text-version.pdf>

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<https://learning.nspcc.org.uk/media/1083/exploring-technology-assisted-harmful-sexual-behaviour.pdf>

Reason for exclusion: the focus was not upon social work



88. Hoover, D. W. (2020). Trauma in Children with Neurodevelopmental Disorders: Autism, Intellectual Disability, and Attention-Deficit/Hyperactivity Disorder. *Childhood Trauma in Mental Disorders*, Springer: 367-383.

Reason for exclusion: the focus was not upon social work

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Reason for exclusion: the focus was not upon social work

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Reason for exclusion: no qualitative research findings were presented

91. Hyde-dryden, G. et al. (2015) 'Improving practice in respect of children who return home from care', (December), pp. 1–78. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/486821/Improving_practice_for_children_who_return_from_care.pdf

Reason for exclusion: the focus of the research was not on disabled children and young people

92. Independent Inquiry Into Child Sexual Abuse (2017) 'Victim and survivor voices from The Truth Project (June 2016-June 2017)' (October) Available at:

<https://www.iicsa.org.uk/key-documents/3304/view/victim-survivor-voices-from-truth-project.pdf>

Reason for exclusion: the focus of the research was not on disabled children and young people

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Reason for exclusion: non-UK study

94. Jemta, L., et al. (2008). "On intimacy, sexual activities and exposure to sexual abuse among children and adolescents with mobility impairment." *Acta Paediatrica* 97(5): 641-646.

Reason for exclusion: the focus of the research was not on disabled children and young people

95. Jones, L., et al. (2012). "Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies." *Lancet* 380(9845): 899-907.

Reason for exclusion: no qualitative research findings were presented

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Reason for exclusion: no qualitative research findings were presented

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Reason for exclusion: no qualitative research findings were presented

98. Karsna, K. and Majeed-Ariss, R. (2019) 'Characteristics and experiences of children and young people attending Saint Mary's Sexual Assault Referral Centre, Greater Manchester', (April). Available at:

<https://www.csacentre.org.uk/documents/st-marys-case-file-review/>

Reason for exclusion: the focus of the research was not on disabled children and young people

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Reason for exclusion: no qualitative research findings were presented

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Reason for exclusion: the focus was not upon social work

101. Kelly, B. and Dowling, S. (2015) 'Safeguarding Disabled Children and Young People: A Scoping Exercise of Statutory Child Protection Services for Disabled Children and Young People in Northern Ireland.' Available at:

[https://www.safeguardingni.org/sites/default/files/sites/default/files/imce/23%2002%2016-SB NI%20Safeguarding%20Disabled%20Children%20Report%202015.pdf](https://www.safeguardingni.org/sites/default/files/sites/default/files/imce/23%2002%2016-SB%20NI%20Safeguarding%20Disabled%20Children%20Report%202015.pdf)

Reason for exclusion: no qualitative research findings were presented

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Reason for exclusion: the focus was not upon social work,

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Reason for exclusion: the focus was not upon social work,

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Reason for exclusion: non-UK study

105. Kvam, M. H. (2000). "Is sexual abuse of children with disabilities disclosed? A retrospective analysis of child disability and the likelihood of sexual abuse among those attending Norwegian hospitals." *Child Abuse & Neglect* 24(8): 1073-1084.

Reason for exclusion: non-UK study

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Reason for exclusion: non-UK study

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Reason for exclusion: non-UK study

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Reason for exclusion: the focus was not upon social work

109. Lightfoot, E. (2014). "Children and Youth with Disabilities in the Child Welfare System: An Overview." *Child Welfare* 93(2): 23-45.

Reason for exclusion: non-UK study

110. Lightfoot, E. and O. Williams (2009). "The Intersection of Disability, Diversity, and Domestic Violence: Results of National Focus Groups." *Journal of Aggression, Maltreatment & Trauma* 18(2): 133-152.

Reason for exclusion: non-UK study

111. Lightfoot, E. B. and T. L. LaLiberte (2006). "Approaches to child protection case management for cases involving people with disabilities." *Child Abuse Negl* 30(4): 381-391.

Reason for exclusion: non-UK study

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Reason for exclusion: non-UK study

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Reason for exclusion: non-UK study

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Reason for exclusion: the focus of the research was not on disabled children and young people

115. MacMillan, H. L. and C. N. Wathen (2014). "Children's exposure to intimate partner violence." *Child Adolesc Psychiatr Clin N Am* 23(2): 295-308, viii-ix.

Reason for exclusion: no qualitative research findings were presented

116. Mallén, A. (2011). "'It's Like Piecing Together Small Pieces of a Puzzle'. Difficulties in Reporting Abuse and Neglect of Disabled Children to the Social Services." *Journal of Scandinavian Studies in Criminology & Crime Prevention* 12(1): 45.

Reason for exclusion: non-UK study



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Reason for exclusion: non-UK study

118. Manders, J. E. and Z. Stoneman (2009). "Children with disabilities in the child protective services system: an analog study of investigation and case management." *Child Abuse Negl* 33(4): 229-237.

Reason for exclusion: non-UK study

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https://www.barnardos.org.uk/sites/default/files/uploads/journey-to-justice-full_0.pdf.

Reason for exclusion: the focus of the research was not on disabled children and young people

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Reason for exclusion: no qualitative research findings were presented

121. Matthew, L., et al. (2019). "Perspectives of Young Child Abuse Survivors on Confidentiality: An Exploratory Literature Review." *Journal of Child Sexual Abuse* 28(3): 280-300.

Reason for exclusion: the focus of the research was not on disabled children and young people

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Reason for exclusion: the focus of the research was not on disabled children and young people

123. McDonnell, C. G., et al. (2019). "Child maltreatment in autism spectrum disorder and intellectual disability: results from a population-based sample." *J Child Psychol Psychiatry* 60(5): 576-584.

Reason for exclusion: non-UK study

124. McGee, M. G. (2014). Lost in the margins? intersections between disability and other non-dominant statuses with regard to peer victimization and psychosocial distress among Oregon teens. AAI3587274.

Reason for exclusion: PhD Theses



125. McKenzie, L. B., et al. (2014). "A Trust-Based Home Intervention for Special-Needs Adopted Children: A Case Study." *Journal of Aggression Maltreatment & Trauma* 23(6): 633-651.

Reason for exclusion: the focus was not upon social work

126. McNicholas, C. I., et al. (2020). "Victimized for Being Different: Young Adults With Disabilities and Peer Victimization in Middle and High School." *J Interpers Violence* 35(19-20): 3683-3709.

Reason for exclusion: the research did not report on abuse

127. McTavish, J. R., et al. (2016). "Children's exposure to intimate partner violence: an overview." *Int Rev Psychiatry* 28(5): 504-518.

Reason for exclusion: no qualitative research findings were presented

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Reason for exclusion: no qualitative research findings were presented

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Reason for exclusion: the focus was not upon social work

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Reason for exclusion: the focus was not upon social work

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Reason for exclusion: the focus was not upon social work

132. Mitra, M., et al. (2013). "Dating Violence and Associated Health Risks Among High School Students with Disabilities." *Matern Child Health J* 17(6): 1088-1094.

Reason for exclusion: non-UK study

133. Monahan, K. and A. Lurie (2003). "Disabled women sexually abused in childhood: Treatment considerations." *Clinical Social Work Journal* 31(4): 407-418.

Reason for exclusion: non-UK study

134. Montgomery, L., Davidson, G., Kelly, B., McKendry, L., Newton, L., Webb, P., Wood, L., (2020) 'Getting Our Voices Heard – Safeguarding You, Safeguarding Me' Identifying the Best Approaches for People with a Learning Disability to Influence Adult Safeguarding and Associated Policy and Legislation. Queen's University, Belfast. Association for Real Change, NI, Compass Advocacy Network, and Praxis Care. Available at:

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Reason for exclusion: the focus of the research was not on disabled children and young people



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Reason for exclusion: the focus was not upon social work

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Reason for exclusion: the focus of the research was not on disabled children and young people

137. Morris, D. J., et al. (2019). "Developmental trauma in a forensic intellectual disability population." *Journal of Intellectual Disabilities and Offending Behaviour* 11(1): 35-48.
Reason for exclusion: the focus was not upon social work

138. Mueller-Johnson, K., et al. (2014). "Sexual Victimization of Youth With a Physical Disability: An Examination of Prevalence Rates, and Risk and Protective Factors." *Journal of Interpersonal Violence* 29(17): 3180-3206.
Reason for exclusion: non-UK study

139. National Working Group on Safeguarding Disabled Children (2016) 'Safeguarding disabled children in England: how Local Safeguarding Children Boards are delivering against Ofsted requirements to protect disabled children: findings from a national survey'. London: NSPCC. Available at:
<https://learning.nspcc.org.uk/media/1200/safeguarding-disabled-children-england.pdf>
Reason for exclusion: no qualitative research findings were presented

140. Nichols, E. M. M. S. W., et al. (2018). "Service seeking experiences of college-aged sexual and intimate partner violence victims with a mental health and/or behavioral disability." *Journal of American College Health* 66(6): 487-495.
Reason for exclusion: non-UK study

141. Nowak, C. B. (2015). "Recognition and prevention of child abuse in the child with disability." *Am J Med Genet C Semin Med Genet* 169(4): 293-301.
Reason for exclusion: no qualitative research findings were presented

142. OFSTED (2010) 'Learning lessons from serious case reviews 2009–2010 Ofsted's evaluation of serious case reviews from 1 April 2009 to 31 March 2010' Available at:
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Reason for exclusion: the focus of the research was not on disabled children and young people



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Reason for exclusion: the focus was not upon social work,
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Reason for exclusion: the focus of the research was not on disabled children and young people
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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419049/Communication_is_the_key.pdf
Reason for exclusion: the research did not report on abuse
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Reason for exclusion: not a research study.
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Reason for exclusion: the focus of the research was not on disabled children and young people
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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862454/Multi_agency_response_to_child_sexual_abuse_in_the_family_environment_joint_targeted_area_inspections_JTAIs.pdf
Reason for exclusion: the focus of the research was not on disabled children and young people
149. OFSTED and et, al (2016) 'Time to listen: a joined up response to child sexual exploitation and missing children', (September), p. 31. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/676421/Time_to_listen___a_joined_up_response_to_child_sexual_exploitation_and_missing_children.pdf
Reason for exclusion: the focus of the research was not on disabled children and young people



150. Olson, K. and K. K. Jacobson (2014). "The Importance of Assessing for Abuse and Neglect in Children With Chronic Health Conditions Referred for Neuropsychological Evaluation." *Applied Neuropsychology-Child* 3(1): 66-72.

Reason for exclusion: no qualitative research findings were presented

151. O'Malley, G., et al. (2019). "The clinical approach used in supporting individuals with intellectual disability who have been sexually abused." *British Journal of Learning Disabilities* 47(2): 105-115.

Reason for exclusion: the focus of the research was not on disabled children and young people

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Reason for exclusion: the study focussed upon prevention only

153. Orelove, F. P., et al. (2000). "Maltreatment of children with disabilities: Training needs for a collaborative response." *Child Abuse & Neglect* 24(2): 185-194.

Reason for exclusion: non-UK study

154. Ottmann, G., et al. (2017). "Barriers and Enablers to Safeguarding Children and Adults within a Disability Services Context: Insights from an Australian Delphi Study." *Social Policy & Administration* 51(3): 488-510.

Reason for exclusion: non-UK study

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Reason for exclusion: the focus of the research was not on disabled children and young people

156. Papamichail, M. et al. (2019) 'Left to their own devices: young people, social media and mental health.', (June), p. 39. Available at:

https://www.barnardos.org.uk/sites/default/files/uploads/B51140%2020886_Social%20media_Report_Final_Lo%20Res.pdf

Reason for exclusion: the focus of the research was not on disabled children and young people

157. Paquette, G., et al. (2018). "Factors associated with intellectual disabilities in maltreated children according to caseworkers in child protective services." *Children and Youth Services Review* 90: 38-45.

Reason for exclusion: non-UK study

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<http://haltonsafeguarding.co.uk/wp-content/uploads/2014/01/Relational-Safeguarding-Model-FINAL-PRINTED-May-2014.pdf>.



Reason for exclusion: the focus of the research was not on disabled children and young people

159. Peiris-John, R., et al. (2016). "Adolescents with disability report higher rates of injury but lower rates of receiving care: Findings from a national school-based survey in New Zealand." *Injury Prevention* 22(1): 40-45.

Reason for exclusion: non-UK study

160. Perkins, S. (2012). "An ecological perspective on the comorbidity of childhood violence exposure and disabilities: Focus on the ecology of the school." *Psychol Violence* 2(1): 75-89.

Reason for exclusion: non-UK study

161. Perrigo, J. L., et al. (2018). "Child abuse and neglect re-report rates for young children with developmental delays." *Child Abuse & Neglect* 83: 1-9.

Reason for exclusion: non-UK study

162. Pithouse, A. (2005) 'Developing a common assessment approach to the early identification of children in need: The Swansea, Wales, case study', *Promoting Resilience in Child Welfare*, 23(3), pp. 352–367. Available at:

<http://ssrg.org.uk/wp-content/uploads/2012/02/rpp233/article2.pdf>

Reason for exclusion: the focus of the research was not on disabled children and young people

163. Pithouse, A. and Crowley, A. (2016) 'Tackling child neglect : key developments in Wales', 32(1), pp. 25–37. Available at:

<http://ssrg.org.uk/wp-content/uploads/2012/01/Pithouse-Crowley.pdf>

Reason for exclusion: the focus of the research was not on disabled children and young people

164. Polak, R., et al. (2017). "A Calming Cushion as a Therapeutic Wellness Tool for Youths with Disabilities and History of Trauma." *Soc Work* 62(4): 359-365.

Reason for exclusion: the focus was not upon social work

165. Porter, J. L. and L. M. Williams (2011). "Auditory Status and Experiences of Abuse Among College Students." *Violence and Victims* 26(6): 788-798.

Reason for exclusion: non-UK study

166. Reese, S. and S. A. Deutsch (2020). "Sexual Assault Victimization Among Children and Youth With Developmental Disabilities: Responding With Trauma-Informed Care." *J Forensic Nurs* 16(1): 55-60.

Reason for exclusion: non-UK study

167. Reid, J. A. (2018). "Sex Trafficking of Girls With Intellectual Disabilities: An Exploratory Mixed Methods Study." *Sex Abuse* 30(2): 107-131.

Reason for exclusion: non-UK study



168. Rignes, B. (2017). "The Relationship Between Adverse Childhood Events, Resiliency and Health Among Children with Autism." *Journal of Autism and Developmental Disorders* 47(1): 187-202.

Reason for exclusion: the research did not report on abuse

169. Sainero, A., et al. (2013). "Exploring the specific needs of an understudied group: Children with intellectual disability in residential child care." *Children and Youth Services Review* 35(9): 1393-1399.

Reason for exclusion: non-UK study

170. Saylor, C. F. and J. B. Leach (2009). "Perceived Bullying and Social Support in Students Accessing Special Inclusion Programming." *Journal of Developmental and Physical Disabilities* 21(1): 69-80.

Reason for exclusion: the research did not report on abuse

171. Saylor, C. F., et al. (2009). "Exposure to Potentially Traumatic Life Events in Children with Special Needs." *Child Psychiatry & Human Development* 40(3): 451-465.

Reason for exclusion: the research did not report on abuse

172. Schenkel, L. S., et al. (2014). "Child maltreatment and trauma exposure among deaf and hard of hearing young adults." *Child Abuse Negl* 38(10): 1581-1589.

Reason for exclusion:

173. Scherer, H. L., et al. (2016). "Intimate Partner Victimization Among College Students With and Without Disabilities: Prevalence of and Relationship to Emotional Well-Being." *Journal of Interpersonal Violence* 31(1): 49.

Reason for exclusion: non-UK study

174. Schild, S. and C. J. Dalenberg (2015). "Consequences of Child and Adult Sexual and Physical Trauma among Deaf Adults." *Journal of Aggression, Maltreatment & Trauma* 24(3): 237.

Reason for exclusion: non-UK study

175. Schilpzand, E. J., et al. (2018). "Trauma exposure in children with and without ADHD: prevalence and functional impairment in a community-based study of 6-8-year-old Australian children." *Eur Child Adolesc Psychiatry* 27(6): 811-819.

Reason for exclusion: the research did not report on abuse

176. Schneider, M., et al. (2019). "Adverse Childhood Experiences and Family Resilience Among Children with Autism Spectrum Disorder and Attention-Deficit/Hyperactivity Disorder." *Journal of Developmental and Behavioral Pediatrics* 40(8): 573-580.

Reason for exclusion: the research did not report on abuse

177. Sebald, A. M. (2008). "Child abuse and deafness: an overview." *Am Ann Deaf* 153(4): 376-383.

Reason for exclusion: no qualitative research findings were presented



178. Seppälä, P., et al. (2020). "Are Children With a Number of Disabilities and Long-Term Illnesses at Increased Risk of Mental Violence, Disciplinary Violence, and Serious Violence?": 886260519898440.

Reason for exclusion: non-UK study

179. Shah, S., et al. (2016). "'I can't forget': Experiences of violence and disclosure in the childhoods of disabled women." *Childhood-a Global Journal of Child Research* 23(4): 521-536.

Reason for exclusion: no relevant findings in relation to the research questions were provided

180. Shannon, P. and C. Tappan (2011). "A qualitative analysis of child protective services practice with children with developmental disabilities." *Children and Youth Services Review* 33(9): 1469-1475.

Reason for exclusion: non-UK study

181. Shannon, P. and C. Tappan (2011). "Identification and Assessment of Children with Developmental Disabilities in Child Welfare." *Soc Work* 56(4): 297-305.

Reason for exclusion: non-UK study

182. Shannon, P. and M. Agorastou (2006). "Identifying Children with Developmental Disabilities Receiving Child Protection Services: A National Survey of Child Welfare Administrators." *Families in Society* 87(3): 351-357.

Reason for exclusion: non-UK study

183. Slayter, E. (2016). "Youth with disabilities in the United States child welfare system." *Children and Youth Services Review* 64: 155-165.

Reason for exclusion: non-UK study

184. Slayter, E. and C. Springer (2011). "Child Welfare-Involved Youth With Intellectual Disabilities: Pathways Into and Placements in Foster Care." *Intellectual and Developmental Disabilities* 49(1): 1-13.

Reason for exclusion: non-UK study

185. Slayter, E., et al. (2018). "Intimate Partner Violence Among Transitional-Aged Women With and Without Disabilities: Implications for Social Work Practice." *Journal of Aggression, Maltreatment & Trauma* 27(3): 275-290.

Reason for exclusion: non-UK study

186. Smith, N. (2017) 'Neglected Minds', (September), pp. 1–28. Available at: <https://www.barnardos.org.uk/sites/default/files/uploads/neglected-minds.pdf>.

Reason for exclusion: the focus of the research was not on disabled children and young people

187. Smith, R. A. E. P. and L. H. P. Pick (2015). "Sexual Assault Experienced by Deaf Female Undergraduates: Prevalence and Characteristics." *Violence and Victims* 30(6): 948-959.



Reason for exclusion: non-UK study

188. Smith, Y. and L. Colletta (2019). "Intensive oversight of youth residential treatment: Staff perspectives on the New York State Justice Center for the Protection of People with Special Needs." *Child Abuse & Neglect* 91: 52-62.

Reason for exclusion: non-UK study

189. Son, E., et al. (2012). "National prevalence of peer victimization among young children with disabilities in the United States." *Children and Youth Services Review* 34(8): 1540-1545.

Reason for exclusion: the research did not report on abuse

190. Son, E., et al. (2020). "Intimate partner violence victimization among college students with disabilities: Prevalence, help-seeking, and the relationship between adverse childhood experiences and intimate partner violence victimization." *Children and Youth Services Review* 110.

Reason for exclusion: the focus of the research was not on disabled children and young people,

191. Soylyu, N., et al. (2013). "Psychiatric disorders and characteristics of abuse in sexually abused children and adolescents with and without intellectual disabilities." *Research in Developmental Disabilities* 34(12): 4334-4342.

Reason for exclusion: non-UK study

192. Spencer, N., et al. (2006). "Disabling Conditions and Registration for Child Abuse and Neglect: A Population-based Study." *Child: Care, Health and Development* 32(2): 253-256.

Reason for exclusion: no qualitative research findings were presented

193. Stack, A. and J. Lucyshyn (2019). "Autism Spectrum Disorder and the Experience of Traumatic Events: Review of the Current Literature to Inform Modifications to a Treatment Model for Children with Autism." *Journal of Autism and Developmental Disorders* 49(4): 1613-1625.

Reason for exclusion: no qualitative research findings were presented

194. Stalker, K. and K. McArthur (2012). "Child abuse, child protection and disabled children: a review of recent research." *Child Abuse Review* 21(1): 24-40.

Reason for exclusion: no qualitative research findings were presented

195. Stalker, K. et al. (2010) 'Child protection and the needs and rights of disabled children and young people: A scoping study, Education'. Available at: <http://strathprints.strath.ac.uk/27036/>.

Reason for exclusion: no qualitative research findings were presented

196. Stanley, S. G. (2012). "Children with Disabilities in Foster Care: The Role of the School Social Worker in the Context of Special Education." *Children & Schools* 34(3): 190-192.

Reason for exclusion: non-UK study



197. Stewart, C. C. (2012). "Beyond the Call: Mothers of Children with Developmental Disabilities Responding to Sexual Abuse." *Journal of Child Sexual Abuse* 21(6): 701-727.
Reason for exclusion: non-UK study
198. Strickler, H. L. (2001). "Interaction between family violence and mental retardation." *Mental Retardation* 39(6): 461-471.
Reason for exclusion: no qualitative research findings were presented
199. Sullivan, P. M. (2009). "Violence exposure among children with disabilities." *Clin Child Fam Psychol Rev* 12(2): 196-216.
Reason for exclusion: no qualitative research findings were presented
200. Sullivan, P. M. and J. F. Knutson (2000). "Maltreatment and disabilities: A population-based epidemiological study." *Child Abuse & Neglect* 24(10): 1257-1273.
Reason for exclusion: non-UK study
201. Sullivan, P. M. and J. F. Knutson (2000). "The prevalence of disabilities and maltreatment among runaway children." *Child Abuse Negl* 24(10): 1275-1288.
Reason for exclusion: non-UK study
202. Sullivan, T. N., et al. (2012). "A Qualitative Study of Individual and Peer Factors Related to Effective Nonviolent versus Aggressive Responses to Problem Situations among Adolescents with High Incidence Disabilities." *Behavioral Disorders* 37(3): 163-178.
Reason for exclusion: non-UK study
203. Svensson, B., et al. (2011). "Chronic conditions in children increase the risk for physical abuse - but vary with socio-economic circumstances." *Acta Paediatrica* 100(3): 407-412.
Reason for exclusion: non-UK study
204. Svensson, B., et al. (2013). "Exploring risk for abuse of children with chronic conditions or disabilities - parent's perceptions of stressors and the role of professionals." *Child Care Health and Development* 39(6): 887-893.
Reason for exclusion: non-UK study
205. Taylor, J., et al. (2016). 719 Enablers of help-seeking and protection from abuse for deaf and disabled children: a qualitative study, BMJ Publishing Group Ltd.
Reason for exclusion: conference paper
206. The Child Safeguarding Review Panel (2020) 'It was hard to escape'. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870035/Safeguarding_children_at_risk_from_criminal_exploitation_review.pdf
Reason for exclusion: the focus of the research was not on disabled children and young people



207. The Children's Society (2018) 'Working with deaf and physically disabled children and young people in relation to child sexual abuse and other forms of exploitation: A toolkit for professionals'. Available at:

https://www.nwgnetwork.org/wp-content/uploads/2018/05/tcs_cse_physicaldisabilities_toolkit.pdf

Reason for exclusion: no qualitative research findings were presented

208. Tonmyr, L., et al. (2005). "The Relationship between Childhood Adverse Experiences and Disability Due to Physical Health Problems in a Community Sample of Women." *Women Health* 41(4): 23-35.

Reason for exclusion: disability explored as resultant from abuse

209. Troncoso, P. (2017) 'Analysing repeated referrals to children's services in England', (July). Available

at:https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630811/Analysis_of_repeated_referrals_to_childrens_services_in_England.pdf

Reason for exclusion: the focus was not upon social work

210. Turner, A., Belcher, L. and Pona, I. (2019) 'Counting lives; Responding to children who are criminally exploited' Children's Society (July 2019) Available at:

<https://www.childrenssociety.org.uk/sites/default/files/2020-10/counting-lives-report.pdf>

Reason for exclusion: the focus of the research was not on disabled children and young people,

211. Van Horne, B. S., et al. (2015). "Maltreatment of Children Under Age 2 With Specific Birth Defects: A Population-Based Study." *Pediatrics* 136(6): E1504-E1512.

Reason for exclusion: non-UK study

212. Vervoort-Schel, J., et al. (2018). "Adverse Childhood Experiences in Children with Intellectual Disabilities: An Exploratory Case-File Study in Dutch Residential Care." *Int J Environ Res Public Health* 15(10).

Reason for exclusion: the research did not report on abuse

213. Vig, S. and R. Kaminer (2002). "Maltreatment and developmental disabilities in children." *Journal of Developmental and Physical Disabilities* 14(4): 371-386.

Reason for exclusion: non-UK study

214. Wakeland, E., et al. (2018). "What is the prevalence of abuse in the deaf/hard of hearing population?" *Journal of Forensic Psychiatry & Psychology* 29(3): 434-454.

Reason for exclusion: no qualitative research findings were presented

215. Wayland, S., et al. "I had every right to be there: discriminatory acts towards young people with disabilities on public transport." *Disability & Society*.

Reason for exclusion: the focus was not upon social work



216. Webb, M. A., Bunting, L. and Shannon, R. (2012) 'Living with adversity: A qualitative study of families with multiple and complex needs', (November). Available at: http://www.ncb.org.uk/media/1169937/briefing_paper_living_with_adversity_nov_2014.pdf. Reason for exclusion: the focus of the research was not on disabled children and young people

217. Weiss, J. A., et al. (2011). "Child Maltreatment, Adolescent Attachment Style, and Dating Violence: Considerations in Youths with Borderline-to-Mild Intellectual Disability." *International Journal of Mental Health and Addiction* 9(5): 555-576. Reason for exclusion: non-UK study

218. Wells, M. and K. J. Mitchell (2014). "Patterns of Internet Use and Risk of Online Victimization for Youth With and Without Disabilities." *Journal of Special Education* 48(3): 204-213. Reason for exclusion: the research did not report on abuse

219. Williams, L. M. and J. L. Porter (2015). "The Relationship Between Child Maltreatment and Partner Violence Victimization and Perpetration Among College Students: Focus on Auditory Status and Gender." *Journal of Interpersonal Violence* 30(13): 2304-2325. Reason for exclusion: non-UK study

220. Wissink, I. B., et al. (2015). "Sexual abuse involving children with an intellectual disability (ID): A narrative review." *Research in Developmental Disabilities* 36: 20-35. Reason for exclusion: no qualitative research findings were presented

221. Wissink, I. B., et al. (2018). "Reports of sexual abuse of children in state care: A comparison between children with and without intellectual disability." *Journal of Intellectual & Developmental Disability* 43(2): 152-163. Reason for exclusion: non-UK study

222. Wright, M. F. and S. Wachs (2020). "Parental Support, Health, and Cyberbullying among Adolescents with Intellectual and Developmental Disabilities." *Journal of Child and Family Studies* 29(9): 2390-2401. Reason for exclusion: non-UK study

223. Wymbs, B., et al. (2012). "Risk of Intimate Partner Violence Among Young Adult Males With Childhood ADHD." *J Atten Disord* 16(5): 373-383. Reason for exclusion: disability explored as resultant from abuse

224. Zavirsek, D. (2002). "Pictures and silences: memories of sexual abuse of disabled people." *International Journal of Social Welfare* 11(4): 270-285. Reason for exclusion: the focus of the research was not on disabled children and young people

225. Zeng, S. T. and X. Y. Hu (2018). "Parents Reporting Adverse Childhood Experiences Among Young Children With Disabilities: Informing Systems Transformation." *Topics in Early Childhood Special Education* 38(3): 162-173.



Reason for exclusion: non-UK study

226. Zenkus, A. (2018). "Treating Sexual Abuse and Trauma with Children, Adolescents, and Young Adults with Developmental Disabilities." *Social Work with Groups* 41(4): 353-355.

Reason for exclusion: no qualitative research findings were presented

Appendix 3: Characteristics of included studies

Study	Methodology	Method	Participants	Phenomena of Interest (e.g. research questions)	Authors' Conclusion
Cooke, P. and P. J. Standen (2002).	QUALI	<p>1) Postal questionnaire to LAs via the Chairs of Area Child Protection Committees in UK to find out how far social services were recording the abuse of disabled children, and in an attempt to estimate the incidence of abuse, how many disabled children had been abused over a 1-year period.</p> <p>2) To identify outcomes for disabled children who had been conferenced for abuse, schedules were prepared for both abused disabled children and abused non-disabled children.</p> <p>3) Semi-structured interviews with key social workers for 8 of the disabled children who had experienced abuse to clarify any issues raised by the schedules. 5 from CP teams, one LD experience, One Deaf team, one form disabilities team.</p>	<p>All LAs via the 121 Chairs of ACPC across UK. Response rate 60%</p> <p>8 social workers of disabled children</p>	<ul style="list-style-type: none"> - To study current practices in recording the abuse of disabled children - To identify outcomes for those disabled children who have been conferenced for abuse and to compare the outcomes with those of a small group of children without disabilities - To attempt to estimate the incidence of abuse of disabled children - To make recommendations to increase the competence of authorities to protect disabled children from abuse. 	No conclusion within the study
Franklin, A. and E. Smeaton (2017).	QUALI	1) An on-line survey of all local authorities across the UK to gather a comprehensive picture of practice and policy at a strategic and operational level.	<p>71 LA's responded (34%)</p> <p>Responses from projects to CSE practice survey.</p>	<ul style="list-style-type: none"> 1) detail current provision of services for disabled children 2) explore the views of practitioners, managers and local and national 	This exploratory study aimed to shed light on the previously unexplored issue of the sexual exploitation of young people with learning disabilities. The consistently reported challenges



		<p>2) On-line survey of services. one to CSE services and the other to services supporting young people with learning disabilities</p> <p>3) In-depth semi-structured telephone or face-to-face interviews with statutory and voluntary sector stakeholders working in the field of CSE and/or learning disability across the UK to explore current provision.</p> <p>4) Face-to-face interviews with young people with learning disabilities who have experienced, or been at risk of, CSE</p>	<p>23 services- working with YP age 8 to 25. (14 specialist CSE services, 9 services working with disadvantaged YP, 3 specific focus working with YP with LD and CSE)</p> <p>Responses from LD services- 14 services- from voluntary sector, schools and health and social care. Working with CYP aged 0- 25</p> <p>34 interviews with professions - statutory sector (11) voluntary sector (23)</p> <p>27 young people- age 12-23 7 male, 20 female 22 White British, 5 BAME 15- experience of CSE- rest at risk of CSE</p> <p>All YP with Learning Disability 15 had SEN statement ASC, ADHD, EBD, MH, Dyspraxia, Attachment disorder also noted</p> <p>All verbal communicators</p> <p>From- England- 16; NI- 3; Scotland- 5; Wales -3</p>	<p>policymakers looking into both enablers of and barriers to good practice</p> <p>3) understand the needs of children and young people with learning disabilities who are at risk of, or who have experienced, CSE, and gather their views on current practice</p> <p>4) identify gaps in policy, provision, evidence and research</p> <p>5) generate evidence-based recommendations for future developments in this area of work.</p>	<p>facing professionals working to prevent CSE, and/or support those at risk or who have experienced CSE were significant. This study also gathered the views of those young people who were receiving some support. Those who have not been identified and supported by services remain unheard so little is known about the effect of sexual exploitation on the lives of these young people. Clearly, substantial challenges lie ahead if the UK are to address the sexual exploitation of young people with learning disabilities. Whilst there is much still to learn, this study offers some indication of how to move forward and identifies issues that need to be addressed. These include education, training and awareness raising amongst young people, their families and professionals, tackling social isolation, disempowerment and invisibility of young people with learning disabilities and the need for full implementation of government guidance with more spotlight on this group of young people. It is hoped that this study will be a catalyst for the development of an improved evidence base on the sexual exploitation of</p>
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					disabled young people. p.481
Franklin, A. and E. Smeaton (2018).	QUALI	Face-to-face interviews with young people with learning disabilities who have experienced, or been at risk of, CSE.	<p>27 young people- age 12-23 7 male, 20 female 22 White British, 5 BAME 15- experience of CSE- rest at risk of CSE</p> <p>All YP with Learning Disability 15 had SEN statement ASC, ADHD, EBD, MH, Dyspraxia, Attachment disorder also noted</p> <p>All verbal communicators</p> <p>From- England- 16; NI- 3; Scotland- 5; Wales -3</p>	<p>1)detail current provision to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE.</p> <p>2)explore the views of practitioners, managers and local and national policymakers looking into both enablers of, and barriers to, good practice.</p> <p>3)understand the needs of young people with learning disabilities who are at risk of, or who have experienced CSE, and gather their views on current practice.</p> <p>4)identify gaps in policy, provision, evidence and research.</p> <p>5)generate evidence-based recommendations for future developments in this area of work.</p>	<p>The young people who took part in this study showed courage and resilience in their lives and a desire to help others by volunteering to take part in the research. The consistent messages that the young people relayed and clear recommendations for change indicate that improved recognition of the sexual exploitation of young people with learning disabilities, and a significant transformation in how young people with learning disabilities are supported, is required if the UK is to address the sexual exploitation of this group. The young people have shown how a lack of attention given to their holistic needs at a prevention, identification and support level can have a devastating impact on their lives. While there is much still to learn, this study offers some indication of how to move forward from the perspectives of young people with learning disabilities themselves and identifies issues that need to be addressed. It also shows that although disabled children and young people are often excluded from generic studies of abuse, they can, and should have an equal right to, be</p>



					<p>included in research.</p> <p>It is hoped that this study will be a catalyst for the development of an improved evidence base on the sexual exploitation of disabled young people, and one which places the voices of disabled young people at its foundations. While the study provides an exploratory overview of the current situation in the UK, more detailed studies are now required to help to fully understand how we can both prevent CSE and support disabled children who have experienced it. P107</p>
Franklin, A., Bradley, L. and Brady, G. (2019)	<p>Exploratory qualitative</p> <p>Thematic analysis</p> <p>Grey material</p>	Interviews with young people	<p>20 young people 12 -21 18 female; 2 male 19 White British; 1 Asian (British Asian?) 10 'In Care' 10 who had learning difficulties</p>	<p>1)What are the key elements of practice that are considered to facilitate success and aid recovery by children and young people who are or have been in care and/or have learning difficulties?</p> <p>2)What are the challenges and risks to achieving success? Do these differ according to any specific needs of these groups?</p> <p>3)What outcomes are considered most important by these groups?</p>	<p>“Despite the range of specialist services responding to CSA, with often differing approaches and ethos, the young people interviewed were consistent in identifying what worked for them. They were able to describe which elements of practice had been helpful, provide their perspective on successful outcomes, and suggest improvements to services.” P34</p> <p>Understanding combined effects of trauma and learning disability</p> <p>Education for schools and colleges to see beyond the behaviour</p>



					More meaningful and regular conversations about CSA and CSE to educate school staff Communication
Franklin, A., Raws, P. and Smeaton, E. (2015)	QUALI Grey material	<p>1)An on-line survey of all local authorities across the UK to gather a comprehensive picture of practice and policy at a strategic and operational level.</p> <p>2)On-line survey of services. one to CSE services and the other to services supporting young people with learning disabilities</p> <p>3)In-depth semi-structured telephone or face-to-face interviews with statutory and voluntary sector stakeholders working in the field of CSE and/or learning disability across the UK to explore current provision.</p> <p>4)Face-to-face interviews with young people with learning disabilities who have experienced, or been at risk of, CSE</p>	<p>N=71</p> <p>34% LA's responded</p> <p>Responses from projects to CSE practice survey. 23 services- working with YP age 8 to 25. (14 specialist CSE services, 9 services working with disadvantaged YP, 3 specific focus working with YP with LD and CSE)</p> <p>Responses from LD services- 14 services- from voluntary sector, schools and health and social care. Working with CYP aged 0- 25</p> <p>34 interviews with professions - statutory sector (11) voluntary sector (23)</p> <p>27 young people- age 12-23 7 male, 20 female 22 White British, 5 BAME 15- experience of CSE- rest at risk of CSE</p> <p>All YP with Learning Disability 15 had SEN statement ASC, ADHD, EBD, MH, Dyspraxia, Attachment disorder also noted</p>	<p>-scope and detail current provision (including the scale of intervention work around CSE with children and young people with learning disabilities)</p> <p>-explore the views of practitioners, managers and local and national policymakers around practice, looking into both enablers of and barriers to good practice</p> <p>-understand the needs of children and young people with learning disabilities who experience CSE, and gather their views on current practice</p> <p>-identify gaps in policy, provision, evidence and research</p> <p>-generate evidence-based recommendations for future developments in this area of work.</p>	<p>“...the data illustrates that there remains a failure to protect children and young people from sexual exploitation. The group of young people with learning disabilities who were interviewed were severely let down by services and by society, both in terms of prevention – educating them about the potential for exploitation and empowering them as young people – and in supporting them early enough in some cases to protect them from sexual exploitation. The evidence shows that unless attention is given to the additional barriers and issues faced by this group, their sexual exploitation will remain invisible and continue....” P138</p>



			<p>All verbal communicators</p> <p>From- England- 16; NI- 3; Scotland- 5; Wales -3</p>		
Goff, S. and Franklin, A. (2019)	<p>Thematic analysis</p> <p>Grey material</p>	<p>Interviews with professionals</p> <p>Interviews with young people</p> <p>Discussion groups with young people</p>	<p>37 multi-agency professionals</p> <p>One-to-one interviews with seven n=7 young people under 30 with range of physical and learning needs. (4 male, 3 female)</p> <p>Five Discussion Groups- 1 group of 9 females, 1 group of 10 males, 3 groups of 10 mixed gender.</p>	<p>Aims to:</p> <ul style="list-style-type: none"> · Understand : more about : disabled : young : people's : experience : of support : and : intervention : · Explore : what : disabled : young people : want from : domestic : abuse : services and : support : agencies · Understand : from : professional : s what works : to support : disabled : children, : young people : and their : families and : what the : barriers to : delivering : this support : are. <p>To develop training materials – pilot tested</p>	<p>Young disabled people often invisible to services.</p> <p>Many practitioners in domestic abuse had no specific training in disability, and many practitioners in disability and health and social care had no specific training in domestic abuse.</p> <p>Services need to reach out to disabled young people- including those with mild or undiagnosed learning needs (who do not have a diagnosis or have worked with disability services).</p> <p>..” gaps in services for those who are young and who need services which understand; the impact of their youth, needs associated with disability, the power dynamics and discrimination faced by young people, the pressures and gaps in other support services and the process of gaining independence...” p57</p> <p>Some evidence of good practice from individual projects or practitioners, but not at strategic level.</p> <p>Study as a stimulus for policy and practice development for</p>



					this invisible group of young people.
Jessiman, T. and Carpenter, J. (2018)	Formative evaluation of service Grey material	Paper based study of therapeutic intervention programme Case study of 6 children and carers including interviews Interviews with professionals	13 paper based 6-mild learning disability, six moderate LD one severe learning disability. Three also had a physical impairment, four had sensory impairment, four autistic spectrum disorder. Two were reported to be experiencing mental illness four were in receipt of support from child and adolescent mental health services. All children used speech as their main form of communication, with one child also using sign language on occasion Case study of 6 children and views of carers (one child interviewed) 4 professionals interviewed about intervention	formative evaluation of intervention to determine whether: a. Children and young people experienced the intervention as helpful b. Staff considered the approach effective and user friendly c. Safe carers reported improved understanding and ability to respond to their sexually abused child To identify barriers and facilitators to the effectiveness of this approach To develop an evaluation design, including the identification of potential process and outcome measures, to inform future testing.	The specific LD programme benefits both children with learning difficulties and their carers. (Summary pp.53-55)
Jones, C., et al. (2017).	Thematic analysis	Interviews with adults and children. 'guided conversations'	3 children; two 18-25; 5 over 25 They had experienced abuse as children 5 yp were deaf and BSL users 2 yp deaf and used speech 1 yp had a longstanding MH need 2 yp had learning disabilities 1 yp had an undiagnosed hearing need 1 yp ADHD	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 enablers of protection exist for deaf and disabled children? 3 What barriers to protection exist and how do these impact on deaf	Although the participants had significant impairments, most were able to articulate their experiences eloquently and in detail with little support. Despite this, the difficulties they experienced securing help to end their abuse were great.... ... study offers some practical ways forward to enable help-seeking. In order for these measures to be effective, it is



				<p>and disabled children?</p> <p>4 How can practitioners better recognise signs of abuse in deaf and disabled children and provide more effective protection?</p>	<p>important that they are supported by a strong social and political commitment to prevent the abuse of deaf and disabled children. A positive way forward should include building a consensus amongst policymakers, practitioners, parents and children about what constitutes abuse of deaf and disabled children and how this manifests. Tackling disablism at both local and institutional levels must also be part of the solution. P.770</p>
<p>Stalker, K., et al. (2015). Scot</p>	<p>Quali</p>	<p>Focus groups with LA Child Protection Committees</p> <p>Semi-structured interviews with practitioners drawn from health, social work, police and third sector (managers nominated)</p>	<p>5 focus groups of between 3-12 in all (total of 40 individuals)</p> <p>21 Practitioners</p>	<p>Decision-making processes</p> <p>Triggers for intervention</p> <p>Coordination of services</p> <p>Identifying useful practice examples</p>	<p>Using 'frame' analysis (Goffman) they conclude that how a child's response they receive; in other words how they are seen and how their needs and risks to them are analysed affects how they are treated and responded to</p> <p>(Summary of pp.133-134)</p>
<p>Taylor et al (2014) Scot</p>	<p>Quali</p>	<p>Focus groups with LA Child Protection Committees</p> <p>Semi-structured interviews with practitioners drawn from health, social work, police and third sector (managers nominated)</p>	<p>5 focus groups of between 3-12 in all (total of 40 individuals)</p> <p>21 Practitioners</p>	<p>. What are the decision-making processes and 'triggers' for intervention used by professionals when determining the nature of interventions for disabled children and young people at risk of significant harm?</p> <p>2. What are specific issues faced by practitioners in Scotland in supporting</p>	<p>practice, assessment and intervention need to be adapted to protect children with a range of impairments. "This research shows that the child protection system is a cause for concern in relation to disabled children" p 5.</p>



				<p>children and young people at risk of significant harm?</p> <p>3. How do services coordinate to support disabled children and young people at risk of significant harm?</p> <p>4 What are practice examples in Scotland addressing these issues?</p>	
<p>Taylor, J., Cameron, A., Jones, C., Franklin, A., Stalker, K., and Fry, D. (2015)</p>	<p>Grey material</p>	<p>Interviews with deaf and disabled children and young people abused in childhood</p>	<p>Age 12 -51 (originally limited to 11 to 26, but sample small and older adults came forward about childhood experiences)</p> <p>3 male, 7 female</p> <p>All Deaf and disabled: 5- Deaf and BSL users 2-deaf and oral 1 mental health 2- Learning Disability (one related to undiagnosed hearing condition, other ADHD)</p>	<p>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?</p> <p>2)What barriers to protection exist and how do these impact on deaf and disabled children?</p> <p>3)What enablers of protection exist for deaf and disabled children?</p> <p>4)How can practitioners better recognise signs of abuse in deaf and disabled children and provide more effective protection?</p>	<p>Deaf and disabled children severely let down by system Long-term needs unacknowledged /poorly addressed. “Disappointingly few examples of good practice” Awareness needs to be raised. – Prevention, Protection and Transformation”</p> <p>“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. P. 4</p>
<p>Taylor, J., et al. (2016).</p>	<p>Quali</p>	<p>Focus groups with LA Child Protection Committees</p>	<p>5 focus groups of between 3-12 in all (total of 40 individuals)</p>	<p>1. What are the decision-making processes and</p>	<p>There is widespread commitment across the child protection</p>



scot		Semi-structured interviews with practitioners drawn from health, social work, police and third sector (managers nominated)	21 Practitioners	<p>‘triggers’ for intervention used by professionals when determining the nature of interventions for disabled children at risk of significant harm?</p> <p>2. What are the specific issues faced by practitioners in Scotland in supporting children at risk of significant harm?</p> <p>3. How do services coordinate to support disabled children at risk of significant harm?</p> <p>4. Are there practice examples in Scotland that illustrate how to address these issues?</p>	<p>system to putting the child at the centre. However, getting it right for every child does not mean treating every child the same.</p> <p>One key finding from this study is that such reflective practice is in large part missing in the area of child protection and disability. This is not necessarily surprising given the barriers and tensions that many practitioners mentioned in feeling confident talking about disability.</p> <p>This study highlighted that the key message for practice in terms of assessment is that the views of disabled children should be included where possible and that support should be given to children to give their views.</p> <p>Consideration needs to be given to how best to adapt practice, assessment and intervention for children with a range of impairments. A lack of confidence and fear about getting it wrong, especially when children have communication impairments, suggests that practitioners are often ‘muddling through’ when it comes to working with disabled children and some children in the system remain invisible. pp.71-72</p>
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<p>Warrington, C., et al. (2017)</p>	<p>Quali</p>	<p>Interviews And focus groups</p>	<p>Qualitative individual interviews, undertaken with 53 children and young people aged 6 to 19 years, some disabled, but not specifically identified. Focus group included one for disabled young people (6 YP)</p>	<p>“To elicit children and young people’s views and experiences of help-seeking and support after child sexual abuse (CSA) in the family environment.”</p>	<p>CYP can reflect on their experiences, share views and experiences, including young children and those with learning disabilities “ the most significant message to emerge from this research is the feasibility and importance of listening to children’s own voices and perspectives on this subject and incorporating these perspectives alongside existing professional and policy discourses. “ p167</p>
<p>Wilson, S., et al. (2018).</p>		<p>Analysis of delegates responses in workshops at a conference</p>	<p>81 delegates. Mostly hearing</p>	<p>To find out from delegates 1. to identify and discuss risks in relation to potential abuse faced by deaf children and (ii) key barriers to adequately safeguarding deaf children. 2. specific actions that they felt might be implemented in their context that would improve safe-guarding practice with respect to deaf children and their families.</p>	<p>“key findings point to the importance of understanding and addressing safeguarding deaf children in terms of the challenges of ensuring linguistic access and intelligibility, not in terms of hearing and disability; the need for systemic level examination and change in order to prevent deaf children falling between the cracks of systems that seem to include them but in reality fail to identify or address their uniquely different requirements; the urgent need to upskill otherwise competent and experienced safeguarding professionals to practice well with deaf children; and the importance of providing more bespoke resources to better safeguard</p>



					deaf children and enhance professional practice. “ p 182
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Appendix 4: Results of meta synthesis

Synthesised Finding 1: Disabled children and young people are often invisible in services, or can be hidden but in plain sight *within* services. This invisibility increases risk as this reduces the chances of signs of abuse being identified, and/or limits opportunities for disabled children to tell. Practitioners can lose sight of disabled children through assuming they are protected by others or will disclose abuse. Disabled children report that practitioners can lack curiosity and interest in their lives and not seek their views. There is a lack of understanding of the intersectionality of disability and child abuse, and of intersectional issues for disabled children. All of the above can mean important signs of abuse are missed, and this increases risk for disabled children and young people.

Findings	Category	Synthesized finding
Tendency to not see the abuse of disabled children – both conscious and subconscious this may mean abuse of disabled children may not be recognized until the symptoms are “fairly gross”.	Invisibility of disabled child abuse	Invisibility
Impairments were perceived as adding further complexity which could affect rate of detection, and difficulty identifying impairment effects could negatively impact upon the ability to assess risks.		
Disabled children without communication impairments may be seen as less vulnerable, however, this may lead to invisibility.		
Domestic violence in families of disabled children often remains hidden.		
Quantifying the prevalence of domestic violence in this group is difficult because figures are predominately based on those who access domestic violence services and disability is not always recorded.		
Young people identified that abuse and the impact of abuse is sometimes not noticed or misinterpreted by adults.		



<p>Most social workers expressed real anxiety regarding their lack of knowledge and training with regard to abuse of disabled children, most said they had received little training. Esp regarding the interface of disability and abuse. Anxiety also because of complications that may arise in such cases including the cost in terms of time and resources</p>	<p>Lack of understanding of disabled child abuse</p>	
<p>Variable awareness of the prevalence and nature of abuse of disabled children</p>		
<p>Invisibility of disabled children and young people</p>	<p>Invisibility of disabled children</p>	
<p>Cuts or gaps in services, makes understanding of normal relationships even more challenging for disabled young people.</p>		
<p>Invisibility of young people with learning disabilities to services, including because of a failure to diagnose impairment, increases their vulnerability to CSE</p>		
<p>A finding from the 'Method' section: Recruitment challenges</p> <p>A number of generic services said they did not receive referrals re yp with learning dis/diff despite knowing these yp faced higher risks The authors conclude the issue of access to services warrants further research</p> <p>Severe challenges identifying and recruiting for interview this group of yp, Short timescales for the research compounded this</p>		
<p>Difficulty for services understanding the term 'learning difficulties or disabilities and low referrals of young people with learning difficulties.</p>		
<p>Significant number of young people with learning disabilities identified a history of being unsupported or going missing as a risk factor for CSE</p>	<p>Invisibility of abuse</p>	
<p>Behavioral signs/efforts to communicate distress were more likely to be attributed to impairment rather than possible abuse</p>		



Failure of adults to recognize signs that young people with learning disabilities are experiencing CSE, and attributing these signs instead to disability, increases their vulnerability		
High levels of professional contact does not necessarily improve detection/disclosure of abuse.		
Young people reported professionals and sometimes parents were often not interested or not enquiring about their lives	Child-centred practice	
Further work is needed to understand issues around gender, ethnicity, sexual identity, sexuality and sexual orientation, and young people with learning disabilities who experience, or are at risk of, CSE.		
The number of services that would potentially be involved with disabled children was highlighted as a safety net. However, this could also lead to situations of complacency and not hearing the child's perspective.		

Synthesised Finding 2: Attitudes, which could be defined as disablist, can render disabled children invisible, and/or seen as better protected than their non-disabled peers, which can lead to greater risk. Some practitioners reported treating all children the same, thus not accounting for impairment effects in a child’s life. Disclosures of abuse by disabled children can be minimized due to them being seen as unreliable witnesses. The overprotection of disabled children can inversely increase their risk of abuse. Experiences of discrimination can lead disabled children not to disclose abuse.

Findings	Category	Synthesized finding
Assumption that disabled child would disclose (unless has a communication impairment)	Disclosure	Attitudes
Disclosures by children with communication impairments are not always treated as reliable as those made by child without		
Credibility of deaf and disabled children's disclosures called into question (sometimes on basis of their behaviour or disability)		



<p>Young people identified fear of not being believed. Disclosure compounding discrimination already faced by disabled YP.</p>		
<p>Disabled children without communication impairments may be seen as less vulnerable, however, this may lead to invisibility.</p>	<p>Misunderstanding of disability</p>	
<p>Young people seen as a problem rather than what they are experiencing being seen as a problem</p>		
<p>Disabled children and young people lack voice and agency.</p>	<p>Lack of voice</p>	
<p>RISK identified by delegates for deaf children from false low socio-linguistic expectations masking abuse and neglect</p>		
<p>Young people with learning disabilities are particularly vulnerable to sexual exploitation due to factors including: failure to recognise their emerging sexuality as they get older.</p>	<p>Overprotection</p>	
<p>Majority of professionals, and many of the young people, interviewed spoke about how young people with learning disabilities can be overprotected and not given opportunities to learn, develop and take risks in the same way as their non-disabled peers – thus rendering them in effect unprotected</p>		
<p>Way professionals and other adults infantilise or are overly nice to young people with learning disabilities increases their vulnerability to CSE</p>		
<p>Lack of prioritization of sex and relationships education linked to perception of young people with learning disabilities as asexual</p>	<p>Lack of RSE</p>	
<p>Lack of sex and relationships education and accessible information for young people with learning disabilities</p>		



Synthesised Finding 3: Lack of services for disabled children and/or high thresholds for services creates increased risk for this group. Thresholds for risk and responses were bound in varying notions of vulnerability and resilience for this group, and were tied up in understandings of disability. Gaps in services, or poor service responses also contributes to risk. The lack of access to communication, and methods of communication places disabled children and young people at greater risk.

Findings	Category	Synthesized finding
Mixed responses as to whether higher, lower or equal thresholds for action were applied to disabled children. This was bound up in notions of increased vulnerability.	Thresholds of risk and intervention	Services
There are high thresholds for services for families of disabled children Many disabled young people do not fit the criteria for services and remain invisible.		
Concerns raised about low expectations for disabled young people in terms of what is deemed abusive and acceptable		
There were different opinions amongst participants as to the thresholds of risk and intervention, Assessment of risk helped by understanding different types of impairments and associated support needs		
The presence of impairments was seen as impacting on assessments regarding general neglect or more an issue of parents' coping capacity where increased support was required.		
The number of services that would potentially be involved with disabled children was highlighted as a safety net. However, this could also lead to situations of complacency and not hearing the child's perspective	Losing sight of the child	
Quantifying the prevalence of domestic violence in this group is difficult because figures are predominately based on those who access domestic violence services and disability is not always recorded.		
LGBT+ disabled young people may have further difficulties in talking about their sexuality, finding out information and accessing appropriate services. There are limited spaces and DA services for LGBT+	Intersectional issues	



Disabled young men may have additional difficulties accessing support with domestic abuse		
Practitioners raised lack of awareness of needs of BAME young people. Lack of accessible information in first language and some also additional immigration processes – with lack of access to services.		
Services do not always have a clear history or knowledge of the nature of child protection plans-in transition from child to adult services, and therefore not be in a position to support a young person.	Multi-agency working	
Gaps in national and local policy and lack of implementation of local guidance further increases young people with learning disabilities vulnerability to CSE, especially given the importance of multi-agency working in tackling this issue highlighted by professionals		
The lack of specialist services increases risk to families	Lack of services	
RISK identified by delegates for deaf children from other countries- families with language barriers.		
RISK identified by delegates for deaf children from poor connectivity between services.		
RISK identified by delegates for deaf children from inadequate services for deaf parents		
Professionals from a range of backgrounds cited how diagnosis issues or a lack of quality assessment can affect meeting the needs of young people with learning disabilities who experience, or are at risk of, CSE		
Cuts or gaps in services, makes understanding of normal relationships even more challenging for disabled young people.		
BARRIERS identified by delegates- Access to Universal services		
Despite evidence of specialist CSE services having worked to achieve positive outcomes with young people with learning disabilities, there was also evidence of young people who still faced ongoing risks		



Risk identified by delegates for deaf children from scarcity of social workers with knowledge of deaf children's development and BSL	Access to communication	
BARRIERS identified by delegates- seeing the child on their own		
BARRIERS identified by delegates- funding and access to BSL signers in assessments		
BARRIERS identified by delegates- difficulties of seeking help in hearing world		
Invisibility and silencing of deaf and disabled children within services		
Deaf participants' access to interpreters was not consistent. In some cases lack of access to an interpreter created opportunities for abuse to be concealed due to professionals' inappropriate reliance on family members.	Need for preventative education	
Recognising abuse may be impacted by specific disabilities, but also due to lack of opportunities to learn and talk about healthy relationships		
Lack of adequate sex and relationships education and knowledge concerning sexual exploitation increases young people's vulnerability to CSE		
Lack of prioritisation of sex and relationships education linked to perception of young people with learning disabilities as asexual		
Lack of relevant materials, time and expertise further decreases young people with learning disabilities access to sex and relationship education.		

Synthesized Findings 4: Structures, processes and attitudes creates and reinforces the vulnerability of disabled children and young people. Isolation, a lack of voice and agency and overprotection were seen to create vulnerability. A lack of sex and relationship education was seen to reinforce this. Some impairments can specifically create vulnerability but a lack of support, provision or recognition of this can exacerbate it. There are some concerns about the normalization of violence through forced constraint.



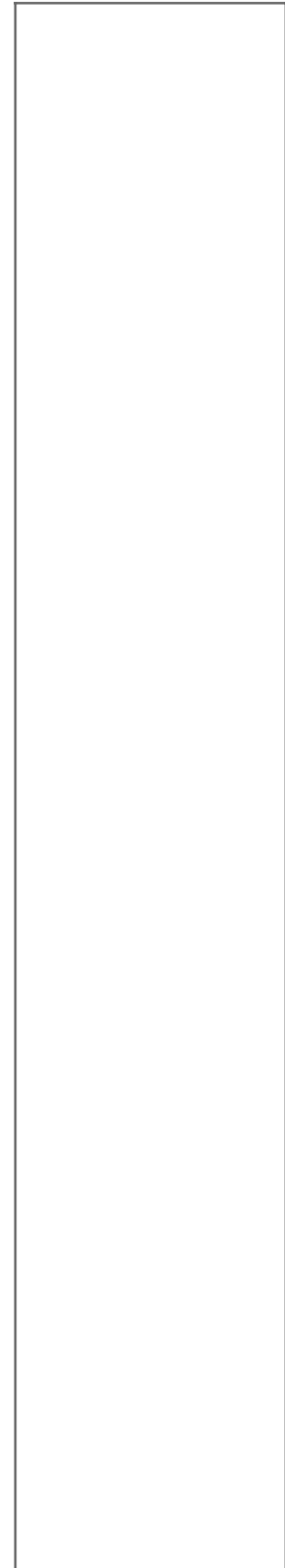
Findings	Category	Synthesized finding
BARRIERS identified by delegates- seeing the child on their own	Barrier to help-seeking or protection	Vulnerability
Participants frequently reported that, as children, they did not classify their experiences as abusive despite these experiences including examples of abuse such as inappropriate sexual contact and physical harm		
Children's own lack of awareness of abuse sometimes further compounded by parents' naivety/ mixed messages or inaction about risk/presence of abuse (p.22)		
BARRIERS identified by delegates- difficulties of seeking help in hearing world		
Deaf and disabled children shouldering the blame for abuse		
Participants fears for their own safety or wellbeing often acted as a barrier to disclosure (p.25)		
Social isolation of deaf and disabled children		
BARRIERS identified by delegates- professionals awareness of implications of deafness		
Young people with learning disabilities face additional barriers to identifying and disclosing CSE, often disclose only after receiving CSE services		
Disabled children report supportive relationships are a key enabler of help seeking/disclosure of abuse.		
Many young people with learning disabilities did not recognise that they were being sexually exploited, or were at risk of CSE, or did not tell anyone what was happening to them		
Assumption that disabled child would disclose (unless has a communication impairment)		
Disabled children shouldering burden of disclose/protect themselves from abuse		
Deaf and disabled children's difficulties in disclosing abuse was additional source of distress for children		



<p>Even when opportunities to disclose were presented, however, children did not necessarily feel able to recognise or act on them (p.15)</p>		
<p>Physical interventions or restraints used against some disabled children and young people in residential settings and schools or at home can lead to internalising and normalising physical aggression</p>	<p>Factors that increase vulnerability</p>	
<p>Practitioners reported young people with learning disabilities more vulnerable to CSE due to impairment related difficulties in understanding social cues, social interaction and abstract concepts such as 'healthy relationships' 'strangers' in learning about intimate relationships and experiences of living away from home in residential and short break facilities.</p>		
<p>Disempowerment of young people with learning disabilities increases their vulnerability to CSE, and reduces their likelihood of disclosing abuse or professionals taking their disclosure seriously</p>		
<p>Varying capacity of young people with learning disabilities to consent to sexual activity and concern regarding practitioner's ability to assess these</p>		
<p>Professionals spoke at length about how young people with learning disabilities can be overprotected and not given opportunities to learn, develop and take risks in the same way as their non-disabled peers.</p>		
<p>Young people with learning disabilities disempowerment through not being listened to, empowered or involved in decision-making throughout their lives is exploited by perpetrators.</p>		
<p>Young people with learning disabilities social isolation and desire for relationship and friendship to appear to be 'normal' can lead to sexual exploitation (peer and older boyfriend model) and on-line grooming.</p>		
<p>Variable awareness of the prevalence and nature of abuse of disabled children represented a barrier to disclosure for deaf and disabled children.</p>		



Disabled children without communication impairments may be seen as less vulnerable, however, this may lead to invisibility.
Many young disabled people lack support to understand healthy relationships, sexuality and domestic abuse.
RISK identified by delegates for deaf children from lag in social and personal development.
Recognising abuse may be impacted by specific disabilities, but also due to lack of opportunities to learn and talk about healthy relationships
Lack of adequate sex and relationships education and knowledge concerning sexual exploitation increases young people's vulnerability to CSE
Disabled children and young people lack voice and agency.
Disabled young people want to be heard. They see that being able to talk to someone and for that person to listen is vital for both protection and recovery. They need to feel safe to ask questions and for help.
Young people with learning disabilities desire to be 'normal' also increases their vulnerability to CSE and getting involved in gangs/criminality
Parental protection may have unintentional negative consequences.
Young people with learning disabilities are particularly vulnerable to sexual exploitation due to factors including: failure to recognise their emerging sexuality as they get older.
Majority of professionals, and many of the young people, interviewed spoke about how young people with learning disabilities can be overprotected and not given opportunities to learn, develop and take risks in the same way as their non-disabled peers – thus rendering them in effect unprotected





Way professionals and other adults infantilise or are overly nice to young people with learning disabilities increases their vulnerability to CSE		
7 of 10 participants made disclosures during childhood. 3 did not. Some made multiple disclosures. Disclosures were typically made in adolescence, several years after the abuse began, and to a range of people (p.12)		
Social isolation/structural factors leading to abuse going undetected.	Social Isolation	
Young people with learning disabilities social isolation and desire to cultivate friendships makes them potentially more vulnerable to grooming and CSE.		
Isolation increases risks and the effects of bullying, abuse, cohesion and control.		
Social isolation and loneliness is a barrier to disclosure and increases vulnerability to abuse/exploitation.		
RISK identified by delegates for deaf children from isolation.		

Synthesised Findings 5: There is a need for disabled child-centred practice whereby practitioners are not losing sight of the child, their impairment or abuse. The sharing of information across multi-agencies is important so that a holistic picture of a disabled child can be gathered so that impairment affects and indicators of abuse are not confused. It is important to not lose sight of the child through complacency that other agencies will notice abuse. Equally it is important to not lose sight of the child through over reliance or over empathy with parents/carers. Direct communication with disabled children is important and can require time, a multi-agency approach and resources.

Findings	Category	Synthesized finding
Ensuring support for CSE/trauma is accessible for young people with learning disabilities is important to ensuring ongoing engagement	Disabled child-centred practice	
The need for adapting level, nature and format of communication to suit child, and including observation was recognised with communication being led/guided by a professional who knew the child well and was		



attuned to the communication style of the child and was trusted by the child.		
A child centred approach is important to supporting young people with learning disabilities who had experienced or were at risk of CSE, and help facilitate disclosure and ongoing protection		
Some participants reported more supportive professional responses to disclosures of abuse, including feeling listened to and that appropriate action was taken, despite some ambivalence about being separated from their families		
Access to professional interpreters and other professionals with some knowledge of signing was highly valued by Deaf participants. This was not always made available to children in formal meetings such as LAC assessments and despite interpreter's crucial role their presence was not always comfortable due to the sensitivity of material conveyed.		
Further work is needed to understand issues around gender, ethnicity, sexual identity, sexuality and sexual orientation, and young people with learning disabilities who experience, or are at risk of, CSE.		
Some practitioners are able to put the child at the centre of child protection assessment and interventions by using creative means. Some tensions were evident between the desire to treat all children equally, and to individualise child protection successfully for disabled children.		
Child centredness can lead to invisibility, however treating every child the same can lead to contextual and vulnerability factors being missed.		
Young people had mixed responses from services		
Young people reported that their learning needs are often not met in school and that this has a major impact on their lives. Professionals reported both positive and negative experiences of schools' understanding of CSE and support with raising awareness of the issue among their pupils. Some felt there is still a taboo around this subject in some schools.		



<p>There was consensus across the young people about the nine key elements to ensure good practice: 1) Accessible information, 2) the relationship with the practitioner, 3) Talking, 4) Confidentiality, 5) Outreach, 6) Access to long-term support, 7) Personalised approach and meeting specific needs, 8) Strategies for dealing with emotions and keeping safe, 9) Positive messages that the abuse was not their fault.</p>		
<p>Young people with learning difficulties identified elements of good practice - Accessible information, time and support to process the information; a consistent practitioner to overcome any anxieties about change; possibility of having a fixed time and place for support; sufficient notice if the support is due to end; understanding and support in education settings for yp who have experienced trauma; identification of yp with learning difficulties and referral for CSE support; understanding of their specific needs</p>		
<p>Young people had many suggestions for how to improve child sexual abuse services</p>		
<p>The support received for each yp focused on three main areas - understanding abuse and risk, therapeutic interventions, and support with the police and court procedures. Yp described methods employed such as; watching videos, discussing scenarios, talking re feelings, planning court cases. Yp identified the Importance of relationship with practitioner and the qualities of the practitioners as of most importance. These included: Just 'talking' At 'own pace' Confidential Feeling safe Info re their case Build a relationship; where practitioners worked hard to do this She came to me on my terms Less formal environment Not time limited; open-ended A good ending to support/not abrupt or without warning Non-judgemental Felt cared for; could share; could open up and be listened to Structure and consistency</p>		



<p>Communication with disabled children proved an obstacle for many practitioners. Some reported anxiety or even fear at the prospect of working with disabled children. Some reports of negative attitudes towards communicating with disabled children. Communication aids were 'difficult to use' Most disabled children were 'too disabled' to communicate</p>	<p>Communicating with Disabled Children</p>	
<p>Young people and professionals working specialist were generally negative about social worker/social responses to CSE for young people with learning disabilities. Concerns focused on not listening or providing appropriate support for young people, having difficulties understanding or having time to respond appropriately to their often complex needs.</p>		
<p>Need to ensure more positive attention is paid to the communication needs of disabled children so that if abuse is suspected, investigations would be more likely to be successful. Training for social workers needed in this area.</p>		
<p>Disabled young people want to be heard. They see that being able to talk to someone and for that person to listen is vital for both protection and recovery. They need to feel safe to ask questions and for help.</p>		
<p>Several barriers to disabled children being consulted, informed and given the opportunity to express the views were raised.</p>		
<p>Practitioners were keen to emphasise the importance of seeking disabled children's views about child protection concerns and considered how this may facilitated. However, this was not always evident in practice.</p>		
<p>Communication impairments were cited by participants as being challenges to understanding the child's perspective and accurate information gathering. However, difficulties may be "perceived rather than real" because there are some good examples of practice.</p>		
<p>Greater empathy with parents/foster carers identified who are felt to be under particular stress.</p>		
<p>Empathising with parents and losing sight of the child</p>		



Concerns raised that practitioners may over empathise with parents, esp parents of disabled children with potentially higher levels of stress and coping need.and potentially underestimated the risk posed to the child.		
Practitioners reported young people with learning disabilities more vulnerable to CSE due to impairment related difficulties in understanding social cues, social interaction and abstract concepts such as 'healthy relationships' 'strangers' in learning about intimate relationships and experiences of living away from home in residential and short break facilities.	Impairment-related factors	
Varying capacity of young people with learning disabilities to consent to sexual activity and concern regarding practitioner's ability to assess these		
The presence of impairments was seen as impacting on assessments regarding general neglect or more an issue of parents' coping capacity where increased support was required.		
Locus of responsibility -where does this work belong? Mainstream or disability teams? the 'unseen, unheard services'	Locus of responsibility	
Questions raised about whether children's disability teams should be separate or integrated with generic children's teams.		
The number of services that would potentially be involved with disabled children was highlighted as a safety net. However, this could also lead to situations of complacency and not hearing the child's perspective	Losing sight of the child	
Concerns were raised about parent- centred practice rather than child-centred practice by practitioners.		
Losing sight of the child and signs of abuse due to impairment		
Some practitioners appeared to adopt an impairment-centred approach rather than a child-centred approach. However, others recognised the rights and agency of disabled children and took steps to involve them.		
Losing sight of the child's impairment		
Professionals' lack of knowledge and understanding of CSE		



<p>Need good methods of recording, reporting and learning from good practice concerning abuse of disabled children</p>		
<p>Mixed responses as to whether higher, lower or equal thresholds for action were applied to disabled children. This was bound up in notions of increased vulnerability,</p>	<p>Thresholds of risk and intervention</p>	
<p>There were different opinions amongst participants as to the thresholds of risk and intervention, Assessment of risk helped by understanding different types of impairments and associated support needs</p>		
<p>Young people reported mixed responses from the police. Having their learning disability recognised and needs met by the police is beneficial, however, it is common for the police and prosecution services to regard young people with learning disabilities as being unlikely to make good witnesses, and they often fail to take account of the needs of young people with learning disabilities (p. 96)</p>		
<p>Recommendations from the young people for improving CSA services. positive initial contact not blaming improved partnership working; closer working with the police from the start training together across agencies.</p> <p>some yp thought group work would be useful; peer support out of hours services online chat designated MH support worker someone to take a genuine interest funding.</p>	<p>Young people's recommendations for improving CSA services.</p>	
<p>Professionals working holistically with their parents is viewed positively by young people with learning disabilities who have experienced or are at risk of CSE</p>		

Sythesised Findings 6: Multi-agency co-ordination and co-operation at strategic, agency and individual practitioner level was identified as crucial to improving service



responses and the availability of appropriate interventions for disabled children who have been, or are at risk of abuse

Findings	Category	Synthesized finding
<p>Some yp were not sure who had referred them or why or what had been said, Some yp searched themselves for help on line and this highlighted the need for accessible info. Some yp had too many people too soon, Some just 'got told' they were being referred Some were not sure why they were referred. Some yp thought they had been referred to help them change and reduce risk-taking behaviour; wanting yp to realise the safety issues but there was a point at which these messages were interpreted and internalised as a degree of blame putting themselves at risk. The authors indicate their concerns about this language and the sense of it making yp responsible for their own abuse – victim-blaming language. issues re how yp felt about engaging with services indicate they had felt anxious and frightened so the manner in which the initial meeting was conducted was important.</p>	<p>Child-centred practice -referral</p>	<p>Multiagency</p>
<p>Previous experiences of services affected the yp and poor experiences of counselling had an impact on their willingness to get help Services had in some cases not adapted to the yp communication or learning styles Yp needed therapy or counselling workers who turned up on time and were consistent but they did not always have this Not doing what they say they will do affected trust and was particularly an issue for yp with autism and anxiety.</p>		
<p>More attention should be paid to ensure better communication between teams and workers within or outwith Social Services Dept.</p>	<p>Interagency Working</p>	
<p>There was a positive consensus regarding the effectiveness of interagency working. Having other services available that could help facilitate interviews or provide practitioners with information on a child's specific impairments was seen as improving the ability to seek the child's view and make decisions in their interest.</p>		
<p>Participants reported high levels of interagency working and communication and co-operation improved in recent years.</p>		
<p>Interagency work enabled better communication with disabled children. Examples of speech and language therapy involved during child protection interviews.</p>		



<p>Gaps in national and local policy and lack of implementation of local guidance further increases young people with learning disabilities vulnerability to CSE, especially given the importance of multi-agency working in tackling this issue highlighted by professionals</p>		
<p>Though some CSE services noted a recent increase in referrals, most reported an overall lack of referrals of young people with learning disabilities to specialist CSE services</p>		
<p>A varied picture emerged around the ‘invisibility’ of young people with learning disabilities in CSE work – linked to differences in referral processes and issues around identification of a learning disability before or during an intervention</p>		
<p>Services do not always have a clear history or knowledge of the nature of child protection plans-in transition from child to adult services, and therefore not be in a position to support a young person.</p>		
<p>Practitioners recognised issues in multi-agency working to support the multiple needs.</p>		
<p>The importance of multi-agency working was highlighted by almost all professionals as being crucial to adequately responding to young people with learning disabilities increased risk of CSE</p>		
<p>Practice and procedures around identifying and collecting data on young people with learning disabilities who experience, or are at risk of, CSE is at best patchy, and often poor. Despite some evidence of good practice is at early stage of development overall</p>		
<p>Local measures to support identification of young people with learning disabilities who experience, or are at risk of, CSE are seen as having a positive impact.</p>		
<p>Working with parents as ‘safe carers’ – workers found multiple issues, including access to other services- more complex which needed more time to work with parents/carers. The most important aspect of specific “LD” programme (as opposed to the mainstream programme) was greater time for assessment and intervention</p>	<p>Unmet needs leading to increased risk</p>	
<p>Professionals highlighted some specific issues in relation to residential care and the safeguarding of young people with learning disabilities, and how little is known about this population of young people.</p>		



some of the young people who participated in the research were not able to access support to meet some of their needs or were not receiving specialist support to address CSE, sometimes these unmet needs that had placed them at risk		
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Synthesised Findings 7: A lack of services, and appropriate accessible provision, impacted on quality responses and interventions to risk and abuse for disabled children. Issues with a lack of alternative provision for disabled children at risk, and a lack of access to communication support were particular concerns. High thresholds for intervention were also noted. A lack of resources and time for practitioners negatively impacted on their abilities to deliver appropriate responses.

Findings	Category	Synthesized finding
Enablers of access to registered interpreters were seen as facilitators of disclosure and key to the investigation of abuse by deaf participants.	Access to communication	Services
BARRIERS identified by delegates- funding and access to BSL signers in assessments		
Suggested solutions to problems identified in participants' stories including listening skills, awareness raising of abuse, communication eg basic BSL,		
Deaf participants' access to interpreters was not consistent. In some cases lack of access to an interpreter created opportunities for abuse to be concealed due to professionals' inappropriate reliance on family members.		
Young people with learning disabilities disempowerment through not being listened to, empowered or involved in decision-making throughout their lives is exploited by perpetrators.		
Supportive relationships with interpreters important in enabling protection for deaf young people		
Even when DA is known in childhood, there appears to be a lack of appropriate intervention to support the young person at the time.	Invisibility of abuse	
Significant number of young people with learning disabilities identified a history of being unsupported or going missing as a risk factor for CSE		



<p>Relationships with workers takes time to build, but are crucial for young people who often have been ‘under the radar’ of services and have been let down in the past. Frequent changes of worker impacts on this.</p>	<p>Lack of resources/time</p>	
<p>‘not enough hours in the day’, high workloads and pressures leaving insufficient time to establish a positive relationship with some children. In turn, this increased the reliance placed on interagency working as a means to shore up protection efforts.</p>		
<p>Working with parents as ‘safe carers’ – workers found multiple issues, including access to other services- more complex which needed more time to work with parents/carers.</p> <p>The most important aspect of specific “LD” programme (as opposed to the mainstream programme) was greater time for assessment and intervention</p>		
<p>Young people felt schools should do more to teach them about CSE and tailor support to their impairment needs.</p>	<p>Lack of RSE</p>	
<p>Lack of sex and relationships education and accessible information for young people with learning disabilities</p>		
<p>The quality of some foster care provided to deaf and disabled children emerged as a concern.</p>	<p>Lack of services</p>	
<p>There was consensus about the lack of adaption of services for disabled children. This included a paucity of available residential care units or placements and concerns that sometimes children had remained at risk because of an inability to find suitable accommodation.</p>		
<p>Young people highlighted the need for provision of more CSE services in preventing/addressing CSE</p>		
<p>Preventative work to improve knowledge, awareness and understanding of CSE among young people with learning disabilities</p>		
<p>Participants highlighted key gaps in national policy and guidance regarding both the importance of introducing compulsory sex and relationships education for all young people in every school and a clearer obligation on local areas and individual agencies to address the particular needs of young people with learning disabilities in relation to CSE</p>		



Professionals from a range of backgrounds cited how diagnosis issues or a lack of quality assessment can affect meeting the needs of young people with learning disabilities who experience, or are at risk of, CSE.		
The lack of specialist services increases risk to families		
Difficulties in recruitment highlighted the lack of specialist support services engagement with disabled children and young people		
Role of professional interpreters for Deaf children crucial support for deaf children but limitations/ conflicts within the boundaries of this role were also highlighted		
Young people's solutions to improve meeting the needs of young people with learning disabilities who experience, or are at risk of, CSE		
There are very few specialist services for disabled young people experiencing DA.		
Identifying and meeting young people's learning needs is important in reducing the risk of CSE		
There are high thresholds for services for families of disabled children Many disabled young people do not fit the criteria for services and remain invisible.		

Synthesised Findings 8: Outcomes were dependent on opportunities for telling and/or recognition of abuse by others, and the subsequent responses from services.

Findings	Category	Synthesized finding
Invisibility and silencing of deaf and disabled children within services	Barriers to help seeking	Opportunity for disclosure
Participants fears for their own safety or wellbeing often acted as a barrier to disclosure (p.25)		
Disclosures of abuse often did not result in professional involvement or cessation of abuse	Disclosures of abuse not leading to action	
Participants reported mixed professional responses to disclosures of abuse, some felt abandoned when their case was closed or reported that a lack		



of appropriate support and not feeling listened to had added to their frustration and distress.		
Participants reported supportive relationships that included trust enabled them to seek protection and were also important in their recovery process including in adulthood.	Opportunities/triggers for disclosure	
Factors leading to disclosure included escalation of abuse or growing awareness of abusive behaviour and also situational/opportunities - eg neighbour sex ed lessons		

Synthesised Findings 9: Access to justice via thorough police investigations and criminal proceedings was rarely an outcome for disabled children and young people. They were often perceived as unreliable witnesses especially if they had communication needs. Disablism appeared to affect practice, with little evidence that access needs were met or adjustments made.

Findings	Category	Synthesized finding
Access to justice impacted by perceptions that disabled children are not considered reliable witnesses; some participants believed it was impossible to interview a child with communication impairments.	Unreliable witness	Access to justice
Access to justice impacted by perceptions that disabled children are not considered reliable witnesses; interviews not taking place with disabled children who were 'non-verbal', or believed that interviews would not be productive to the investigation.		
Achieving or failing to achieve justice for deaf and disabled children. Several participants referred to the involvement, or in some cases lack of involvement, of the police and courts in relation to the abuse they experienced.(p.35)	Access to justice	
Participants reported mixed professional responses to disclosures of abuse, some felt abandoned when their case was closed or reported that a lack of appropriate support and not feeling listened to had added to their frustration and distress.		



Synthesised finding 10: A small number of outcomes could be identified from interventions. Young people expressed their desired outcomes from services. However, participants expressed ongoing unmet needs which led to negative outcomes for disabled children and young people.

Findings	Category	Synthesized finding
Domestic abuse in childhood can impact on adult relationships through normalisation of DA or fear of rejection.	Consequences and outcomes following abuse	Identified Outcomes
Longer term recovery, survivorship and help seeking of deaf and disabled people abused in childhood		
Longer term consequences of abuse of deaf and disabled children could be far reaching and extend into adulthood		
Intervention had positive impact on improved mood, increased confidence, and a reduction in the frequency and type of challenging behaviours However- success of programme to prevent abuse was not clear.		
Working with parents as 'safe carers' – workers found multiple issues, including access to other services- more complex which needed more time to work with parents/carers. The most important aspect of specific “LD” programme (as opposed to the mainstream programme) was greater time for assessment and intervention		
Young people can identify the outcomes that they want support to achieve	Desired outcomes of CSA services /from child perspectives	



<p>Outcomes considered to be important from the perspectives of yp. - Being able to speak up/out.</p> <ul style="list-style-type: none"> » Help with emotions. » Help with relationships/friendships. » Support for your future. » Support at school/college/work. » Help with feeling safe. » Help with your physical health. » Help with your mental health. » Support with being in care. » Support to help with leaving care. » Help with a learning difficulty. <p>The two additional outcomes mentioned were “Help with going missing/running away” and “Support with bereavement”.</p>		
<p>Helping young people with learning disabilities to understand CSE is important to reducing future/ ongoing risk</p>	<p>Outcomes for young people with learning disabilities who experience, or are at risk of, CSE</p>	
<p>Young people report improved knowledge and understanding of CSE and how to keep safe as a result of receiving CSE services</p>		
<p>Young people with learning disabilities report improvements in behaviour, confidence and self-esteem as a result of being listened to within CSE Services</p>		
<p>Specialist CSE services are able to work with young people to achieve a range of positive outcomes, including increased understanding of CSE, risk and keeping themselves safe, improved relationships and mental, physical and sexual health</p>		
<p>Despite evidence of specialist CSE services having worked to achieve positive outcomes with young people with learning disabilities, there was also evidence of young people who still faced ongoing risks</p>		<p>Unmet needs leading to increased risk</p>
<p>some of the young people who participated in the research were not able to access support to meet some of their needs or were not receiving specialist support to address CSE, sometimes these unmet needs that had placed them at risk</p>		



Synthesised finding 11: Variable skills and access to training across all agencies contributed to lack of robust multi-agency and practitioner responses to suspected abuse of disabled children. This includes a lack of awareness of disabled children’s heightened vulnerability to abuse, and a lack of confidence and skill communicating with disabled children, which was sometimes influenced by disablist attitudes. Findings indicate a need for increased training for practitioners in both these areas and well as increased opportunities for multi-agency working.

Findings	Category	Synthesized finding
<p>Teachers in mainstream/special schools should have awareness/training on the abuse of disabled children as they may well be the person who spends most time with the child.</p>	<p>Awareness Training</p>	
<p>Young people felt schools and colleges needed more awareness and understanding of sexual abuse and exploitation and of the impacts of trauma on a young person and their education.</p>		
<p>Young people reported mixed responses from the police. Having their learning disability recognised and needs met by the police is beneficial, however, it is common for the police and prosecution services to regard young people with learning disabilities as being unlikely to make good witnesses, and they often fail to take account of the needs of young people with learning disabilities (p. 96)</p>		
<p>Young people reported that their learning needs are often not met in school and that this has a major impact on their lives. Professionals reported both positive and negative experiences of schools’ understanding of CSE and support with raising awareness of the issue among their pupils. Some felt there is still a taboo around this subject in some schools.</p>		
<p>Participants reported a lack of training and confidence that they had the necessary training to achieve child centred practice for disabled children.</p>		



<p>Communication with disabled children proved an obstacle for many practitioners. Some reported anxiety or even fear at the prospect of working with disabled children. Some reports of negative attitudes towards communicating with disabled children. Communication aids were 'difficult to use'</p> <p>Most disabled children were 'too disabled' to communicate</p>		
<p>There is a lack of confidence in working with disabled children with some participants reporting lack of relevant training.</p>		
<p>Variable levels of training across participants and need for more training in skills and communication</p>	<p>Communication with disabled children</p>	
<p>Suggested solutions to problems identified in participants' stories including listening skills, awareness raising of abuse, communication eg basic BSL,</p>		
<p>There is a lack of training for staff around DA and disability. Many practitioners in domestic abuse had no specific training in disability, and many practitioners in disability and health and social care had no specific training in domestic abuse.</p>	<p>Understanding of disability and abuse</p>	
<p>Professionals' lack of knowledge and understanding of CSE</p>		
<p>There is a need for training to recognise early signs of abuse</p>		
<p>Professionals highlighted some specific issues in relation to residential care and the safeguarding of young people with learning disabilities, and how little is known about this population of young people.</p>		
<p>Professionals' lack of knowledge and understanding of learning disabilities</p>		

Synthesised Finding 12: Social workers' lack of training, knowledge and skills to understand and respond to the abuse of disabled children was a source of concern and frustration. Not having skills to communicate with disabled children about abuse and unravel complexity were particular areas of training need. Negative attitudes, and a lack of time, resources and specialist social workers were identified as contributing to poor practice and signs of abuse being missed or misattributed to impairment



Findings	Category	Synthesized finding
<p>Risk identified by delegates for deaf children from scarcity of social workers with knowledge of deaf children's development and BSL</p>	<p>Communication with disabled children</p>	
<p>Young people and professionals working specialist were generally negative about social worker/social responses to CSE for young people with learning disabilities. Concerns focused on not listening or providing appropriate support for young people, having difficulties understanding or having time to respond appropriately to their often complex needs.</p>		
<p>Need to ensure more positive attention is paid to the communication needs of disabled children so that if abuse is suspected, investigations would be more likely to be successful. Training for social workers needed in this area.</p>		
<p>Most social workers expressed real anxiety regarding their lack of knowledge and training with regard to abuse of disabled children, most said they had received little training. Esp regarding the interface of disability and abuse. Anxiety also because of complications that may arise in such cases including the cost in terms of time and resources</p>	<p>Understanding of disabled child abuse</p>	
<p>Participants reported a lack of training and confidence that they had the necessary training to achieve child centred practice for disabled children.</p>		



Appendix 5: Study Findings and Illustrations

Cooke, P. and P. J. Standen (2002). "Abuse and Disabled Children: Hidden Needs...?" Child Abuse Review 11(1): 1-18.	
Finding 1	There is a need for training to recognise early signs of abuse
Illustration	Since it appears possible that the abuse of disabled children is not always recognized and reported until there are gross symptoms of abuse, early recognition should be built into awareness training.
Finding 2	Teachers in mainstream/special schools should have awareness/training on the abuse of disabled children as they may well be the person who spends most time with the child.
Illustration	"need to ensure that teachers of disabled children, not just in special schools but in all schools—particularly where the integrated system is most advanced—obtain awareness training on the abuse of disabled children. Apart from the child's parents, the teacher may well be the person who spends most time with the child." p5
Finding 3	Tendency to not see the abuse of disabled children – both conscious and subconscious this may mean abuse of disabled children may not be recognised until the symptoms are "fairly gross".
Illustration	"As one worker put it, 'The fact that they have a disability is seen first. . .', and this seems to be crucial in the recognition, or possible lack of recognition, of abuse. The disability may be identified rather than the abuse, for example bruising seen as a result of clumsiness or 'thrashing around', while sexualized behaviour may be seen as being associated with a learning disability; they 'tend to do that, don't they' was said in relation to a case of excessive masturbation, with little consideration of what might lie behind such behaviour or the age and understanding of the child concerned". p8 "responses indicate the possibility that the abuse of children with disabilities may not be 'recognized' until the symptoms are fairly gross". p8 "Overall, there was a feeling by the social workers that there is a tendency 'not to see' the abuse of disabled children. There are obviously a number of reasons for this, both conscious and subconscious, relating to lack of knowledge and support, but also because of the complications which may arise in such cases, including the cost in terms of time and resources."p8
Finding 4	Greater empathy with parents/foster carers identified who are felt to be under particular stress.



Illustration	There is possibly greater empathy with parents and even foster parents, who are felt to be under particular stress. In one case, where it was eventually decided, though without the type of proof required for a legal investigation, that the foster parents had been physically abusing a disabled child who was unable to 'tell', the decision by the child protection manager to have the case reviewed by a social worker from another area was crucial. The social worker had not worked with the foster parents and had formed no relationship with them, so feelings of 'it could not have been them' were left out of the equation.
Finding 5	Most social workers expressed real anxiety regarding their lack of knowledge and training with regard to abuse of disabled children, most said they had received little training. Esp regarding the interface of disability and abuse. Anxiety also because of complications that may arise in such cases including the cost in terms of time and resources
Illustration	"feeling by the social workers that there is a tendency 'not to see' the abuse of disabled children. There are obviously a number of reasons for this, both conscious and subconscious, relating to lack of knowledge and support, but also because of the complications which may arise in such cases, including the cost in terms of time and resources..." p8. ..."Social workers are often faced with even more complex issues when dealing with the abuse of children with disabilities and the social workers interviewed did not feel they had had sufficient training regarding the interface between abuse and disabilities. This raised levels of stress and anxiety."p9
Finding 6	Need good methods of recording, reporting and learning from good practice concerning abuse of disabled children
Illustration	even when the cases are recognized and dealt with, poor recording often means that examples of good practice are lost and the times when work is less than satisfactory are not noted, so cannot be improved upon.p9 Good methods of reporting and recording are required at every level, from the first strategy meeting to registration, which take into account the need for clear definitions of disability.p9
Finding 7	Need to ensure more positive attention is paid to the communication needs of disabled children so that if abuse is suspected, investigations would be more likely to be successful. Training for social workers needed in this area.
Illustration	Additional skills should be encouraged, such as learning signing, Makaton and mobility training, which should be paid for and successful completion acknowledged by added remuneration; this would give added status to disability work. It would also ensure more positive attention being paid to the communication needs of disabled children, so that if abuse was suspected, investigations would be more likely to be successful.p9
Finding 8	More attention should be paid to ensure better communication between teams and workers within or outwith Social Services Dept.
Illustration	More attention should be paid to ensure better communication between teams and workers either within or outwith Social Services Departments.

Stalker, K., et al. (2015). "A study of disabled children and child protection in Scotland—A hidden group?" Children and Youth Services Review 56: 126-134.



Finding 9	Variable awareness of the prevalence and nature of abuse of disabled children
Illustration	<p>"Participants had varying levels of awareness about disabled children's heightened vulnerability to abuse." p 8</p> <p>"Several participants did not know whether or not disabled children were at greater risk than non-disabled children"</p> <p>"One-to-one care, communication difficulties, and social isolation were identified as increasing risk of abuse and reducing ability to disclose." "There was less awareness about risks associated with other types of impairment, gender or age." p9</p>
Finding 10	Losing sight of the child and signs of abuse due to impairment
Illustration	<p>"... signs of abuse could be attributed to aspects of a child's impairment and thus go unrecognised. This applied to both physical signs such as injury and to changes in a child's behaviour denoting distress. ' If you've got a child that's maybe physically head-banging or whatever and got bruises and self-assaulting themselves or whatever, then it would be more difficult to see that they've been caused by someone else if they've done that to themselves before...or a child that's got developmental delay or communication difficulties, if they've been emotionally abused' " p9 " .</p> <p>....." practitioners expressed concerns about the potential consequences of allowing communication impairments to become a barrier" p9</p>
Finding 11	Losing sight of the child's impairment
Illustration	<p>-...practitioners emphasised the importance of a "childcentred" approach to protecting children, there were differing interpretations of how this applied to disabled children....</p> <p>-"these children were treated just like any others, using the same policies and procedures: the low numbers of registered disabled children may be because "we've cracked the 'child first' thing"...."</p> <p>"Communication impairment?" - I don't know what that is, don't recognise it. I think people have difficulty communicating within a bigger spectrum of [factors].</p> <p>"While agreeing that in many respects disabled children should be treated in the same way as others, it was also important to look at their different needs and particularly any communication difficulties."</p> <p>"Six highlighted the importance of practitioners having information about the specific impairments/medical conditions of the children they worked with and also any medication regimes. This would help them distinguish between impairment/medication effects and indicators of abuse."</p>
Finding 12	Social isolation/structural factors leading to abuse going undetected.
Illustration	<p>"Social Isolation can contribute to abuse going undetected."</p> <p>"One boy had been kept off school for over two years by his single parent mother on the fabricated grounds that he had a "school phobia", a situation which our respondent believed would not have been allowed to continue uninvestigated so long for a non-disabled child."p10</p>
Finding 13	Empathising with parents and losing sight of the child



Illustration	<p>[participant said] “some practitioners have “a kind of feeling that [disabled children] are so hard to look after, you almost lower your standards in terms of what is acceptable.””</p> <p>“Sometimes there are children that come in, I can think of them in wheelchairs and stuff, who've got bruises and things, and actually at the end of the day when we've explored it further, they probably have been slapped and roughly handled, but I think it's difficult and I think there's always this emotional thing with people about...you don't want to accuse carers because they have a difficult time looking after their children who've got gross disabilities.” (Health professional)</p> <p>“Where workers had built up “really strong bonds” with parents over time, it was difficult to raise child protection concerns”.</p> <p>“over-empathising with parents could result in practitioners “colluding” with them, failing to identify abuse or even joining parents in “blaming” the child for “bad” behaviours possibly associated with impairment or indicative of abuse. This, we were told, could lead practitioners to focus on supporting the parents while the child's needs remained neglected.”</p>
Finding 14	<p>Mixed responses as to whether higher, lower or equal thresholds for action were applied to disabled children. This was bound up in notions of increased vulnerability,</p>
Illustration	<p>“Ten practitioners and two CPCs in this study thought that lower thresholds were applied for disabled children than for others, because the former were seen as more vulnerable and less resilient”</p> <p>“Six practitioners believed thresholds were applied more or less equally irrespective of impairment.”</p> <p>“A police officer from another authority reported that one child had not been placed on the register but remained with a children’s disability team (primarily a family support team which may not have child protection expertise), because “the disability was more significant than the neglect.”</p> <p>“Three practitioners and two CPCs said thresholds were higher for disabled children and several (drawn from all sectors) perceived social services applying higher thresholds than their own /other agencies.”</p> <p>Examples were given of disabled children having been left for some time (years in two cases) in what some practitioners perceived as high risk situations”</p>
Finding 15	<p>Variable levels of training across participants and need for more training in skills and communication</p>
Illustration	<p>“The level and focus of training which participants had received to prepare them to undertake child protection work with disabled children was variable.”</p> <p>“ ‘What you find is that you muddle through quite a lot of your cases with children with disabilities and it's dependent on your own learning. ... and actually quite often they don't receive the same service as children who are classed not to have a disability.’”(Social worker)</p> <p>“Two CPCs with less awareness of disabled children's heightened risk provided “generic” child protection training; another was investigating the need for training about protecting children with “additional support needs”. In contrast, the other CPCs recognised the need for more training in both communication skills and child protection work with disabled children.”</p>
Finding 16	<p>Locus of responsibility -where does this work belong ? Mainstream or disability teams? the ‘unseen, unheard services’</p>



Illustration	<p>“Three participants questioned whose responsibility it was to protect disabled children, with one social worker stating that this should not be part of “mainstream” social work... justified on the grounds of current heavy workloads demanding long hours and the perception that much time was needed to develop relationships”</p> <p>“...[Children's disability teams] described such teams as “the unseen, unheard service” being smaller and having fewer resources than child protection teams”.</p>
Finding 17	<p>The need for adapting level, nature and format of communication to suit child, and including observation was recognised with communication being led/guided by a professional who knew the child well and was attuned to the communication style of the child and was trusted by the child.</p>
Illustration	<p>Most respondents in this study stressed the importance of adapting the level, nature and format of communication to suit individual children and many different methods of doing so were identified.</p> <p>Observation to gauge children's feelings and well-being, focusing on behavioural changes and, in non-verbal children, subtle signs like the meaning of different noises a child might make.</p> <p>A recurring theme was the necessity of communication being led or guided by a professional who knew the child well and was attuned to her communication style, as well as being trusted by the young person.</p> <p>A third sector worker described how she approached working with a boy on the autistic spectrum: I guess just seeing the child for who he is, you know...engaging with the child and relating to him as a wee person in his own right...I mean certainly I just tried to enter his wee world and as I say, I just took the lead from him.</p>
Finding 18	<p>Communication with disabled children proved an obstacle for many practitioners. Some reported anxiety or even fear at the prospect of working with disabled children. Some reports of negative attitudes towards communicating with disabled children.</p> <p>Communication aids were ‘difficult to use’</p> <p>Most disabled children were 'too disabled' to communicate</p>
Illustration	<p>A social worker described it as her child protection team's “biggest challenge” while another noted that some investigative reports simply stated that staff could not communicate with a non-verbal child. Three practitioners and one CPC referred to staff feeling anxiety and even “fear” at the prospect of working with disabled children. Seven practitioners and one CPC reported negative attitudes (theirs” or their colleagues”) towards communicating with disabled children; for example, it was not their responsibility to do so (social work, health, police); communication aids were difficult to use and “most” disabled children were “too disabled” to communicate. '</p>
Finding 19	<p>Practitioners were keen to emphasise the importance of seeking disabled children's views about child protection concerns and considered how this may facilitated. However, this was not always evident in practice.</p>
Illustration	<p>“Practitioners were keen to emphasise the importance of seeking disabled children's views about child protection concerns”</p> <p>“Various ingredients of a successful interview were identified: careful planning and preparation, a child-friendly venue, the right time of day to suit individual children's needs, communication aids and facilitators as appropriate. “</p> <p>“Children's views had been sought on their feelings about leaving or returning home, their care and place of residence, their understanding of the current situation, its impact on them, their feelings about other key players and/or wishes for the future.”</p> <p>“asked if independent advocacy was ever provided to disabled children within child protection, only a few respondents”</p> <p>In this study, it was reported that disabled children seldom attended CPCCs although there were exceptions”</p>



Taylor, J., et al. (2016). "Disabled Children and the Child Protection System: A Cause for Concern." <i>Child Abuse Review</i> 25(1): 60-73.	
Finding 20	Assumption that disabled child would disclose (unless has a communication impairment)
Illustration	"Where children did not have communication impairments, there was an assumption that she would make a disclosure of abuse. 'Presumably [a deaf child] could tell somebody [if she was being abused]... I'd be looking for the same signs I would see in [a] child that wasn't deaf... because she's only deaf... she's a 12 year old girl she just happens to be deaf' (Interview 2)"
Finding 21	Variable awareness of the prevalence and nature of abuse of disabled children
Illustration	Division between participants who thought disabled children faced unique risks and those who thought it was a question of the level of vulnerability to risks that would be the same for any child. Despite a child-centre approach placing focus on treating children as individuals there were reported difficulties in individualising responses in relation to impairment "While one focus group felt that the few disabled children on the register meant that they were doing things right, other focus groups believed that there was a possibility of under-reporting."
Finding 22	Impairments were perceived as adding further complexity which could affect rate of detection, and difficulty identifying impairment effects could negatively impact upon the ability to assess risks.
Illustration	" 'I think our rate of detection is probably quite poor because I think of all the personal care and things that children have, I would suspect that the rate of sexual abuse and stuff is probably higher than we actually detect. It's hard enough in the average population without them being disabled where they can't talk and tell us' (Interview 3)" " 'There's been a number of children where I've seen professionals having huge difficulty about deciding whether it might be a child protection issue or related to a diagnosis of autism... it is very, very confusing sometimes' (Focus Group 4) "
Finding 23	There was consensus about the lack of adaption of services for disabled children. This included a paucity of available residential care units or placements and concerns that sometimes children had remained at risk because of an inability to find suitable accommodation.
Illustration	. "It is easier to abuse a child who has a disability. Who are they going to tell? What are they going to say?then when they play the poor parent card what action is going to be taken because what provision is there for children with disabilities?" (Focus Group 5) " [was a] "consensus about a lack of adaptation of services for disabled children. This included a paucity of available residential care units or placements where it could become difficult to find suitable accommodation or foster care for disabled children who were removed from the family home. In a few situations, there were concerns that children had remained at risk because of an inability to find suitable accommodation."



Finding 24	The presence of impairments was seen as impacting on assessments regarding general neglect or more an issue of parents' coping capacity where increased support was required.
Illustration	The presence of impairments, in particular, was seen as impacting upon decisions discerning whether there was a situation of general neglect or more an issue of parents' coping capacity where increased support was required.'
Finding 25	Parental protection may have unintentional negative consequences.
Illustration	Participants stressed that parents were not always deliberate perpetrators of abuse and/or neglect and were acknowledged as experts on their child's impairment. It was felt though that their desire to protect their child could create its own limitations and potential situations of unintentional neglect where children were not given ample opportunity to take risks or engage in outside activities. However, participants felt that when given the right support to build parental capacity, the outcome could be positive.
Finding 26	Concerns raised that practitioners may over empathise with parents, esp parents of disabled children with potentially higher levels of stress and coping need and potentially underestimated the risk posed to the child.
Illustration	'It's back to this thing about parents being able to cope and what they cope with. If you've got a child who's not sleeping, you've got a lot of physical work to do with them... maybe we just allow a bit of neglect that we wouldn't tolerate elsewhere' (Interview 3) 'I think we're maybe not always as critical as we should be. I mean, I can think of examples where a child repeatedly came in, its [sic] chair was so filthy and its [sic] feeding equipment was so filthy that the nurse refused to use it' (Interview 3)
Finding 27	The number of services that would potentially be involved with disabled children was highlighted as a safety net. However, this could also lead to situations of complacency and not hearing the child's perspective
Illustration	'...there is a tendency to think that if there's a child with additional needs or disabled then they have already got that extra support there... and they would expect somebody else to pick it up' (Focus Group 4) This reliance on others for protecting disabled children could extend to relying upon parents or carers to understand what the child was communicating, or even using them as a proxy for the child's perspective: 'We rely on carers... it's not even just verbal communication, but if their communication is limited then quite often you're talking to carers and, you know, if there are child protection concerns they're more likely to be around the people who are caring for the child' (Interview 4)
Finding 28	Participants expressed a general lack of confidence in identifying significant risk for disabled children often citing the complex care environments, the specific impairment and a lack of experience. Fear was further associated with a lack of understanding of impairments in general, arising from a lack of confidence in being able to recognise significant risk and/or being able to see how the child's impairments could influence their situation.



Illustration	<p>‘There was anxiety around that for me of what if I miss something, what if I get this wrong and what if I leave this child more vulnerable because I haven’t picked up on something this child’s trying to communicate to me’ (Interview 19)</p> <p>‘There is a fear culture, there is a fear of the unknown going on with children with disabilities... I think if they don’t know about the condition and they don’t know about the implications of the condition then their confidence is undermined...’ (Interview 8)</p>
Finding 29	<p>Participants reported a lack of training and confidence that they had the necessary training to achieve child centred practice for disabled children.</p>
Illustration	<p>‘A lack of training for working with disabled children was reported throughout the interviews. There was a tension between the emphasis on child centredness and participants having confidence that they had the necessary training to achieve this in practice for disabled children.’</p>
Finding 30	<p>‘not enough hours in the day’, high workloads and pressures leaving insufficient time to establish a positive relationship with some children. In turn, this increased the reliance placed on interagency working as a means to shore up protection efforts.</p>
Illustration	<p>An additional concern amongst practitioners was that there were ‘not enough hours in the day’ to adequately assess and provide effective interventions for protecting disabled children. This was associated with high workloads and pressures faced by practitioners within the child protection system, leaving insufficient time to establish a positive relationship with some children. In turn, this increased the reliance placed on interagency working as a means to shore up protection efforts.</p>
Finding 31	<p>There was a positive consensus regarding the effectiveness of interagency working. Having other services available that could help facilitate interviews or provide practitioners with information on a child’s specific impairments was seen as improving the ability to seek the child’s view and make decisions in their interest.</p>
Illustration	<p>Having other services available that could help facilitate interviews or provide practitioners with information on a child’s specific impairments was seen as improving the ability to seek her view and make decisions in their interest.</p> <p>‘Health and education are involved in that initial referral discussion... So, and again the school can come with a great wealth of information about what this child, his ability, how well they speak, how do they communicate in school’ (Interview 9)</p> <p>The majority of participants stressed the high level of interagency cooperation that took place when working with disabled children and their families, particularly with communication specialists.</p>
Finding 32	<p>Access to justice impacted by perceptions that disabled children are not considered reliable witnesses; some participants believed it was impossible to interview a child with communication impairments.</p>



Illustration	<p>With regard to criminal proceedings, a few participants perceived it as impossible to interview a child with communication impairments; considered that the information gleaned from interviews did not provide enough evidence; or believed that the child would be an unreliable witness.</p> <p>‘Because of the young persons’ needs... the police were basically saying, ‘well we couldn’t really interview them’. I think that’s really been the most frustrating thing, that [the child] couldn’t be used as evidence because of their disability’ (Interview 6)</p> <p>‘Disabled children don’t make good witnesses... they are not classed as reliable witnesses... And that is scary because you know these children are at a huge amount of risk’ (Focus Group 5)</p>
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<p>Taylor, J., Stalker, K., and Fry, D., and Stewart, A. (2014) Disabled Children and Child Protection in Scotland : An investigation into the relationship between professional practice, child protection and disability</p>	
Finding 33	<p>Some practitioners are able to put the child at the centre of child protection assessment and interventions by using creative means. Some tensions were evident between the desire to treat all children equally, and to individualise child protection successfully for disabled children.</p>
Illustration	<p>‘There were positive messages about putting the child at the very heart of child protection assessment and intervention, regardless of any impairment a child may have and some practitioners had found creative ways to approach that. In other cases, though, tensions were evident between the desire to treat every child equally, and to individualise child protection successfully for disabled children.’</p> <p>‘a juxtaposition between the conviction of participants to treat every child the same regardless of any impairment(s), whilst at the same time acknowledging the influence impairments (both perceived and real) had for disabled children within the child protection system.’p20</p> <p>‘examples where successful adaptations were made in communications and within interview settings that question the extent these perceptions match with reality.’</p> <p>‘Child-first operated as an over-arching discourse drawn on repeatedly within the interviews and focus groups to explain the current operation of child protection, however this did not always translate into effective identification and intervention for child protection risks involving disabled children. ’p36</p>
Finding 34	<p>Child centredness can lead to invisibility, however treating every child the same can lead to contextual and vulnerability factors being missed.</p>
Illustration	<p>‘Participants felt that ‘flagging’ a child as disabled was the wrong approach to take, insisting that the signs and behaviours indicative of maltreatment would be the same as for non-disabled children’</p> <p>‘Participants viewed seeing every child as a child first as beneficial. This is to be commended but not if accompanied by inattention to specific needs relating to impairment.’</p>
Finding 35	<p>Concerns were raised about parent- centred practice rather than child-centred practice by practitioners.</p>
Illustration	<p>Given the challenges participants perceived when working with disabled children, there was also concern that practice was at times parent-centred rather than child-centred.</p>



Finding 36	There is a lack of confidence in working with disabled children with some participants reporting lack of relevant training.
Illustration	‘While some social workers had received training in communication with disabled children, others reported a lack of relevant training available’ p ‘participants often lacked confidence in their own knowledge of disability or perceived other workers as being afraid of working on child protection cases involving disabled children. Additionally, participants felt there was not always enough training provided.’p19
Finding 37	There were different opinions amongst participants as to the thresholds of risk and intervention, Assessment of risk helped by understanding different types of impairments and associated support needs
Illustration	‘When it came to discussing thresholds for deciding if a disabled child or young person was at risk of significant harm, there were differences amongst interviewees as to whether thresholds were higher, lower, or the same for disabled children and young people as for others. Being ‘child centred’ meant that thresholds should be the same for all children regardless of any impairment.’ P46 ‘There were varying thresholds applied in practice and different perceptions of vulnerability existed based on type of impairments.’ ‘knowledge about impairments could be vitally important for identifying if a child protection risk existed and for making assessment of that risk.’
Finding 38	Disclosures by children with communication impairments are not always treated as reliable as those made by child without
Illustration	‘the perception of impairments making children unreliable witnesses led to disclosures not always being treated the same as those made by a child without an impairment.’ the perception of their impairments making them unreliable witnesses led to their disclosures not always being treated on a par with those made by a non- disabled child. ‘ “I wonder... if that little boy who's been seen five times previously, I wonder whether because of his difficulties, his disclosures were being minimised because people really weren't understanding him” [Interview 20]. ‘p29
Finding 39	Participants reported high levels of interagency working and communication and co-operation improved in recent years.
Illustration	Participants spoke highly of GIRFEC's effectiveness in improving interagency working and facilitating greater levels of shared responsibility, even if they had doubted how effective it would be when first introduced.
Finding 40	Access to justice impacted by perceptions that disabled children are not considered reliable witnesses; .interviews not taking place with disabled children who were ‘non-verbal’, or believed that interviews would not be productive to the investigation.
Illustration	A few participants spoke of interviews not taking place with disabled children who were ‘non-verbal’, or believed that interviews would not be productive to the investigation. “Because of the young persons’ needs... the police were basically saying, ‘well we couldn’t really interview them’. I think that’s really been the most frustrating thing, that [the child] couldn’t be used as evidence because of their disability” [Interview 6]. “There was a joint meeting held between police and social work... it was decided that they would do [the interview] just using verbal communication. We got some help from school to their advice but they weren’t at the joint interview and the joint interview was done



	<p>and it was quite sad in a way you know, this wee boy had said very clearly his foster carers son-in-law had punched him and hit him and was very specific about where on his body he got hit yet the police spoke to the foster carer and the son in law and would take no further action and it felt as though it was mainly due to the boy having complex needs” [Interview 7].</p> <p>“Disabled children don’t make good witnesses...they are not classed as reliable witnesses. I’ve got a 15 year old girl, you know who has no disability whatsoever, perfectly lucid, perfectly average IQ etc and she sits there and she tells the police that she’s been raped. There’s far more chance of there being a conviction in that case than of a 15 year old girl in a wheelchair who needs a speech and language therapist to help her to communicate to court, there’s far more chance of the conviction going the other way, because it is a perception that, well they won’t make a reliable witness. And that is scary because you know these children are at a huge amount of risk [Focus Group 5].”</p>
Finding 41	Questions raised about whether children's disability teams should be separate or integrated with generic children's teams.
Illustration	‘There was debate around whether there should be separate disability teams or whether these should be integrated into general children’s teams. Children’s disability teams suggested other staff are not adequately trained in disability and then offload work to them; but children protection teams felt that sometimes disability teams were not as adequately trained in child protection.’
Finding 42	Several barriers to disabled children being consulted, informed and given the opportunity to express the views were raised.
Illustration	<p>‘significant barriers in practice were identified to ensuring disabled children were consulted, informed and had the opportunity to give their views about decisions affecting them’</p> <p>A depiction of disabled children lacking ability and agency often preceded discussions about the inability to gather children’s views or involve them in discussions around child protection concerns, despite disclosures from children themselves being the top ‘trigger’ for an initial child protection concern.</p>
Finding 43	Disabled children without communication impairments may be seen as less vulnerable, however, this may lead to invisibility.
Illustration	<p>there were views that disabled children without communication impairments were more ‘protected’ than other children.’</p> <p>‘Where disabled children did not have communication impairments, there was an assumption that the child would make a disclosure of abuse. This suggests a misunderstanding of disability as a problem situated within the child rather than a source of discrimination that must be acknowledged and addressed.</p>
Finding 44	Some practitioners appeared to adopt an impairment-centred approach rather than a child-centred approach. However, others recognised the rights and agency of disabled children and took steps to involve them.
Illustration	When disabled children were compared to non-disabled children, barriers to effective working were often attributed to children’s impairments rather than inadequate service responses. Decisions and actions were often portrayed as being ‘done to’ or ‘done on’ the child and non-disabled children were often called ‘normal’ or ‘mainstream’ children compared with their disabled peers. This description of disabled children as lacking agency often preceded discussions about the inability to gather children’s views or involve them in discussions around child protection concerns, other practitioners recognised and respected disabled children’s rights and abilities to



	express their views and contribute to decision-making, and had taken appropriate steps to facilitate this.
Finding 45	Interagency work enabled better communication with disabled children. Examples of speech and language therapy involved during child protection interviews.
Illustration	“Involving speech and language specialists, particularly those from the child’s school who were already known to the child, and communication aids such as Makaton. These were used as part of the holistic approach to investigate concerns with changes in behaviour.” ‘interagency working and specifically the IRD process were seen as enablers to effective intervention and useful for information sharing around specific concerns. Having access to and working with specialists, including speech and language therapists, interpreters, educational staff, etc., were mentioned as enabling the information-gathering process.’
Finding 46	Communication impairments were cited by participants as being challenges to understanding the child's perspective and accurate information gathering. However, difficulties may be “perceived rather than real” because there are some good examples of practice.
Illustration	Communication impairments received prominent attention in the interviews. These were seen as preventing practitioners from being able to gain the child’s perspective or to gain accurately the information they required. Despite this there were also examples where successful adaptations were made in communications and within interview settings that question the extent these perceptions match with reality.

Goff, S. and Franklin, A. (2019) We Matter Too: Disabled young people’s experience of services and responses when they experience domestic abuse.	
Finding 47	Disabled children and young people lack voice and agency.
Illustration	Despite the very difficult challenges in finding young disabled people whom we could talk to for the study, we did manage to speak to a number of them. What is highly significant is how silenced they had been in their lives before getting help, and now had many things that they wanted to share“p29... ” highlighted the challenges of learning to be independent, the need for help and support that tapers appropriately based on their developing autonomy and voice, but also that autonomy, integration and voice may be constrained both by impairment and by disabling attitudes, poor responses and gaps in service design...” p57
Finding 48	Domestic violence in families of disabled children often remains hidden.
Illustration	“...young disabled people were often invisible to services, many received help only after a long period of the harm which they experienced going unnoticed, sometimes for many years...” p56
Finding 49	Quantifying the prevalence of domestic violence in this group is difficult because figures are predominately based on those who access domestic violence services and disability is not always recorded.



Illustration	Complication in trying to quantify the prevalence of domestic violence in families with disabled children, and indeed within disabled young adults' own relationships, is that figures are predominately based on those who access domestic violence services. p30
Finding 50	There are high thresholds for services for families of disabled children Many disabled young people do not fit the criteria for services and remain invisible.
Illustration	Some professionals also highlighted that most young people with learning, sensory or physical disabilities do not reach the high threshold for specialist social care disability service provision, p30
Finding 51	Invisibility of disabled children and young people
Illustration	There are issues with access to assessment, diagnosis and/or recognition of additional needs, impacting on visibility and thus support.
Finding 52	Cuts or gaps in services, makes understanding of normal relationships even more challenging for disabled young people.
Illustration	Concerns were raised about the increased impact of the loss of key front line and support services, and that with them, the supportive, consistent relationships that enable disabled young people to build trust and talk about issues of concern were rapidly disappearing.
Finding 53	Isolation increases risks and the effects of bullying, abuse, cohesion and control.
Illustration	Isolation could also mean that disabled young people miss out on other experiences and opportunities for friendships, conversations and positive experiences which might give them exposure to positive relationships and help indicate that their relationship is abusive and they have a right to help and protection. It's also the isolation, the lack of sort of normalising peer relationships and people saying no, that's not OK. You need to walk away from that relationship. And it's the isolation and vulnerability. (Head Teacher)
Finding 54	LGBT+ disabled young people may have further difficulties in talking about their sexuality, finding out information and accessing appropriate services. There are limited spaces and DA services for LGBT+
Illustration	Needs of young disabled LGBT+ people were also highlighted by practitioners who noted that for some of those coming into their setting (further education or residential settings), being there was the first time they may have had the chance to explore what sexuality meant. Many arrived with little sense of sexuality, choice or safe friends. Most had been very reliant on carers, often isolated and not able to make friendships outside their immediate homes and in many cases, special schools. Professionals noted that many of the young people arrived at the setting with low self-esteem and a sense of themselves as a "burden".
Finding 55	Disabled young men may have additional difficulties accessing support with domestic abuse
Illustration	" Disabled young men are far less visible in any services, with the exception of some special colleges and residential settings who reported the need to offer help and support with domestic violence..."



Finding 56	Practitioners raised lack of awareness of needs of BAME young people. Lack of accessible information in first language and some also additional immigration processes – with lack of access to services.
Illustration	A practitioner in one city described how nearly half of the referrals they received were from BAME women, yet many services do not yet have accessible information in the first language of the communities they serve. For some of these young women they also experienced complexities associated with immigration processes and thus access to services and resources.
Finding 57	Domestic abuse in childhood can impact on adult relationships through normalisation of DA or fear of rejection.
Illustration	A lot of our young people they've been victims of their parental domestic abuse, then their initial first relationship often reflects the same thing, so they then have it twofold for them really. So they've had this vulnerability and rejection within the family home to then trying to maintain a relationship and will do anything for that to happen really. (Family Intervention Lead) p34 one practitioner explained in her work with students with autism and learning disabilities; young people can interpret patterns of abuse in families as a "rule book".p35
Finding 58	Services do not always have a clear history or knowledge of the nature of child protection plans-in transition from child to adult services, and therefore not be in a position to support a young person.
Illustration	A lack of clear documented history made piecing together what the young person had experienced very difficult. So we start, students come here at 16, 17, 18, 19 up to 20, you know, up to 25, 22. Some have been out of school. So there's gaps where we don't even know what they've been doing and what's happened, somewhat have experienced what they've seen, you know. The worker emphasised how important it was to be able to work with their students on what had happened to them but that getting the histories and having that information may be affected by gaps in the transition to adults and different approaches p34
Finding 59	Even when DA is known in childhood, there appears to be a lack of appropriate intervention to support the young person at the time.
Illustration	"...All professionals interviewed spoke of the intersection of being young and disabled as creating double disadvantage in being able to access support..." p.30 " Very few of the professionals interviewed could give examples where disabled young people whom they worked with as young adults had had any previous intervention to help them to understand domestic abuse at the time of the abuse in their childhood." p34
Finding 60	Physical interventions or restraints used against some disabled children and young people in residential settings and schools or at home can lead to internalising and normalising physical aggression
Illustration	Concern was raised regarding the use of restraint and force against some disabled young people in some residential, secure, educational and other settings which was felt to be leading some disabled young people to internalise messages that physical aggression is normal



Finding 61	Many young disabled people lack support to understand healthy relationships, sexuality and domestic abuse.
Illustration	<p>one young person stated; I think that they should be educated about domestic violence, boys and girls because it happens to both sex, and I think they should be aware of women and men that go through the situation, and having children, and [the children] being removed. I think there should be more awareness of how it impacts on that child as well...I think there's other things, like maybe people that's been through domestic violence go and speak to them... (Young disabled adult survivor)</p> <p>Another young person said; I'd never been aware of domestic violence ever. So obviously when you get into a relationship and you think they love you, and they either lay a hand on you or they start controlling you, I thought I was loved. I thought him controlling me was him being lovable because he doesn't want me to talk to other guys and he doesn't want me to go out because he wants me to all himself because he loved me. (Young adult survivor)</p>
Finding 62	young people had mixed responses from services
Illustration	<p>In many cases it was often individual practitioners who invested their time and care that made the difference to disabled young people experiencing domestic violence. As one young person explained it was moving to a residential setting where they had a practitioner who sought to understand how they presented and invested in them as a positive young person that made the difference. Without her the young person felt that they would not have told anyone. The practitioner had been consistent and available</p> <p>...Young people stressed the importance of those who persisted, who got to know them and who saw beyond their outward behaviours and accepted them.....</p> <p>'One size does not fit all; if we need wellies don't make us wear size 12 if we are size 11!!'</p> <p>'Don't talk down to us'</p> <p>'Know what to do – you need to know what to do – we can talk' 'Check that we have understood'</p> <p>'Don't talk to me like I am a four year old'</p> <p>'Value me'</p> <p>'They talk to my wheelchair and not to me'</p>
Finding 63	Young people seen as a problem rather than what they are experiencing being seen as a problem
Illustration	Many practitioners from a variety of young peoples' settings whom we talked to explained that this group of young people are often not understood and are misjudged when negative attitudes towards them as both young people and distressed young people are allowed to go unchallenged.
Finding 64	Relationships with workers takes time to build, but are crucial for young people who often have been 'under the radar' of services and have been let down in the past. Frequent changes of worker impacts on this.



Illustration	“...Constant, multiple changes of workers affects a young persons ability to form trusting relationships. For disabled children and young people often they experience changes of GPs, CAMHS, social workers, teaching staff and education placements. Individual practitioners may not realise the overall impact of these changes across the services involved in a disabled young person life; meaning that it is the experience of the young person at the centre of planning that is missed, affected by gaps and inconsistencies in each of the agencies and compounded when agencies work in silos...” p54
Finding 65	There is a lack of training for staff around DA and disability. Many practitioners in domestic abuse had no specific training in disability, and many practitioners in disability and health and social care had no specific training in domestic abuse.
Illustration	“...Concerns were also raised by professionals that a lack of understanding, knowledge and training may mean that assumptions are made that signs of trauma and distress in disabled children and young people may be attributed to their impairment and questions about what they are experiencing may not be asked...” p.30 One practitioner from a national organisation told us that; ‘those connections aren’t being made, and they’re just not aware of the specialist services in the area. And vice versa really, because if you’re a domestic abuse service and you’re supporting somebody with a disability or a young person it’s really important to link in with any other specialist services in the area to maybe help with things like understanding the best way to support that person’ (Manager from national domestic abuse service)
Finding 66	There are very few specialist services for disabled young people experiencing DA.
Illustration	“One of the women who we were working with in a refuge, it was quite clear she had learning difficulties and she (herself) said I've only got the learning of an eight to a nine-year-old. There was nowhere to refer her to. Nobody would take her”. (Manager from a refuge) “Another woman had wanted a woman to take part freedom program and needed a signer but was told this could not be funded” (Manager from a refuge)
Finding 67	Practitioners’ recognised issues in multi-agency working to support the multiple needs.
IllustrationSome workers described seeking help from CAMHS or psychiatry for families but they were concerned at the significant gaps in service, waiting lists and the pattern of office-based appointments that family members could not make because of the various practical and behavioural challenges getting there or that young people found difficult because of sensory needs. For example, in one case a young person could not cope with waiting in the GP’s busy waiting room..... ...Many felt that services were too insular and worked in silos – and in some cases were very quick to close cases, seeing problems as outside their remit. The importance of linking expertise and knowledge from across the sectors that are working with disabled children and young people, or with issues affecting disabled children was seen as vital.....One issue was raised by education professionals who described how there were increasing numbers of disabled children and young people who have been placed in care because of domestic violence. However, support had not been given to the young people for them to understand what had happened and to aid their recovery.
Finding 68	The lack of specialist services increases risk to families



Illustration	<p>...The lack of services available to meet the needs of this group may increase risks with families having to stay in abusive situations because there are few, if any alternatives. Lack of mobility for families who need to be close to specialist provision or hospitals, who live in adapted homes, whose children need specialist equipment, or who need support from their wider family/friendship network meant it was impossible to flee abusive homes. Few had statutory services providing support and they needed workers who could form relationships with them to meet their varied needs, build trust and support mechanisms. Existing service designs with targets were not deemed suitable for this group of young people who have experienced layers of trauma and who needed a lot of time and for workers to invest in them.(p46)</p>
Finding 69	<p>Disabled young people want to be heard. They see that being able to talk to someone and for that person to listen is vital for both protection and recovery. They need to feel safe to ask questions and for help.</p>
Illustration	<p>“What disabled young people said they need:</p> <ul style="list-style-type: none"> • -To be asked. • To be treated like they matter. • To have professionals who check if they have understood. • For professionals to understand that ‘asking for help is hard; it is scary’. • For professionals to understand that it is difficult to make sense of what happens – we may not have understood that what we are witnessing and experiencing is abuse. • For professionals, and especially the police, to understand that we are scared. • To have people who try to understand our behaviour – we don’t always use words, we don’t always have the words. • To have help to understand healthy relationships and choices.” p 4 <p>.... “ Disabled young people want help to learn about healthy relationships and for professionals to recognise that they have a right to this information as they will have their own relationships” p7</p>
Finding 70	<p>Concerns raised about low expectations for disabled young people in terms of what is deemed abusive and acceptable</p>
Illustration	<p>Many people we interviewed had experienced working with practitioners who held this view. One said</p> <p>I have for a while an increased awareness that sometimes as social workers, as education professionals we can adopt a lower set of standards of expectations in relation to the neglect or emotional abuse for children who’ve additional needs. (Head Teacher)</p> <p>Some also described a reluctance to seek to do more than make the young person safe: “There is a reluctance professionally from some angles, I guess, that aren’t disability focused to open that can of worms. Because what happens if you re-traumatise the child, what happens if they are an unreliable witness, do you know what I mean? If it’s going to jeopardise things moving forward? I think there is a reluctance to open things up. And I think there’s also sometimes a presumption that oh they won’t be able to understand that or engage with it anyway. As long as they’re out of the situation and they’re safe why would you put them through that. I think it’s often well-intentioned but I’m not always sure that it’s well-intentioned for the student”. (PSHE Lead, Specialist College). p36</p>

Wilson, S., et al. (2018). "Safeguarding Deaf Children: A Multi-agency Focus on Actions for Change." Practice 30(3): 163-186.



Finding 71	Risk identified by delegates for deaf children from scarcity of social workers with knowledge of deaf children's development and BSL
Illustration	"with respect to deaf children, participants' main point was that professionals often cannot recognise that a deaf child meets the threshold in the first place. In part, this was because of the scarcity of specialist social workers with knowledge about deaf children's development who can interact directly with deaf children and/or parents who might be BSL users. Consequently, they were less likely to be able to recognise risk or signs of neglect and abuse" p169
Finding 72	RISK identified by delegates for deaf children from other countries- families with language barriers.
Illustration	risks involved in deaf children failing to achieve their linguistic and social potential because of barriers faced by their parents in accessing sources of support because of information being unavailable in parents' native languages.p169
Finding 73	RISK identified by delegates for deaf children from poor connectivity between services.
Illustration	Concern was expressed that poor connectivity and integration across health, education and social work services means that the needs of deaf children are regularly not identified and met.
Finding 74	RISK identified by delegates for deaf children from lag in social and personal development
Illustration	Lags behind that of their hearing contemporaries making it harder for them to understand and identify appropriate and inappropriate relationships.
Finding 75	RISK identified by delegates for deaf children from false low socio-linguistic expectations masking abuse and neglect
Illustration	Acting-out or withdrawal behaviours may be regarded as usual for deaf children because they cannot express themselves well verbally when in fact they may be a result of abusive experiences.
Finding 76	RISK identified by delegates for deaf children from isolation
Illustration	Participants discussed the frequent isolation that deaf children and young people can experience in their everyday lives, in the home, school and local communities. They identified this as a safeguarding concern because of its potential association with the emotional and mental health difficulties they have seen deaf children and young people experience.
Finding 77	RISK identified by delegates for deaf children from inadequate services for deaf parents



Illustration	Services to support parenting are largely inaccessible for Deaf parents both in the sense of availability of interpreters to enable access to e.g. parenting courses and in the sense of the resources and approach of many such courses not being very 'Deaf friendly' ...one group in particular discussed the problem of some Deaf parents' knowledge about what constituted 'abuse', largely as a result of their own experiences of poor parenting and also lifelong inadequate access to knowledge and information. p172
Finding 78	BARRIERS identified by delegates- seeing the child on their own
Illustration	Participants suggested that the opportunities for a deaf child to be seen alone were often more restricted than is the case with hearing children because of communication requirements. For example, a family member might be asked to interpret for the child to the professional which although expedient, is inappropriate as impartial communication is required.
Finding 79	BARRIERS identified by delegates- Access to Universal services
Illustration	Participants recognised that whilst universal services are in theory accessible to deaf children and young people, in reality their accessibility was limited by services being unable routinely to meet deaf children's language and communication needs.
Finding 80	BARRIERS identified by delegates- professionals awareness of implications of deafness
Illustration	It may be difficult for deaf children to find someone to 'tell' who is able to understand them (in signed or spoken language). Communication in the family may be restricted too. Help lines and other forms of remote support are commonly inaccessible either because of literacy (deaf children's written language development typically lags behind their age) or because they are dependent on spoken language use via telephone.
Finding 81	BARRIERS identified by delegates- funding and access to BSL signers in assessments
Illustration	It was recognised that access to and availability of an interpreter was not straightforward and that there were associated issues, such as lack of clear responsibility for funding. These factors could mean that service providers might seek to avoid, not recognise or find it hard to commission SLIs when required. The lack of SLIs has implications across the whole safeguarding continuum whether in terms of assessment, identification of abuse, support of children and families, accessibility of services and specific actions associated with protection and legal rights connected with them.
Finding 82	BARRIERS identified by delegates- difficulties of seeking help in hearing world
Illustration	It may be difficult for deaf children to find someone to 'tell' who is able to understand them (in signed or spoken language). Communication in the family may be restricted too. Help lines and other forms of remote support are commonly inaccessible either because of literacy (deaf children's written language development typically lags behind their age) or because they are dependent on spoken language use via telephone.



Warrington, C., et al. (2017) 'Making Noise: Children's voices for positive change after sexual abuse Children's experiences of help-seeking and support after sexual abuse in the family environment' NSPCC, University of Bedfordshire.	
Finding 83	Young people identified that abuse and the impact of abuse is sometimes not noticed or misinterpreted by adults
Illustration	...people may think the young person was just having a bad day. It was suggested that difficulties for adults recognising and responding to potential signs of sexual abuse were often compounded by a young person having a disability such as autism due to associated communication needs: 'It's difficult with autism to express – the autism makes it harder'. .. 'They could just think it was part of autism because children with autism can get angry and throw things'.
Finding 84	Young people identified fear of not being believed. Disclosure compounding discrimination already faced by disabled YP.
Illustration	'It's hard for [the character] to know if the person she tells believes her,' 'It will be harder because you don't know what they [person you disclose to] are thinking. Non-disabled people might not understand you.' facing stigma from others and worries about the police blaming the young person (one participant spoke of worrying about being arrested). This was noted as having the potential to compound existing discrimination that the group would face due to their disabilities: 'Having autism does affect the way people think of you.'
Finding 85	Recognising abuse may be impacted by specific disabilities, but also due to lack of opportunities to learn and talk about healthy relationships
Illustration	'Having autism makes it harder for her [the character] to understand what has happened and harder for her to tell'. The lack of opportunities and resources to support learning or developmentally disabled young people and/or those with significant communication impairments to learn and talk about issues that would support this awareness (such as healthy relationships, consent and abuse) was highlighted by both staff and young people in the group,
Finding 86	Difficulties in recruitment highlighted the lack of specialist support services engagement with disabled children and young people
Illustration	"The supplementary nature of this data collection activity and the paucity of services able or willing to engage service users in these discussions at this time limited participation levels. In addition it should be noted that significant resources were required to enable the participation of a diverse group of young people with different physical and learning disabilities. This provided the research team with insight into some of the barriers to accessing services that these young people face." P61 "Children with physical disabilities and more profound learning or developmental disabilities appear to be particularly poorly represented among current users of services for specialist support after sexual abuse, despite strong evidence of their additional vulnerabilities".



<p>Jessiman, T. and Carpenter, J. (2018) Therapeutic intervention for children with learning disabilities affected by sexual abuse Formative evaluation of a developing service; Bristol NSPCC</p>	
<p>Finding 87</p>	<p>Intervention had positive impact on improved mood, increased confidence, and a reduction in the frequency and type of challenging behaviours However- success of programme to prevent abuse was not clear.</p>
<p>Illustration</p>	<p>‘The one young person who participated explained that although she was shy and nervous at the start of the intervention, it had helped “get my anger out, and talk to my mum more”.’ P 32</p> <p>‘Carers reported a range of positive impacts of the intervention on their children, including improvements in their children’s mood, increased confidence and greater ability to manage their feelings of anger and defiance, and the cessation of self-harming behaviour. However, carers felt the intervention had not sufficiently addressed the question of how to have healthy sexual relationships and in this sense that the work was ‘unfinished’. ‘</p> <p>‘Not all carers were satisfied that the intervention had adequately addressed healthy sexual relationships, and for some, there was a real concern that the child remained vulnerable to forming inappropriate relationships and/or experiencing further sexual abuse.</p>
<p>Finding 88</p>	<p>Carers benefited in understanding effects of sexual abuse and support child’s recovery</p>
<p>Illustration</p>	<p>Carers valued their own intervention sessions with NSPCC practitioners and reported benefits included increased knowledge and understanding about sexual abuse and its impact; better coping strategies to manage their child’s challenging behaviours; improved relationship with the child; and increased confidence about protecting their child from further sexual abuse.</p>
<p>Finding 89</p>	<p>Working with parents as ‘safe carers’ – workers found multiple issues, including access to other services- more complex which needed more time to work with parents/carers. The most important aspect of specific “LD” programme (as opposed to the mainstream programme) was greater time for assessment and intervention</p>
<p>Illustration</p>	<p>Several staff reported frustration about the lack of provision in education, social services and health services to meet the needs of children with learning disabilities and their families. Furthermore, there was a perception that despite the rhetoric about joined-up and multi-agency working, services for children with learning disabilities are often still very fragmented.</p> <p>The adapted version of LTFI allows more time for both therapeutic assessment and intervention than the original guide. This is because engaging a child, understanding their needs, building a therapeutic relationship and implementing an intervention plan that suits the child all tend to take longer with these children. These factors increased the complexity of the initial therapeutic assessment and required practitioners to be flexible in their approach and take the time to persist.</p>



Franklin, A., Bradley, L. and Brady, G. (2019) 'Effectiveness of services for sexually abused children and young people. Report 3: Perspectives of service users with learning difficulties or experience of care'

Finding 90	<p>A finding from the 'Method' section: Recruitment challenges</p> <p>A number of generic services said they did not receive referrals re yp with learning dis/diff despite knowing these yp faced higher risks</p> <p>The authors conclude the issue of access to services warrants further research</p> <p>Severe challenges identifying and recruiting for interview this group of yp, Short timescales for the research compounded this</p>
Illustration	<p>"In total, 97 services were contacted. The research team received 34 responses from services saying that they could not help with the research for a number of reasons: ▶ They were unable to identify any suitable young people with learning difficulties, and/or young people in care or care leavers. ▶ They only supported adults who had experienced sexual abuse. Some had previously supported young people, but could no longer continue this work owing to loss of funding. ▶ They did not have the capacity to help, because of demanding workloads or being short-staffed. ▶ They were a preventative/awareness service and did not support young people who had experienced CSA. ▶ They felt the young people who may have been suitable interviewees were not in a safe or stable enough place to take part. ▶ They did not feel it was appropriate to ask the young people they were supporting to take part in research. ▶ They felt the timeframes for recruitment were too tight for them. ▶ They were already involved with other research projects and did not have capacity to be involved with any others". p9</p>
Finding 91	<p>There was consensus across the young people about the nine key elements to ensure good practice: 1) Accessible information, 2) the relationship with the practitioner, 3) Talking, 4) Confidentiality, 5) Outreach, 6) Access to long-term support, 7) Personalised approach and meeting specific needs, 8) Strategies for dealing with emotions and keeping safe, 9) Positive messages that the abuse was not their fault.</p>



Illustration	<p>When asked to consider what makes support effective, the consensus across the young people with learning disabilities was</p> <ol style="list-style-type: none">1) Information: A clear message at the initial meeting that explains why and how the young person is going to be supported by the service. This includes why the young person has been referred to the service (if they are not self-referred).2) The importance of the relationship with the practitioner: Feeling valued, worthy of support, empowered, cared for and listened to, and feeling that the practitioner was interested in them as a person across all aspects of their life. It was these qualities and skills shown by the practitioners that helped the young people engage, stay engaged, and access the support they needed to bring about positive changes in their lives.3) Talking: Having someone to talk to who listened without judgement, and having someone to talk to about anything they wanted so that the relationship was about more than just their experiences of abuse.4) Confidentiality: Knowing they could talk openly to their practitioner about what they needed to, without fear of those conversations being shared unless there was risk of harm.5) Outreach: Practitioners being flexible in their approach and visiting the young people where they felt most comfortable, whether that was at home or at a place of their choice. It was also clear that, for some, being taken to places (cafés, fast-food outlets) was important as it gave them something to look forward to. A simple but powerful message to be heard.6) Access to long-term support: Not being rushed, but given the time needed to build a trusting relationship so that full engagement and participation was achieved. The key message here is that change takes time, as does helping a young person to feel safe after their traumatic experiences. Crucially, the intervention provided by all the services was not short-term, as the young people reported being able to see their practitioner for as long as they needed. Access to support over a longer period, and having open access to support, is hugely important for recovery and confidence building.7) A personalised approach, meeting specific needs that were important to the young person: The young people described services as being good at personalising their approach. Support services were often compared positively to other services they had been involved with (but not engaged with) because those services were not personalised, or because the young people had not been listened to when they suggested how services could be adapted to meet their needs.8) Strategies for dealing with emotions and keeping safe: Educating the young people about exploitation and giving them coping strategies to help them in the future was seen as an important change in their lives.9) Positive messages that the abuse was not their fault and they were not responsible: The key message here is that the language used to talk about 'risk' needs to be clearly separated from notions of 'blame'. Services need to be aware of the power of language and the impact it has on a young person's sense of self; if young people are using self-blaming language, services should model healthy messages by talking about risk in non-blaming ways.
Finding 92	<p>Young people with learning difficulties identified elements of good practice - Accessible information, time and support to process the information; a consistent practitioner to overcome any anxieties about change; possibility of having a fixed time and place for support; sufficient notice if the support is due to end; understanding and support in education settings for young people who have experienced trauma; identification of young people with learning difficulties and referral for CSE support; understanding of their specific needs</p>



Illustration	<p>Effective elements of practice that were specific for young people with learning difficulties were: ▶ Accessible information, with young people given the time and support to process information. ▶ A consistent practitioner, to overcome young people's anxiety around change. ▶ The possibility of having a fixed time and place for support. ▶ Sufficient notice if the support is due to end. ▶ Understanding and support in education settings for young people who have experienced trauma. The emotional impact of trauma continues long after the abuse has stopped, and young people need ongoing understanding and support from schools and colleges to help them recover from their experiences over time. ▶ Identification of young people with learning difficulties and referral of them for support in relation to CSA; this was highlighted by services' difficulty in contacting young people with learning difficulties for this research. ▶ Understanding of specific needs relating to different types of learning difficulty and other learning challenges, so that services can offer appropriate support. "Yeah, we will sit there and fiddle with stuff – like, she bought some wool not so long ago and I was sat there for the whole time [knitting] and talking, and by the end of it I had finished the ball of wool and it was like dead long." p29 "I think sometimes, if someone has been through a lot, their behaviour will change and sometimes they [school] might kick them out because of their behaviour, but there's other stuff behind it really...p 29</p> <p>Before I went through all the exploitation, I'd never had a detention or been in trouble before. I don't think they realised that my behaviour changed because of that and everything, and they didn't really understand it. They were just trying to exclude me or get me to leave because I hadn't done all the work." p29</p>
Finding 93	Young people can identify the outcomes that they want support to achieve
Illustration	<p>When asked what outcomes they considered important for services to achieve, the young people in both groups identified: ▶ Feeling safe and supported. ▶ Having strategies to deal with emotions. ▶ Increased confidence, self-worth, self-belief and ability to speak about abuse. ▶ More positive relationships with others, including parents and friends. ▶ Increased knowledge of 'risks'. ▶ Improved physical and sexual health.</p>
Finding 94	Young people had many suggestions for how to improve child sexual abuse services
Illustration	<p>While most were satisfied with the existing services through which they were accessing support, suggestions for improvement included:</p> <ul style="list-style-type: none"> ▶ The opportunity for young people to access group work. ▶ Support provided outside working hours. ▶ Young people (and staff) in schools being better taught about the risks of CSA and how to recognise signs of abuse, but for this to be done in supportive, non-victim blaming ways. ▶ Mental health trained professionals working alongside practitioners to ensure that young people's mental health needs are met by services. <p>The young people also reflected on the limitations of previous services they had engaged with, which included those services not adapting to their additional needs – for example, by ending support without notice (which young people with learning difficulties found particularly difficult) and not providing consistent support. The fact that some young people self-referred to services highlights the need for services to have accessible information for children in care and those with learning difficulties.</p>
Finding 95	Difficulty for services understanding the term 'learning difficulties or disabilities and low referrals of young people with learning difficulties.



Illustration	<p>"The research team experienced significant challenges recruiting young people with learning disabilities/difficulties who had been affected by abuse, and the group interviewed does not entirely reflect the original aims of the research (although it appears to reflect the people whom services were supporting). However valuable learning was gained. Issues included the following: ▶ There seemed to be a difficulty within services in understanding the term 'learning disabilities/difficulties'; this lack of understanding within mainstream services has been highlighted in previous research on CSE and young people with learning disabilities/difficulties (Franklin, Raws and Smeaton, 2015). Some of the young people identified and invited for interview by services had autism or Asperger's, with no associated learning difficulties, and/or attention deficit hyperactivity disorder (ADHD). They did, however, describe unmet needs in school and a lack of understanding of their needs which affected their learning. Other interviewees appeared to have learning needs as a result of trauma. ▶ The research team did not have the opportunity to work with CSA services that specifically supported young people with learning disabilities/difficulties. The web search found very few services across England and Wales that undertook this specialist work: of the 97 services contacted, only four stated on their website that they offered specialist support for these young people. Unfortunately, the team was unable to interview any young people from these specialist services, for the following reasons: – The service did not engage or respond to any contact made by the research team. – The service tried to identify young people to take part but were unable to arrange interviews. – The service supported adults with learning disabilities/difficulties who had experienced abuse; the young people they supported either had not experienced abuse or were not suitable to take part in the research project. ▶ A number of generic services told the research team that, despite knowing that young people with learning disabilities/ difficulties are at high risk of experiencing abuse, they were not receiving referrals to support these young people. The services did not know why referrals were not being made, but it was not considered to be because the young people were not in need of support. This warrants further investigation given the significantly higher risk of sexual abuse for this group of young people' p 11</p>
Finding 96	<p>Previous experiences of services affected the young people and poor experiences of counselling had an impact on their willingness to get help Services had in some cases not adapted to the young people communication or learning styles Young people needed therapy or counselling workers who turned up on time and were consistent but they did not always have this Not doing what they say they will do affected trust and was particularly an issue for young people with autism and anxiety.</p>



<p>Illustration</p>	<p>“I thought it would be like another counsellor... I had a counsellor before that and he didn’t help.” (CSE service) “She said to me, this is counselling, you have to go blah blah blah... I didn’t think I needed counselling at all. I was, like, no... I had counselling before, but it was school counselling, it was kind of bad.” (Post-abuse therapy) “I didn’t like them [CAMHS]... It was so patronising. They were basically telling me, instead of physically hurting myself, hold an ice cube so you can hurt yourself without leaving any marks. So it wasn’t really helpful, so in the end I just pretended to be better so that I could leave.” (Sexual violence service)</p> <p>“She [counsellor] basically sat there and she was like, well, the first thing she said was ‘What were you wearing?’, so I’m like, straight away I don’t want to talk to you... [I] came out every time crying, and it was [family member’s] decision that I didn’t go back... When I didn’t go back, they didn’t bother contacting me for, like, ‘Are you coming or not?’, they just left it.” (Sexual violence service) p15 “I felt rushed with them [CAMHS], I couldn’t ever develop a relationship... It was always how they wanted to take it and not me. I asked a couple of times, ‘I don’t want to have CBT, it doesn’t work for me,’ and they gave me CBT. So six to 10 weeks of counselling isn’t counselling, it’s not getting to know the person, so I just, I don’t trust them at all... I explained why it wasn’t working, it was because I can’t develop a relationship with a counsellor.” (Post-abuse therapy) p16 “I had a school counsellor as well, and half the sessions he didn’t turn up to, they just ended suddenly. My last CAMHS worker said she would give me at least three weeks’ warning before our last session; at the end of the last session she said, ‘By the way, this was our last session.’” (Post-abuse therapy) p16</p>
<p>Finding 97</p>	<p>Some young people were not sure who had referred them or why or what had been said. Some young people searched themselves for help on line and this highlighted the need for accessible info.</p> <p>Some young people had too many people too soon, Some just ‘got told’ they were being referred Some were not sure why they were referred.</p> <p>Some young people thought they had been referred to help them change and reduce risk-taking behaviour; wanting young people to realise the safety issues but there was a point at which these messages were interpreted and internalised as a degree of blame putting themselves at risk. The authors indicate their concerns about this language and the sense of it making young people responsible for their own abuse – victim-blaming language. Issues re how young people felt about engaging with services indicate they had felt anxious and frightened so the manner in which the initial meeting was conducted was important.</p>
<p>Illustration</p>	<p>The young people were asked who made the initial referral. Two were not sure who had referred them, and the first they had known about the service’s involvement was when the practitioner had contacted them or their family to arrange a meeting. “She [teacher] explained a bit what they were, and then I just looked them up because I wondered about it. And then I self-referred because they said, if anyone else referred me... because I live outside [place], they can’t accept it from someone else, you have to self-refer it.” (CSE service) p17. “It was planned badly... It was all on top of each other... Everything just piled in all at once... Looking back on it now, I could do it [therapy] now more than anything because I’ve processed it more.” (Sexual violence service) p17”</p> <p>I just got told, obviously because of what had happened, that she [practitioner] would have to see me and talk to me about dangers, warn me about what can happen, like the online stuff, what happens, what the actual service is for, basically.” (Complex safeguarding service)</p> <p>Others had not been sure why they had been referred to a service until they had met or spoken with a practitioner: “I think they [police] have to do it with everyone, I didn’t really know why.” (Sexual violence service)</p>



	<p>“She just came knocking on my door, and at the time you see so many faces, you don’t remember who half of them are. So I was like, ‘Oh, it’s another lady from the social services.’” (Complex safeguarding service) p17. Based on what they had been told at the time of referral, a number of young people thought they had been referred to help them change their behaviour, reduce ‘risk taking’ and learn about dangers:</p> <p>“I were putting myself in danger.” (CSE service)</p> <p>“If it happened again, you know what to do. Don’t make the same mistakes.” (Complex safeguarding service)</p> <p>“They referred me here because they wanted me to realise the safety around everything and risks.” (Complex safeguarding service)</p> <p>“I had a lot of problems on social media and people and, like, inappropriate pictures.” (Complex safeguarding service)</p> <p>“She [practitioner] was like, I know you’ve been up to stuff and you’ve been hanging around with bad people, so I’m going to work with you about that.” (Complex safeguarding service)</p> <p>“It’s just scary to meet someone new and talk about stuff like that.” (CSE service) “[I felt] very nervous, anxiety kicks in.” (Post-abuse therapy)</p> <p>“I was a bit nervous because I’ve got this thing about meeting new people... It’s a sense of, if I don’t feel safe around them, I won’t talk to them.” (Complex safeguarding service)</p> <p>“I felt nervous because I didn’t know what it was going to be about. But then when she explained I felt alright.” (Complex safeguarding service)</p> <p>“I think the first time she came into school to speak to me... I were a bit nervous, but then it sort of just like flowed.” (Complex safeguarding service) p19.</p>
<p>Finding 98</p>	<p>The support received for each young person focused on three main areas - understanding abuse and risk, therapeutic interventions, and support with the police and court procedures.</p> <p>Young people described methods employed such as; watching videos, discussing scenarios, talking re feelings, planning court cases.</p> <p>Young people identified the Importance of relationship with practitioner and the qualities of the practitioners as of most importance. These included:</p> <ul style="list-style-type: none"> Just ‘talking’ At ‘own pace’ Confidential Feeling safe Info re their case Build a relationship; where practitioners worked hard to do this She came to me on my terms Less formal environment Not time limited; open-ended A good ending to support/not abrupt or without warning Non-judgemental Felt cared for; could share; could open up and be listened to Structure and consistency
<p>Illustration</p>	<p>“She brings videos to watch about people who were getting groomed and stuff online or were meeting other people that they shouldn’t be meeting... We do, like, matching the, when you have a positive, a good and a bad side, and then you put the good on one side and what’s not good on the other side.” (Complex safeguarding service)</p> <p>“She makes me feel really comfortable and we talk about things. If I’m stressed, I’ll just talk to her about it and we’ll do fun things.” (CSE service)</p> <p>“We will talk about stuff. It could just be, like, I could rant about my week... It’s just talking.” (Post-abuse therapy)</p> <p>“We were basically planning the whole police case... to get ready for whatever was going to happen next.” (Sexual violence service) p19 “Just having someone to talk to about things.” (CSE service)</p>



<p>“I get to talk to somebody about how I feel and stuff... I think when I am with her, if there is something I need to share, I can share to her.” (CSE service)</p> <p>“Just having that, like, friend kind of person to go and talk to about anything, it doesn’t have to be the situation... Something happened at school last week, so I literally just texted [practitioner] and she came round and she was, like, how are things and stuff. It’s just nice to know that you have that person to talk to.” (Complex safeguarding service)</p> <p>“It’s just somebody that I get to talk to. I’ve had no other support at all, not even from the school. [Practitioner] is the only person that I’ve had.” (CSE service)</p> <p>“I think not being forced to talk about things in a way that you don’t want to... Because if someone is going to force you to open up, I’m just not going to talk, and I have started to open up a little bit more. So I think it’s just letting me lead it, letting me lead where I want to go with it and then going from there.” (Post-abuse therapy) p20</p> <p>“I think the fact that it’s private and confidential... you can just say anything you want and you know that they’re not going to tell anybody unless it’s life threatening.” (Post-abuse therapy) p20</p> <p>“They’ve made me feel very comfortable, made me realise that nothing was my fault, that it was always the adult that I was involved with. They were just always really supportive with me, they cared about me... It’s just a feeling around them that I feel safe around them.” (Complex safeguarding service)</p> <p>“About keeping passwords safe and not letting anyone message you [who] you don’t know. Block them straight away and tell somebody.” (Complex safeguarding service) p20</p> <p>For those young people being supported by a service that was co-located with the police, seeing their practitioner on a regular basis meant they could ask the practitioner for information about their case if the police were not keeping them updated:</p> <p>“If it wasn’t for [practitioner], I wouldn’t hear nothing... They don’t tell me nothing. I’ve not heard from the police in, like, five months so I ask [practitioner] and she finds out.” (Complex safeguarding service)</p> <p>The young people felt that their practitioners had worked hard to build a relationship with them, to build trust and rapport to ensure successful engagement, which had been vital to giving them the help and support they needed:</p> <p>“They brought me out of a residential home which was doing nothing for me, so I was grateful for that... When I was at the residential home, I never use to go out. I just used to be in bed. I didn’t go to school. But now I’ve moved here I go out more... I’m going to college in a few weeks.” (Complex safeguarding service)</p> <p>“She knew I didn’t want to leave the house so she’d always come to me... She was always phoning me and making sure I was okay, she would even just phone me to see how my day went... and obviously with the whole police thing, she helped me a lot with that... She was very helpful.” (Sexual violence service)</p> <p>“With most agencies, they say it’s quite formal and you’re going to be doing this, this and this, whereas it’s more relaxed and they actually talk to you like a human being, not a client.” (Complex safeguarding service)</p> <p>“Some people are a bit more intimidating, if you know what I mean. Like, they don’t talk to you in a way that makes you feel comfortable enough to talk to them properly, whereas [practitioner] does.” (Post-abuse therapy)</p> <p>“It feels like a friend but it’s not a friend, do you know what I mean... We were just</p>



	<p>chatting the whole time, it didn't feel formal, it was just like sitting here talking to a friend... I was comfortable with her." (Sexual violence service)</p> <p>"I would be like I was speaking to just a friend about it and I could relax." (Complex safeguarding service) p21 "I've been reassured by everyone at [service] that I've spoken to that it is not just going to end... and I could be in counselling with them for 10 weeks or two years, so it just depends what I need." (Post-abuse therapy) p21 "They talk to you in a way that doesn't make it frightening... or they are not going to look at you in a different way." (Post-abuse therapy).</p> <p>"From my experience, I think it's more the fact that there's someone that isn't going to judge you. They're there to listen and not actually judge you on who you are or what you've done or anything... [They] listen to what you have to say and how you're feeling and then... they help with it, not say what you should or shouldn't do. They advise what they would do, and you can sit there and think, 'Actually, would this help me or not? I can try and see if it helps me or not.'" (Complex safeguarding service) p21</p> <p>"Being able to talk about things that bug me, that could [be] not related to anything that happened in the last year or, like, something that has bugged me today, but it does help... to talk to someone who actually listens." (Postabuse therapy). p22 "It felt like she was seeing me a lot more than she was seeing anyone else, if that makes sense... She must make everyone feel like that but it was nice that she made such an effort with me... She remembers all the names of the dogs... She remembers my sister's name and everything." (Sexual violence service) p22</p> <p>The need for structure and consistency was often spoken about by young people with learning difficulties: "Especially with people with autism and ASD, I think a common symptom is we don't like change and we don't like irregularity. Having something that is regular... a rigid three o'clock Tuesday every week, three till four, and she's [practitioner] there to the minute, and there has only been once when she has been late and that was because of the school rush and the bus and everything, and she was only about two minutes late. So it's the consistency." (Post-abuse therapy)</p>
<p>Finding 99</p>	<p>Outcomes considered to be important from the perspectives of yp. - Being able to speak up/out.</p> <ul style="list-style-type: none"> » Help with emotions. » Help with relationships/friendships. » Support for your future. » Support at school/college/work. » Help with feeling safe. » Help with your physical health. » Help with your mental health. » Support with being in care. » Support to help with leaving care. » Help with a learning difficulty. <p>The two additional outcomes mentioned were "Help with going missing/running away" and "Support with bereavement".</p>
<p>Illustration</p>	<p>"They all play a part because they bounce off each other. If you're improving in one, you'll improve in another one because of that one." (CSE service)</p> <p>"They are [important] because it's your whole life. I know it's a sexual exploitation service but it doesn't matter what service it is... When you are that age and you are going through all that stuff, you need someone to check up on everything that's going on in your life." (Complex safeguarding service). p24 "Well, personally, when I started to see them, I couldn't control my emotions at all. If I got angry, I'd start screaming and throwing things. I couldn't control myself. I didn't know myself or let anyone else get to know me like that. So, that is important to me because you learn to talk about them, and they will advise you and give you guidelines on how to control your emotions." (CSE service).</p>



<p>“They’ve helped me quite a bit with my mental health, like with coping mechanisms with my anxiety and what to do when I’m feeling down and things like that’ (Complex safeguarding service)</p> <p>“Think of ways differently. So if something bad has happened, think of it in a different way so it makes the situation better.” (Post-abuse therapy)</p> <p>“Help with feeling safe, because... obviously you’re going to have someone there who will be able to like help you and make sure... you’re not going to hurt yourself or something like that.”</p> <p>(Complex safeguarding service) p24. “I used to self-harm and stuff. They were like, ‘Look, there’s a team called CAMHS and they’re really good and they can help you and we can take you there, we can come to your appointment with you.’ It was like, they would always come with you, you never had to do it on your own, they won’t just make a referral and send you on your own, they come with you and they sit with you and they’re there for you... So they work one to one with us and come to meetings as well.” (Complex safeguarding service) “They were really good, they had their own nurse here [at the service]... She would literally come and do check-ups all the time and they used to, like, even if I went to school or whatever, they used to try to get the school nurse involved. They came to my GP appointments with me sometimes, because I didn’t want to go to the doctor’s but they knew that my health was bad at the time so they did everything they could. They used to ring my doctor’s themselves and try to make an appointment for me before the nurse came, and when the nurse was here they used to always get me like a full health check.” (Complex safeguarding service) p25 “I used to just meet people and I’d always see the good in them and never see no bad... Now I’m more wary. If I meet someone... just observe what they’re doing and how they act around people, then decide whether or not they’re good enough to be in my life or not. That’s what I do.” (Complex safeguarding service)</p> <p>“When I started to see [practitioner] I was still with my boyfriend, who was a suspect in my case. So, that wasn’t nice and we talked about mental and emotional abuse from my boyfriend to me, and friendships because my friends started to bully me because of my situation. So they’ve really helped a lot with that. They helped me realise that those people are not who I think they are.” (CSE service) p25 “Well, she helped with speaking out... because I don’t like speaking about what happened, but if someone asked me what happened I would be able to tell them – I’d be crying my eyes out while telling them, but I would be able to say.” (Sexual violence service)</p> <p>“I kept myself quite quiet and secluded, I never really spoke to anyone about anything, really. [Now] I find it a lot easier to open up about my feelings.” (Complex safeguarding service)</p> <p>“When something like this happens, you don’t feel like you’ve got a voice at all. Even in just everyday life, talking to [practitioner] and going over it in your head, making you feel like you’re not crazy... you can talk about it and not feel like an idiot. It just helps you to get your voice back.” (CSE service) p25 “They made me feel more safe within myself, and helped me make safer decisions with my life.” (Complex safeguarding service)</p> <p>“Feeling safe is like knowing you have someone there for you, so just being able to listen.” (Post-abuse therapy) p26 “[Education] was the most important thing which I got... Because if they didn’t [give me support], I wouldn’t have got my GCSEs and that is so important now. Like, certain exams I don’t have to do now because I got my Cs, I’m like, this is brilliant.” (Complex safeguarding service)</p> <p>“It helps with all of the rest of these – if you get support at school most of the week, you know that is going to help with everything else if you get good support at school, more help with your friendships, whatever, your emotions. You get more confident if you get more support at school, whatever, you get support for your future and</p>
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	<p>that is obviously the same thing.” (Post-abuse therapy) p26 “[Practitioner] would maybe email my school and say she’s struggling or feeling upset or whatever... I think they [school] thought, ‘It’s over, she’s fine now, she can get back to all her work,’ but it’s not always the case... It’s just trying to get them to understand that, and my mum had to try and get them to understand that as well, because I wasn’t always able to come in and they wouldn’t get that. They would just tell me off or whatever... The school thing is quite important, because people spend a lot of time in school, so they need to be there for support as well... I feel like... she [practitioner] does get what I’m saying, but I feel like she’s on the school’s side as well, because... I don’t know. I’m on my final warning because I’m behind on work and because I’ve missed lessons. If I have missed lessons, it’s been for a bad reason, because I’ve been with someone I haven’t wanted to be with or whatever, but the school don’t really get that... I feel like they don’t fully understand, but I guess there’s only so much they [service] can do because it’s the school’s choice as well... You do try and do what they want, but I don’t know, it doesn’t help. Then my parents get annoyed because they know what’s gone on and they feel that the school aren’t taking that into consideration. Because I feel like, with the school, they mainly focus on the attendance and the grades, whereas there’s other things to that as well, so that can be a bit frustrating.” (CSE service) p27</p> <p>“Because I didn’t go to school and I was worried I was going to get nowhere, so she was obviously, like, ‘Don’t worry, you’re a clever girl’ and whatever.” (Sexual violence service) p27</p>
<p>Finding 100</p>	<p>Yp felt schools and colleges needed more awareness and understanding of sexual abuse and exploitation and of the impacts of trauma on a young person and their education.</p>
<p>Illustration</p>	<p>It was felt that schools and colleges do not have as much awareness and understanding of sexual abuse and exploitation as they do about other risks specific to young people (e.g. physical abuse and emotional abuse) – nor as much awareness and understanding of the long-term impact of these traumas, even when the abusers, risks and dangers have been removed. Practice to support better understanding, and to support schools in meeting these young people’s needs, was seen as vital. p34</p>
<p>Finding 101</p>	<p>Recommendations from the young people for improving CSA services.</p> <ul style="list-style-type: none"> positive initial contact not blaming improved partnership working; closer working with the police from the start training together across agencies. <p>Some yp thought group work would be useful;</p> <ul style="list-style-type: none"> peer support out of hours services online chat designated MH support worker someone to take a genuine interest funding.



<p>Illustration</p>	<p>“I would make them feel as comfortable as possible and make them feel like they are worth the support.” (Complex safeguarding service)</p> <p>“Get [practitioner] to talk to them first and tell them what she is going to be doing with them and stuff.” (CSE service)</p> <p>“Make them understand it’s not their fault and stuff.” (CSE service)</p> <p>“You’re not in trouble, you just need a bit of help and support.” (Complex safeguarding service) p31.</p> <p>“I’d work more closely with the police so that, when investigations start, more is done and people get help sooner rather than later.” (CSE service).</p> <p>“I think they [services] should get training off each other – so, you know how teachers get trained by other people, I think they should all train together so they’re all taking ideas off each other...</p> <p>If [practitioner] was doing something better than somebody else, then she would give advice to them – and then if that person was doing something better than [practitioner], then she would help [practitioner] in that way.” (Post-abuse therapy) p31 “It makes you feel like you aren’t alone.</p> <p>It makes you more comfortable to know that other people go through the same things, and it just uplifts you because you don’t feel by yourself.” (CSE service)</p> <p>“I understand not everyone would want to, but personally I would like doing some [group work], being social and talking to some people. But like, give them the choice, say one day after school or after whatever or on the weekend, just go in and just sit and meet up, and just things like that – but obviously everyone has a choice if they want to do it or not.”</p> <p>(Complex safeguarding service) p32 “Having somewhere out of working hours to have support as well... Because if they all go off at five... things don’t just stop then... In the working hours they have time at school so you’re safe then, but if it’s the weekend it’s a bit more of a vulnerable time... It’s just at the weekend sometimes, you could do with some support. Say I text [practitioner] on a Friday night, I know she won’t read it until the Monday.” (CSE service)</p> <p>“I don’t know if this is possible, but... I think if they had an online chat or something... so it’s there all the time, maybe, or if there was someone on a night shift that you could speak to.” (CSE service) p32 “Mental health as well, I’m not really sure if they do much around that... If people have been through trauma, they might need help with mental health... You could always speak to someone if you went there, but I don’t think they’ve got anything specialised.” (CSE service) p33 “I do think that services like this deserve more funding than they get, definitely... I think [service] really does make a difference and, yes, that is it really, they make a difference.” (Post-abuse therapy) p33.</p>
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<p>Franklin, A. and Smeaton E. (2017) "Recognising and Responding to young people with learning disabilities who experience, or are at risk of, child sexual exploitation in the UK." Children and Youth Services Review 73:474-481.</p>	
<p>Finding 102</p>	<p>Young people with learning disabilities are particularly vulnerable to sexual exploitation due to factors including: failure to recognise their emerging sexuality as they get older.</p>



Illustration	Supporting previous evidence on the abuse of disabled children, the findings from this study indicate that young people with learning disabilities are particularly vulnerable to sexual exploitation due to a number of factors that include: children and young people adequate sex and relationship education or to recognise their emerging sexuality as they get older. In addition, a failure of adults to notice the exploitation. (p.11)
Finding 103	Majority of professionals, and many of the young people, interviewed spoke about how young people with learning disabilities can be overprotected and not given opportunities to learn, develop and take risks in the same way as their non-disabled peers – thus rendering them in effect unprotected
Illustration	Ellie is now 23. She has a learning disability and describes herself as naïve and impulsive. Ellie described how, because of a medical condition, her special school insisted that her mum had to pick her up and drop her off every day and that she must not step outside the gate even if she could see her mum coming down the street. Ellie had little opportunity for socialising and was not prepared for adult life and for moving into supported living accommodation. She thought the man she met at her new home was her boyfriend, but he was controlling and isolated her from her family and then exploited her. (p. 12)
Finding 104	Way professionals and other adults infantilise or are overly nice to young people with learning disabilities increases their vulnerability to CSE
Illustration	"Lots of people are just so nice to young people, and adults, with learning disabilities and so patronising sometimes [...] and I'm wondering if, from a young age, these young people with learning disabilities are surrounded by people being nice to them and think that everybody is like that... and then when somebody tries telling them that not everybody is actually like that, they don't understand it because it's not what they know and it's outside of their understanding." (professional p.12)
Finding 105	Disempowerment of young people with learning disabilities increases their vulnerability to CSE, and reduces their likelihood of disclosing abuse or professionals taking their disclosure seriously.
Illustration	Professionals across the sample identified that the tendency for young people with learning disabilities not to be listened to, empowered or involved in decision-making about their lives could play a part in creating increased vulnerability to abuse and possibly influencing professionals' responses to some disclosures of CSE. A lack of empowerment might also mean that disabled children might not think they will be listened to or believed and so remain silent. (p.12)
Finding 106	Young people with learning disabilities social isolation and desire to cultivate friendships makes them potentially more vulnerable to grooming and CSE.
Illustration	"Young people with learning disabilities are a perpetrator's dream...They're often lonely and isolated. Many of them have not had a boyfriend or a girlfriend but would like one. Many spend a lot of time online. They are less likely to understand that sexual exploitation is wrong and are so easy to groom." (professional p13)
Finding 107	Young people with learning disabilities desire to be 'normal' also increases their vulnerability to CSE and getting involved in gangs/criminality



Illustration	Wanting to be “normal” is part of their teenage process and so they get caught on the edge of gangs, they get used by gangs, because they are vulnerable, they get sexually exploited within the gang and they also end up being the ones getting caught [when involved in criminal activity] (practitioner, p.13)
Finding 108	Lack of adequate sex and relationships education and knowledge concerning sexual exploitation increases young people's vulnerability to CSE
Illustration	"We need good sex education and awareness work with young people with learning disabilities, especially around boundaries, what is and isn't socially acceptable, how best to work with and empower these young people, and self-protection skills and undertaking safe risks." (professional p.14). The small minority of young people who stated that they had received sex education reported that this had not adequately covered relationship issues, information concerning the giving and receiving of consent and how relationships can potentially be exploitative. Some of the young males who participated in the research had questions relating to their sexual orientation and did not know where to go to find information – seeking information online had placed them in vulnerable positions. p 14
Finding 109	Lack of prioritisation of sex and relationships education linked to perception of young people with learning disabilities as asexual
Illustration	"We don't want to think that disabled young people have sex; we don't want to think that disabled young people can be exploited and be exploitative." (professional p.13)
Finding 110	Lack of relevant materials, time and expertise further decreases young people with learning disabilities access to sex and relationship education.
Illustration	Teachers and education providers in specialist and mainstream schools do not have relevant materials or expertise to teach sex and relationships education with young people with learning disabilities ... Interviewees repeatedly spoke of the need for time and dedicated support to explore these issues with young people. p.14
Finding 111	Failure of adults to recognise signs that young people with learning disabilities are experiencing CSE, and attributing these signs instead to disability, increases their vulnerability
Illustration	"We also had a young man referred [to the specialist CSE service] due to concerns around missing from home, getting involved in crime, starting to shoplift, starting to use drugs and alcohol and starting to become aggressive at home with family [...] and then you identify that, actually, there's all sorts of issues around autism, which they think is getting worse, and he's under review for other disabilities [but] those things are almost an aside: “Oh well, that's why he behaves the way he behaves” – kind of thing, and the sexual exploitation being almost an: “Oh, right, so there's sexual exploitation too?” (Professional p.15) Analysis of the research data indicated that to fully meet young people's needs, professionals need to be knowledgeable about both CSE and learning disabilities.
Finding 112	Invisibility of young people with learning disabilities to services, including because of a failure to diagnose impairment, increases their vulnerability to CSE



Illustration	"I have worked with young people where we have felt very strongly as a professional network that this young person has either a very severe learning difficulty or a learning disability [...] and they don't get a diagnosis – but yet, we're seeing young people where they've forgotten their name, or they can't do very simple self-care, and they can't travel independently. (Specialist CSE Worker, p.16) "I had to go to loads of different schools because I was just getting kicked out [of school] all the time... I wasn't going to lessons; just wasn't listening really. I was in trouble [at school] all the time: swearing at teachers... getting into fights...And because [school staff] didn't understand [that I had Asperger syndrome], I just got called a naughty child." (young woman with Asperger's, p.16)
Finding 113	Gaps in national and local policy and lack of implementation of local guidance further increases young people with learning disabilities vulnerability to CSE, especially given the importance of multi-agency working in tackling this issue highlighted by professionals
Illustration	"I think it is important to adopt a multi-agency approach in working with all young people and very important for schools and those caring for them to be trained in CSE to be able to 'spot the signs', raise concerns and work with agencies to help them communicate and support young people. Also improved access to and communication with health professionals and those responsible for assessing and diagnosing learning disabilities would help as it can be difficult to determine how to help and support a young person." (professional, p.17/18)

Franklin, A. and Smeaton E. (2018) "Listening to young people with learning disabilities who have experienced, or are at risk of, child sexual exploitation in the UK." Children and Society, Volume 32 pp 98-109	
Finding 114	Young people with learning disabilities face additional barriers to identifying and disclosing CSE, often disclose only after receiving CSE services
Illustration	In only a small minority of cases did the young people seek help because they understood that what they were experiencing was abuse. Some young people only disclosed what was happening, or had happened, to them after receiving support at a CSE service – they had been referred to the service after being identified as at risk of CSE (p.6)
Finding 115	Young people with learning disabilities often only disclosed CSE after a long time and as a result of having access to someone they could trust
Illustration	The young people interviewed spoke about the importance of the reaction of those who they had disclosed to. "She was really nice ... She didn't judge me. ... She listened to me. ... I trusted her." Zoe, aged 19.
Finding 116	Young people reported professionals and sometimes parents were often not interested or not enquiring about their lives



Illustration	For those young people who had social workers, most felt that they had not had a strong and supportive enough relationship with them to speak to them about their situation. Young people also reported finding it difficult to talk to parents/carers. young people reported that often professionals who were supposed to be supporting them were not interested in their lives and not enquiring, for example, about where they had been and what they did, and/or ask if they were in a relationship. A number of those interviewed said that if they had been asked about their lives they might have spoken about what was happening to them earlier and at the time of the exploitation. (p.6)
Finding 117	Some young people with learning disabilities reported that they had not been believed after disclosing CSE
Illustration	One young person who repeatedly ran away explained how her social worker reacted to her disclosure; “They said that canna be happening and that canna be happening... so you aren’t even listening to what I am saying.” Shannon, aged 17. When asked whether the social worker had listened to her when she disclosed, Chantelle, aged 14, also reported; “No, not at all. They just thought we were being silly or dramatic but we were just telling the truth. They made us feel like it was our fault.” (p.7)
Finding 118	A child centred approach is important to supporting young people with learning disabilities who had experienced or were at risk of CSE, and help facilitate disclosure and ongoing protection
Illustration	“The [CSE Project Workers] workers don’t tell me, “Don’t do this and don’t do that”, they advise you more about what would be a better option. They talk to you like an adult rather than like a child...“I can talk to them and ask them about anything” Shannon, 17 (p.8) Because of these positive relationships, which were often built up over a period of time, young people disclosed CSE. During the interviews the young people often stated that they would turn to their support worker if there was something that worried them, thus ensuring ongoing protection. (p.8)
Finding 119	Helping young people with learning disabilities to understand CSE is important to reducing future/ ongoing risk
Illustration	“And now I know that some people get into cars with people they do not know and bad things happen and now I realise that I shouldn’t have done that.” Emma, aged 18. “We do work like what I would like my boyfriend to be like, a good one and a bad one. We watch DVDs on grooming. It is good to watch them and see how it really is and then it’s like I don’t want to get myself in those situations cos then things can really happen. I prefer to watch a film rather than reading a book”. Katie, aged 14.
Finding 120	Ensuring support for CSE/trauma is accessible for young people with learning disabilities is important to ensuring ongoing engagement
Illustration	‘See, she’ll [the young person’s support worker] will look at me and know when I’ve switched off and will say to the trauma specialist “see, she’s not even listening to you”. Sarah (p.9)
Finding 121	Professionals working holistically with their parents is viewed positively by young people with learning disabilities who have experienced or are at risk of CSE



Illustration	<p>“She [the support worker] helped them [the young person’s parents] to understand that it [the sexual exploitation] wasn’t my fault. ... She would listen to them and help them to think of what they could do to help me. ... We’d [the young person and her parents] had been arguing a lot and they were fed up of me running away – I think they were fed up with me in general. ... She got them lots of information about ADHD and what school should be doing to support me.” Megan, aged 16.</p>
Finding 122	<p>Young people report improved knowledge and understanding of CSE and how to keep safe as a result of receiving CSE services</p>
Illustration	<p>Lauren, aged 21, described how her understanding of risk had changed through the work she had undertaken at the CSE project: “By having this help I have recognised the risk that I was in and how dangerous it was actually and I can see that my family have been really worried about me” Lauren 16 (p.10) Although it must be noted that some young people did sometimes struggle to operationalise this new understanding. As one young person described honestly, she now ‘sometimes’ thinks about possible consequences in situations which may pose a risk before taking any action and that this is an improvement as she never used to think about this.</p>
Finding 123	<p>Young people with learning disabilities report improvements in behaviour, confidence and self-esteem as a result of being listened to within CSE Services</p>
Illustration	<p>Some young people reported significant changes in their behaviour and risk-taking including no longer going missing, being settled in care placements and education provision and improved relationships with family and friends. The fundamental outcome the majority spoke of was to have been listened to and not feeling alone. Many reported improved confidence and self-esteem. (p.9/10).</p>
Finding 124	<p>Young people felt schools should do more to teach them about CSE and tailor support to their impairment needs.</p>
Illustration	<p>“They should teach kids what it is and what they can do to make sure it doesn’t happen to them.” Lizzie, 17 (p.10) One young person drawing upon their experiences of autism highlighted that teaching in this area must be delivered in an accessible and meaningful way, particularly as for young people such as himself who interprets information literally, education needs to account for this and other traits associated with autistic spectrum conditions such as difficulties associated with understanding social cues and social interaction.</p>
Finding 125	<p>Significant number of young people with learning disabilities identified a history of being unsupported or going missing as a risk factor for CSE</p>
Illustration	<p>“Everyone’s an individual but they need to make sure that those who go missing are looked after and that they look at it properly. Police just look at it like “Oh they just wanna go out and get drunk and then throw you in a cell, but they need to look and see why they go missing and look at sexual exploitation”. Katie, aged 14. (p.11).</p>
Finding 126	<p>Identifying and meeting young people's learning needs is important in reducing the risk of CSE</p>



Illustration	In considering what could be done to prevent CSE, they made many recommendations for support which would specifically address problems they had with a lack of support for their learning needs, and in identifying these needs the young people connected them implicitly with increased risk of CSE. (p.11)
Finding 127	Young people highlighted the need for provision of more CSE services in preventing/addressing CSE
Illustration	Young respondents highlighted that there was a need for more CSE services and they pointed to the specialist skills that these services have in working with young people to address CSE. They reported these skills to be the ability of specialist CSE workers to listen and be patient, and to teach them about for example, keeping safe and what exploitation is using methods and approaches which were accessible and engaging. (p.11)

Jones, C. et al. (2017) 'Enablers of help-seeking for deaf and disabled children following abuse and barriers to protection: a qualitative study', <i>Child & Family Social Work</i> , 22(2), pp. 762–771	
Finding 128	Disabled children shouldering burden of disclose/protect themselves from abuse
Illustration	"For several children, the cessation of abuse relied primarily on the child's own defensive strategies or avoidance of abusive behaviours or situations without the intervention of adults". p5 One woman explained that the abuse that she endured over a long period ended at age 14 when she resisted her father's sexual assaults. Four participants left the family home or foster home between the ages of 17 and 21 to remove themselves from abusive situations. These examples challenge notions of disabled children as passive and lacking agency, but also raise considerable moral and ethical questions about the burden placed on children due to the inaction of adults (p.5)
Finding 129	Adults' capacity of adults to detect abuse was identified as a key enabler to help-seeking for deaf and disabled children. This was only a factor for a minority of participants (n=3), suggesting that detection methods need to improve significantly to shift the burden away from children to disclose abuse. (p.5)
Illustration	Abuse was detected without a disclosure in the case of three participants. Two children neglected from birth came to the attention of child protection services in infancy and the long-term sexual abuse of one young man was detected at age 18 when the perpetrator was observed committing the offence by the police. Sadly, abuse was not detected by adults in the remaining seven cases despite its enduring and severe nature. This suggests that detection methods need to improve significantly to shift the burden away from children to disclose abuse.(p.5)
Finding 130	Disclosures of abuse often did not result in cessation of abuse
Illustration	Disclosures of abuse by disabled children often did not result in cessation of abuse. Participants described 13 examples of disclosures in total made to teaching staff (n=3), school friends (n=2), mothers (n=2), foster mothers (n=2), a brother (n=1), an aunt (n=1), a neighbour (n=1) and a priest (n=1). However, of the 13 disclosures in childhood described by participants, only two resulted in positive action leading to the abuse being stopped. Three cases of sexual abuse were investigated by the police resulting in one criminal conviction (p.5/p.6).



Finding 131	Variable awareness of the prevalence and nature of abuse of disabled children represented a barrier to disclosure for deaf and disabled children.
Illustration	Poor understanding of what constitutes abuse amongst family members, the wider community and even the professionals with whom they came into contact represented a barrier to disclosure for deaf and disabled children. Participants reported that "even where clear disclosures were made by children, adults' responses were not always experienced positively, confirming fears for some that they would not be believed, were to blame for the abuse or were unworthy of help" (p.6)
Finding 132	Behavioural signs/efforts to communicate distress were more likely to be attributed to impairment rather than possible abuse
Illustration	<p>Deaf and disabled children attempted to communicate their distress and seek help in non-verbal or indirect ways. However, participants' accounts suggest that these attempts were largely unsuccessful, and were more likely to be attributed to a child's impairment rather than being recognised and investigated as indicators of abuse. One woman expressed her frustration that her extremely challenging behaviour was not recognised as a sign of distress and an indication of the abuse she experienced from her foster carer. She said:</p> <p>The social workers should have thought why I was always so angry, why I was always behaving badly to the foster parents. Liz (adult interviewee)</p> <p>One participant whose abuse began at age eight attempted suicide at around age nine. She was admitted as a psychiatric in-patient, but never felt she was given an opportunity to disclose her abuse:</p> <p>... when I first started showing signs of mental illness I think someone should have sat down and asked me why, 'cause it's not a normal thing for an 8 year old to do. Sara (adult interviewee) (p.6./p.7)</p>
Finding 133	Enablers of help seeking and protection: opportunities to form trusting relationships
Illustration	Trust was identified as an essential element in enabling deaf and disabled children to seek protection from adults in addressing or attempting to address their abuse. "I told no-one all these years and I met my [foster] carer and I felt I could trust her. I told her everything. She told [my social worker]". Jamila (child interviewee) (p.7)
Finding 134	Disabled children report supportive relationships are a key enabler of help seeking/disclosure of abuse.
Illustration	For some deaf and disabled children their peers played an important role in providing support, including supporting/enabling disclosures of abuse. Supportive relationships (whether with children or adults) were, therefore, a key enabler of help seeking for these children. Two participants disclosed abuse to school friends. In one case this led to a formal disclosure and investigation. In the other case, no further action resulted but the child felt unburdened to some degree, having shared the information. Another young woman was grateful to a friend for accompanying her to the police station when she was required to make a video statement to the police. (p.7)
Finding 135	Social isolation and loneliness is a barrier to disclosure and increases vulnerability to abuse/exploitation.



Illustration	Social isolation and loneliness created reduced opportunities for help-seeking or support. This was a common experience among deaf and disabled participants, which in a few cases increased their vulnerability to exploitation and abuse. "I was lonely with no friends from the street. I found it difficult to mix with the hearing children in the street. They left me out." Tessa (adult interviewee)
Finding 136	High levels of professional contact does not necessarily improve detection/disclosure of abuse.
Illustration	A range of professionals including social workers, health professionals and teachers were routinely involved in participants' lives. Yet it was notable that only three participants initially disclosed to professionals (p.7). Participants' accounts reveal an apparent contradiction between high levels of contact between deaf and disabled children and social work, health and education professionals yet low levels of disclosure. A finding that requires closer investigation.
Finding 137	Enablers of help seeking and protection: relational and situational contexts both appear important
Illustration	Deaf and disabled children were more likely to disclose abuse to teaching staff, possibly because situational factors create opportunities for disclosure. Disclosures to other adults also involved situational factors, indicating that both relational and situational contexts appear, therefore, to be important enablers of help seeking. One child finally disclosed to a trusted adult following participation in a Personal and Social Education lesson regarding abusive relationships. Another child told a trusted neighbour about the neglect she was experiencing when a neighbour questioned her, having discovered her in the kitchen eating scraps of food left on the neighbour's dinner plates. This provided an opportunity for the adult to show concern and for the child to seek support. (p.7).
Finding 138	Enablers of Access to registered interpreters were seen as facilitators of disclosure and key to the investigation of abuse by deaf participants.
Illustration	One participant reported that he was provided with an interpreter at the police station. However, before the interpreter arrived he was supported by a police officer with basic signing skills. This support was very welcome: It was good to see a policeman who could sign. I felt comfortable straightaway. I felt a candle was being lit and felt warm. I was not frozen with worry ... When the qualified interpreter came, I felt more comfortable. It meant that I was able to give information with no communication problems. It went smoothly. Correct information was conveyed to the police. Paul (adult interviewee) (p.8)
Finding 139	Supportive relationships with interpreters important in enabling protection for deaf young people



Illustration	Deaf participants described a number of important additional roles that the interpreter took on, for example, being a confidante, a support, a means to avoid them having to tell their story repeatedly and, importantly, providing consistency across the various agencies with which they came into contact. (p.8).While the importance of the range of roles taken by the interpreter was stressed, this also raises some issues. For example, it is possible that in the absence of another supportive adult who is able to communicate effectively, Deaf children will naturally look to interpreters for support. These additional demands may mean that interpreters find themselves working outside the boundaries prescribed by their registering bodies and respective Codes of Ethics and allows for the neutrality of the interpretation to be questioned should evidence be put before a court (p.8)
Finding 140	Deaf participants' access to interpreters was not consistent. In some cases lack of access to an interpreter created opportunities for abuse to be concealed due to professionals' inappropriate reliance on family members.
Illustration	The abuse of two Deaf participants was investigated by the police and these individuals were provided with access to a registered interpreter. Another participant relied on communicating with a child protection worker using pen and paper. A major concern raised by two deaf participants was the routine use of (abusive) parents or foster carers as facilitators of communication. This provided opportunities to conceal abuse (p.8).

Taylor, J., Cameron, A. Jones, C. Franklin, A., Stalker, K. and Fry, D. (2015) Deaf and disabled children talking about child protection. NSPCC	
Finding 141	7 of 10 participants made disclosures during childhood. 3 did not. Some made multiple disclosures. Disclosures were typically made in adolescence, several years after the abuse began, and to a range of people (p.12)
Illustration	<p>"Seven of the 10 participants made clear disclosures of abuse in childhood in order to secure help. Three did not, including two children who came to the attention of child protection services at around the age of two and one man who did not disclose his abuse to anyone until adulthood" (p.12).</p> <p>"The seven participants who made disclosures in childhood described 13 examples of disclosures in total. These were made to teachers (n=3), school friends (n=2), mothers (n=2), foster mothers (n=2), a brother (n=1), an aunt (n=1), a neighbour (n=1) and a priest (n=1). The disclosures were typically made in adolescence and several years after the abuse began. Given the small numbers of participants, it is not possible to draw any conclusions about gender differences in help seeking behaviour although neither of the two male interviewees who experienced abuse over a number of years as children disclosed their abuse to an adult as a child" (p.12)</p>
Finding 142	Factors leading to disclosure included escalation of abuse or growing awareness of abusive behaviour and also situational/opportunities - eg neighbour sex ed lessons



Illustration	"Two triggers for disclosure evident from the data were the child's growing awareness of the abusive nature of the behaviour and the escalation of the severity of the abuse. Situational factors also appeared to be important. For example, one child took the opportunity to disclose abuse to a neighbour when the latter questioned her, having discovered her in the kitchen eating scraps of food left on the family's dinner plates. The content of a school lesson relating to sex and relationships led to a disclosure by another child" (p.12)
Finding 143	Disclosure of abuse resulting in abuse being stopped involved positive action by adults disclosed to.
Illustration	"Of the 13 disclosures in childhood described by participants, only two resulted in positive action leading to the abuse being stopped. The circumstances of these two cases were (a) a young Deaf girl who was sexually abused by a neighbour from age seven to age 11. She disclosed the abuse to her mother at age 11 when the abuse escalated to threats of intercourse and her mother contacted the police; (b) a young Deaf girl who disclosed to a school friend the physical abuse perpetrated by her father. This was brought to the attention of a teacher who set in motion a child protection investigation. The girl was placed in foster care." (p.13)
Finding 144	Disclosures of abuse often did not result in professional involvement or cessation of abuse
Illustration	"Disclosures reported by the other five deaf and disabled participants did not result in a positive outcome despite, in four cases, multiple disclosures being made. Participants' accounts suggest a number of possible reasons for inaction including deaf and disabled children not being believed by adults to whom they disclosed, the seriousness of their disclosures being misunderstood or minimized and disclosures being made to children or vulnerable adults who were not able to act effectively on the information. In the majority of cases disclosures did not lead to referrals to professionals for child protection investigations. In one case a child's disclosure of familial sexual abuse at around age 13 resulted in a formal investigation yet the abuse continued. This appears to have been a particularly complex family situation". (p.13) Triggers for abuse to end (other than through disclosure) involved child leaving the family or foster home in young adulthood (n=4), moving from home country to the UK (n=1), abuse being detected by the police and the abuser hanging himself (n=1) (p.14).
Finding 145	Disclosures to friends were usually to seek psychological support rather than in expectation of action, but this sometimes reinforced child's sense of helplessness.
Illustration	"Participants' accounts of disclosure to school friends suggest that they did not have an expectation that friends would act on disclosures, but were instead seeking psychological support or meeting a need to share the burden of keeping it secret. In some cases disclosures to friends appeared to reinforce the child's sense of helplessness to address the abuse or confirm fears of the widespread occurrence and therefore, normality of the abuse of deaf and disabled children." (p.13) " I was angry because they expected me to forget it. But I had to tell some of my friends later from England. We shared similar experiences. They have been abused too!". Tessa 5F (p.14)
Finding 146	Adults inaction on children's disclosures allowed perpetrators to continue the abuse
Illustration	"The inaction of adults to whom children disclosed meant that further opportunities were presented to perpetrators to continue the abuse. In one case the failure to detect abuse during an investigation seemed to embolden the abuser with the result that the abuse escalated." (p.14)



Finding 147	Participants identified several triggers for abuse to end (other than through disclosure)
Illustration	"The triggers for various aspects of abuse to end other than through disclosure included: participants leaving the family home or foster home in young adulthood between the ages of 17 and 21 (n=4); a child resisting her father's sexually abusive behaviours at age 14 (n=1); and the abuse being detected by the police at age 18 (n=1) and the abuser hanging himself (n=1). In another instance sexual abuse of a Deaf child by a community member had ended only when she and her family moved from her home country to the UK. This child had formerly resided in another country and only disclosed the abuse she experienced while living there when she entered foster care in the UK. We are not aware of any action being taken in relation to this abuse in the child's country of origin." (p.14)
Finding 148	Behavioural signs/efforts to communicate distress and seek help often brought young people in contact with services but did not necessarily increase the likelihood of detection or prevention of abuse.
Illustration	"As well as clear disclosures being made by participants, examples were also given of other ways that participants attempted to communicate their distress and seek help" (p.14). "... when I first started showing signs of mental illness I think someone should have sat down and asked me why 'cause it's not a normal thing for an 8 year old to do. Sara 1FA" (p.14) "The social workers should have thought why I was always so angry, why I was always behaving badly to the foster parents. Liz 11FA " (p.14) "From these two examples it seems that, perversely, such expressions of distress can bring deaf and disabled children into close contact with services and yet not necessarily increase the likelihood of detection or prevention of abuse. In the case of Sara (1FA) a further disclosure of familial abuse in her teens was investigated by social services and police, but no action taken against the perpetrator. Social services remained involved with the family, who had multiple problems, but the child did not escape the abuse until she was moved into a hostel at age 17. " (p.14) Participants described a number of behaviours that children used to communicate their abuse and convey their distress. Sometimes children's behavioural indicators of abuse were very subtle, for example, a pupil in a residential school requesting to become a day pupil as a strategy to avoid abuse. In other cases they included naughtiness, defiance and extremely serious behaviours such as attempted suicide." (p.15)
Finding 149	Deaf and disabled children's difficulties in disclosing abuse was additional source of distress for children
Illustration	"Participants often maintained a silence about their abuse over many years. This was an additional source of distress for children" (p.14) "It was wrong but I kept quiet. I didn't know how to tell anyone. I didn't know how to break the silence. I didn't know how to tell my Mum that he had been touching me. I didn't know how so I had to keep quiet. Tessa 5FA" "It was not easy keeping it quiet. Jamila 6FC "I didn't know to how tell someone? It was very difficult. I felt stuck. I felt helpless. David 7MA" "When disclosures were finally made, they were sometimes described in terms of an error: I slipped and told [the foster carer]. Jamila 6FC" (p.15)
Finding 150	Even when opportunities to disclose were presented, however, children did not necessarily feel able to recognise or act on them (p.15)



Illustration	<p>" Sometimes, people would ask me and I wouldn't say anything. I know if I told someone, they may tell someone. I didn't want that. Jamila 6FC" (p.15)</p> <p>"I remember the social worker saying to me: 'Oh that's good, that's good that you get on with your mum's boyfriend, some kids don't'. And I felt like I would have been betraying everybody if I'd have said 'Well, actually sometimes he's not very nice'. I didn't feel I could say that. Maggie 10FA" (p.15) Children's inability to disclose was sometimes related to their desire to protect parents and the wider family: "If I told them what happened to me, they would be upset. I couldn't do that to them. I didn't want the family to break down. It was a risk. David 7MA "(p.15) "missed opportunities [to disclose] were a source of regret for participants: "She said, 'Are you alright?' She was suspicious and not sure. I couldn't tell her...I had to tell her that I was fine. 'I am alright'. I had to... I kept denying. David 7MA " (p.16)</p>
Finding 151	<p>Disclosure process was very difficult for the child and required a careful, skilled response from adults that inspires trust in the child</p>
Illustration	<p>"...I didn't really verbalise it at first. She like asked me if it had happened and I said yeah. I think if she hadn't of asked me I probably wouldn't have told her. Sara 1FA"</p> <p>"Participants' described the difficulties of trusting an adult adequately to seek help from them. "I had to keep it as a secret. I didn't know whom to trust to tell about what happened to me... Jamila 6FC" (p.16.)" I think with me, I would've needed somebody who was quite intuitive to be able to get that kind of information out of me in the first place, because I wasn't...because I felt it was all my fault, it would have been very hard to get that information out of me. Maggie 10FA " (p.17)</p>
Finding 152	<p>Adults disbelieving, blaming or punitive responses to children's responses often discouraged them from making further disclosures</p>
Illustration	<p>"I was called a liar, you know...so then I was, you know, was too afraid to try and tell anyone anything 'cause I didn't think that I would be believed. Maggie10FA" ... she'd turn round and say 'Oh he's only playing and...he doesn't mean anything' or sometimes she would turn round and say 'You deserve it...' Maggie 10FA " "I told my foster mother what happened. 'Uncle [name] touched me on the breasts!' She said, 'Don't be stupid!'. I tried to tell her that he did touch me. She just said, 'Don't be stupid!' She was annoyed with me. Liz 11FA" "... the priest told me that I shouldn't tell stories like that and he must've spoke to my father who was big in the Catholic society there and the priest came to my house and said to my parents that I was, erm, a liar and I was telling stories and they took me to a retreat to repent. Wendy 8FA " (p.17).</p>
Finding 153	<p>Participants reported mixed professional responses to disclosures of abuse, some felt abandoned when their case was closed or reported that a lack of appropriate support and not feeling listened to had added to their frustration and distress.</p>
Illustration	<p>"... that was it, [the social worker] just left and then I think they told my mum and then yeah they just closed my case. Sara 1FA " (p.17) "I was never offered counselling. Nothing! They expected me to forget about what he did to me...This meant I had to get on with life but I was frustrated. I got into trouble. I was naughty. I was angry because they expected me to forget it... Tessa 5FA (p.18) " I did have counselling but with a woman who couldn't sign. She would use a laptop to communicate with me. She typed, 'How are you?'. I thought it was strange. I typed back 'I am ok'. She said, 'Do you want to talk about anything?' ... It wasn't possible because we couldn't communicate with each other. Tessa 5FA " (p.19)"...sometimes I didn't understand what [name of social worker] said...They didn't look at me when I was talking and try to pay attention to what I had to say. They would be looking at their papers. Researcher: Ok. How did that make you feel? Lewis: Not good.... [later in conversation] it was better when they listened. Lewis 9MC"</p>



Finding 154	Some participants reported more supportive professional responses to disclosures of abuse, including feeling listened to and that appropriate action was taken, despite some ambivalence about being separated from their families
Illustration	<p>"Eventually, I received counselling for two years in [city]. After the counselling sessions, I felt better and accepted things. Tessa 5FA" "Some services were more responsive. One girl explained: .. the school contacted the social worker. It was home time [from school] and the social worker came to have a chat with me. She then told me that I had to stay with a carer. I said ok. At first, I stayed at a social work place. Two social workers talked to my father about what happened and they asked him to pack my clothes. They brought them over and took me to a carer's home. Jamila 6FC" "The same girl, however, expressed dismay and confusion in relation to the social worker's decision making saying: " They had to protect me. They thought I had to be away from my father. I wish that I could stay with my father. I really want to because when we are apart, sometimes I feel worse. Jamila 6FC " (p.19) "Another more positive report of long-term support came from a Deaf young man whose abuse became known to the police at age 18.: "I had the same person all the time. I wouldn't have anyone else. I didn't want anyone else because they wouldn't have the background information – what happened to me... I think it is really important to have the same interpreter all the time. Paul 3MA " (p.20)</p>
Finding 155	The quality of some foster care provided to deaf and disabled children emerged as a concern.
Illustration	"One participant described having five foster care and residential care placements in the 10 years that she has been looked after by the local authority. Both this participant and another described abuse by former foster carers, one in the last 10 years and one more than 30 years ago. It must be stressed, however, that there were no concerns regarding current foster carers. " (p.20)
Finding 156	Participants frequently reported that, as children, they did not classify their experiences as abusive despite these experiences including examples of abuse such as inappropriate sexual contact and physical harm
Illustration	<p>"I think ... I'd grown up around it for like ages it was like all I know and I just thought it was normal. Sara 1FA ... I didn't know it was illegal. There was no information, there was no books when I was kid, or posters, nothing. There was no information, didn't have social workers. Wendy 8FA" "... I didn't realise that it was abuse, I didn't know that what was happening to me was wrong. Maggie 10FA " (p.22). "lack of awareness appeared to be particularly an issue where a child was younger at the time that the abuse started and where the seriousness of the abuse escalated over time ... however, they did feel distressed by the behaviours directed towards them. "...when you're immersed in an abusive environment as a child, you don't realise that it's abuse, I didn't know it was abuse, I just knew I was unhappy, I knew I didn't like how I was being treated, but I didn't realise it was abuse, I didn't know it was wrong, or that it shouldn't have been happening to me. Maggie 10FA " (p.22). "It was only later as participants matured and moved into adolescence or even adulthood that they understood the abusive nature of these behaviours and questioned their acceptability: ...we learnt about [abuse at school] and then realised it wasn't normal. I thought if I tell somebody it might stop happening. Sara 1FA " (p.22)</p>
Finding 157	Children's own lack of awareness of abuse sometimes further compounded by parents' naivety/ mixed messages or inaction about risk/presence of abuse (p.22)



Illustration	<p>"One participant described her mother's naivety or inattention to possible risks to which her Deaf daughter might be exposed:"My Mum would check where I was and she thought I was ok because she knew the old man. Tessa 5FA " (p.22/23)" "There were also examples of physical indicators of abuse, such as bruising, going unrecognised by adults: "I still don't understand how my teachers didn't see any signs of abuse...things like in the summer, I would never take my jumper off because I always had bruises on me...because I didn't have privacy at home, so I was too afraid to have a bath properly...I knew that I smelt really bad, I knew that... Maggie 10FA " (p.23)" "Even more worryingly ... in some cases the non-perpetrating adults present in their accounts were aware of the abuse and, through their inaction, complicit in it continuing" (p.23).</p>
Finding 158	<p>Credibility of deaf and disabled children's disclosures called into question (sometimes on basis of their behaviour or disability)</p>
Illustration	<p>"Even where a clear disclosure was made by a deaf or disabled child, adults' responses were not always positive or decisive. One children's disclosures were undermined was for their credibility to be called into question [sometimes on basis of their behaviour or disability]. This was a strategy often used by perpetrators to assert their innocence: I had to tell [my mother] that he has been touching me for a while. She was so angry. She walked over to his house and knocked at his door and shouted, 'You are a bastard for what you have done to my daughter. You touched my daughter. My daughter told me that you touched her'. The man tried to ask her to come in the house. He said: 'I never touched your daughter. She is lying. I have never touched her.' He tried to give her a cup of tea to calm my Mum down. He kept saying that he never touched me. Mum started to get confused - who was telling the truth. She came back home and asked me to tell her the truth. I said, 'Yes, I am telling the truth. Yes, he did touch me'. Tessa 5FA (see other quotes x 2 p.23/24)</p> <p>"In some cases the response of the professionals who received the initial disclosure was also felt to be undermining: "I remember when I told [the teaching assistant] I had to go to another four teachers like all at the same time, I didn't really appreciate that and then, but one of the teachers I got along with so I did talk to her. Sara 1FA" "This sort of dynamic was even evident in our interviews with people with learning disabilities. One participant with learning disabilities told a story during the interview that was called into question by the person accompanying her but was later confirmed to be true." (p.24)</p>
Finding 159	<p>Deaf and disabled children shouldering the blame for abuse</p>
Illustration	<p>"Blame was a common theme in participants' accounts ... This sense of self-blame was often reinforced by abusers and acted as a barrier to help seeking: "... when I was growing up - over 10 years - I always thought, it was my fault because I didn't know. At the start, I didn't know but later, I realised he was actually abusing me. I didn't know how to tell. It was really difficult. I thought it was my fault or what is his fault? Or both, our fault? Then I started to think and panic that I can't really tell anyone because people will tell me that it was my fault. But really, it was NOT my fault. Paul 3MA" (p.24)" "This act of blaming children was in some ways an abusive act in its own right: "... sometimes she would turn round and say: 'You deserve it, you know, you used to be such a happy lovely little girl and now you're this awful, sullen monster and if you don't, if you don't pull your socks up, I don't think I can love you anymore. Maggie 10FA" (p.24) "Where disclosures of abuse led to contact with the police, this suggested to children they were in trouble or were somehow to blame. The negative responses of adults when disclosures were not believed also appeared to reinforce this sense of self-blame: "...but it was hidden, you know, people didn't know. I felt ashamed because I was being told, you know, that I was bad, it was all my fault, so I didn't want to tell people, I thought it was my fault, I thought I was a bad person. Wendy 8FA " (p.25)</p>



Finding 160	Participants fears for their own safety or wellbeing often acted as a barrier to disclosure (p.25)
Illustration	<p>"Fear was a feature of many participants' childhoods and acted as a barrier to disclosure. Fear was multi-faceted. Often people feared for their own safety or wellbeing: " I have been touched. I have been bullied. A lot of bad things were done to me. I was too frightened to ask for help. David 7MA" "... a teacher was suspicious but I couldn't tell her. If I told her the truth, the others would hurt me. I knew that I wasn't allowed to tell the teacher. If I told the teacher, the group of older boys would assault me or they would be angry with me and bully me. I found it difficult. I was stuck. I had to keep it quiet. David 7MA" "A woman with mental health problems explained that she maintained a silence because: I didn't want to make things worse. Sara 1FA" (p.25)</p> <p>In some cases fear was instilled and reinforced by perpetrators who threatened children with negative consequences for them, or those they loved, if they tried to report the abusive behaviour: "... my mother had been like filling me with all these horror stories of like 'the social workers are trying to take you away' and 'terrible things will happen to you if you get taken in care'...so I was afraid, you know, I was afraid of the social worker. Maggie 10FA " (p.25) Even where there was no experience of parental abuse, participants expressed fear about their parents' possible reactions to discovering that their child had been abused. "I couldn't tell my father because if I told my father, he would be very angry. I had to keep it as a secret. Jamila 6FC" (p.26)"Fear could also lead to denial of abuse by a child when asked about it directly " (p.26)" As well as worrying about their own safety, participants described their fears for the safety of, for example, siblings."... but I had a young sister, two sisters; my worry was that he would start to pick on them...that's why I kept it up until I was fourteen. Wendy 8FA " (p.26).</p> <ul style="list-style-type: none"> • Children also worried about their siblings' safety or being separated from them if they disclosed abuse. (p.26)
Finding 161	Social isolation of deaf and disabled children
Illustration	<p>"Social isolation in childhood was a dominant feature of many participants who frequently reported an absence of friends in their childhood. This lack of a social support network deterred some participants from disclosing abuse: "...I was bullied at school, so I kept to myself very much, I didn't have very many friends. I had a mix of teachers, some who were just awful to me and some who were great. But I didn't have anyone who I felt that I could talk to about what was happening at home. Maggie 10FA" (p.28)</p> <p>Some participants "isolated themselves as they did not know who they could trust: "...when I was being abused, I was very picky about who to talk to. I would be wary of people. Does this person look nice? Would I be comfortable talking to this person? What is this person's attitude like? It is very difficult for people who have been abused to trust people. They become very wary of people. For an example, it happened to me before, I was meeting a group of friends but they were lively. I was very nervous and couldn't fit in. They tried to include me but I wanted to be left alone. I had to learn how to socialise with people. It took a while and I had to find the confidence to get on with it and meet people. Paul 3MA" (p.28)</p> <p>Some (especially deaf) participants reported being isolated within their own families: " I asked, later in life, I asked my father 'why me?'...I was the quiet one. I'm the only deaf person in my family, my immediate family. I couldn't use the phone to speak to somebody. Wendy 8FA" (p.29). "Social isolation was also a source of vulnerability where familial abuse was perpetrated: " ... it was hidden, it was abuse within the home...[later in interview]...I was isolated so I didn't get to spend time with other children and their families, because then I would've seen that actually this is very different to how my family is. Maggie 10FA" (p.29) " [Social isolation possibly] contribute to children being 'befriended' by adults who pose a risk and this being less questioned by parents: "I didn't</p>



	<p>go over once before, he came over to my home and asked my Mum where was I. My mum told him that I was upstairs and not feeling well. He was disappointed and told my mum that he had scones ready for me. My mum felt guilty for me not going over. She said to me: 'It is a shame that you didn't go over because they have scones for you. They will be wasted'. That was bad of him and Mum didn't realise what was actually going on. Tessa 5FA" (p.29). " This man gained the child's trust asking her to teach him basic sign language, using this as part of a grooming process." (p.29). "isolation was described by some participants in relation to their [immediate or] extended family: "... I found out that my aunts and uncles knew, as an adult, they knew. My cousins wouldn't come to my house if [my father] was in by himself. They all knew there was something weird, funny about my dad creepy, but no one would say, nobody. Wendy 8FA" "My dad never knew he just...because he lived, he lived some distance away, I saw him every few weeks but my mother always talked badly about me dad, so she damaged my relationship with him. So when I was young I didn't feel that I could talk to him...and...he never knew and even now he doesn't know. Maggie 10FA" (p.29). "some evidence that both specialist and mainstream services can contribute to the isolation felt by participants: "...when I lived there I didn't even go to school, didn't even go to school. Only once and that's all, I didn't go to school. Jessica 2FC</p> <p>" ". (p.30) "[other participants] spoke of the isolation imposed ... by a lack of technological support and access in ... childhood:"...because if you're deaf, you can't phone up ChildLine...Where I was staying there was no computers, no text phones, no mobile phones, nothing. I didn't know how to use a phone. I had to get people to phone for me. Even when I first started work people used to use the phone for me, because there was no text phone. I stayed silent until I was twenty-three... Wendy 8F" (p.30)</p>
<p>Finding 162</p>	<p>Invisibility and silencing of deaf and disabled children within services</p>
<p>Illustration</p>	<p>"For some participants the total absence of services in their lives was a source of concern: "No, no services. I don't think we ever...it was a rural community; there wasn't a social work service. There was a health nurse and the priests...that was it. So you went to school or you went to the church that was it. Wendy 8FA" (p.30)</p> <p>"For others involvement of services was sporadic and inadequate: "I had [a social worker] she just never came to see me, she never really had any contact, I don't know why she was my social worker. Sara 1FA " (p.30)"</p> <p>[Some participants] "described feeling let down by services. Others felt that some form of intervention from services was needed at an earlier point than when given: "... they should've recognised me when I was more littler... That I wasn't getting looked after. Jessica 2FC " (p.30)".</p> <p>"participants felt that the formal supports they received as children were sometimes inadequate ... lack of attention to the child's view, independent of the parent's, also seemed to be a feature of [participants accounts]: "... you know GP, audiology...my mother was always there, I couldn't say or do anything that might make her angry you know... Maggie 10FA" (p.31) "deaf and disabled children did not always feel that adults listened to them or engaged with them in a meaningful way ... particularly ... children with communication difficulties: "...if they listened in the beginning I don't think it would have got as bad as it was. Sara 1FA " (p.31)" A lack of communication support could also contribute to difficulties communicating abuse. A major concern raised by two deaf participants was the use of (abusive) parents or foster carers as facilitators of communication. This provided parents/carers with opportunities to conceal abuse: "...I remember the social worker interviewing me but my mother was there...No, I didn't have any access to sign language, I didn't know any other deaf children...yeah, everything was through [my mother]. Maggie 10FA" (p.31).</p>
<p>Finding 163</p>	<p>Participants reported supportive relationships that included trust enabled them to seek protection and were also important in their recovery process including in adulthood.</p>



<p>Illustration</p>	<p>"Participants' accounts of help seeking, on occasions, referred to adults who played an important role in listening to children and addressing or attempting to address their abuse. These adults included family members and also a teaching assistant, a peripatetic teacher of deaf children, a foster carer and a neighbour" (p.32).</p> <p>"The nature of the relationship with these individuals meant that children felt a degree of trust, enabling them to seek protection: "I ... I told no one all these years and I met my [foster] carer and I felt I could trust her. I told her everything. She told [my social worker]. Jamila 6FC" (p.31).</p> <p>"Childhood friends had an important support role for some participants. For example, one young woman was accompanied to the police station by her friend when she was required to make a video statement to the police" (p.32) "Some participants also described the continued importance of supportive relationships in adulthood as part of the recovery process. This was often an intimate partner: "... never spoke about it...and then I met [my partner] and I spoke about it and she didn't run away...I just told my story (blurted it out) the whole thing...She didn't run away. But also she didn't go (sympathy), I didn't want that. I just wanted to be heard so now I'm comfortable about talking about it... Wendy 8FA" (p.32). "None of the participants reported involvement with professional advocacy services although, as adults, two belonged to collectives of disabled people or abuse survivors." (p.32).</p>
<p>Finding 164</p>	<p>Access to professional interpreters and other professionals with some knowledge of signing was highly valued by Deaf participants. This was not always made available to children in formal meetings such as LAC assessments and despite interpreter's crucial role their presence was not always comfortable due to the sensitivity of material conveyed.</p>
<p>Illustration</p>	<p>"Two Deaf participants whose abuse was investigated by the police were provided with a professional interpreter: "Paul (3MA) had asked for a qualified interpreter 'because the policeman wasn't capable of interpreting the interview'. Despite the limitations of the police officer's skills, however, Paul appreciated his presence: "It was good to see a policeman who could sign. I felt comfortable straightaway. I felt a candle was being lit and felt warm. I was not frozen with worry. It was calm. When the qualified interpreter came, I felt more comfortable. It meant that I was able to give information with no communication problems. It went smoothly. Correct information was conveyed to the police. The statement I read was correct. Paul 3MA" (p.35).</p> <p>"While the interpreter's role was crucial, their presence was not always comfortable for Deaf people given the sensitivity of the information that had to be conveyed from the victim to the police. Interpreters played a key role in enabling police to gather evidence: "The interpreter came with me to the interview with the police. The interpreter was sitting next to the policeman. I was telling them what happened to me. The interpreter was brilliant but I felt strange because she was the third person in the room - talking to the policeman through her. It felt strange. The policeman was asking me questions, for example, 'what colour is the sperm?' I told him 'white'. I had to draw but I wasn't good at drawing. The interpreter helped me to draw and we showed the pictures to the policeman. Tessa 5FA" (p.35).</p>
<p>Finding 165</p>	<p>Role of professional interpreters for Deaf children crucial support for deaf children but limitations/ conflicts within the boundaries of this role were also highlighted</p>



<p>Illustration</p>	<p>"One Deaf participant in particular, described a number of important additional roles that the interpreter took on, for example, being a confidante, a support, a means to avoid them having to repeat their story over and over again and, importantly, providing consistency across the various settings and agencies with which they came into contact. The importance of the relationship with the interpreter was also emphasised by others and for some, over time, clearly became very strong. It may well be that in the absence of another supportive adult who is able to communicate effectively, that Deaf children and young people will naturally look to interpreters for support, but these additional demands may well mean that interpreters are working outside the professional boundaries prescribed by their registering bodies and respective Codes of Ethics." (p.34)</p> <p>"Some Deaf participants expressed a preference for a Deaf counsellor rather than requiring an interpreter and a hearing counsellor: "If I had a counsellor who was hearing, I would need to have an interpreter too. I don't like to talk through a third person. It is not right. I wouldn't feel comfortable. When I have a doctor appointment, I have an interpreter too and I would tell her what I wanted to tell the doctor and the interpreter will then tell the doctor what I have been saying. ... I am thankful for the interpreters but I prefer to talk to the doctor myself. The interpreters are not doctors... It would be the same for counselling. I would tell the interpreter what I'm feeling. I may see the interpreter again in a different location and we may not feel comfortable because she knows what happened to me. It was good to have the [Deaf] counsellor from [organisation]. Just two of us in the room. It is better. Tessa 5FA" (p.34)."</p>
<p>Finding 166</p>	<p>Achieving or failing to achieve justice for deaf and disabled children. Several participants referred to the involvement, or in some cases lack of involvement, of the police and courts in relation to the abuse they experienced.(p.35)</p>
<p>Illustration</p>	<p>Despite "the abuse of 6 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 ... It is notable that the only case that came before the courts was one where the abuser was apprehended by the police while committing the offence" (p.35).</p> <p>"Where there was no follow up action taken children often continued to feel vulnerable. One girl had fears that her abuser would find her and abuse her again. Another returned home to the perpetrator after a police investigation ended due to insufficient evidence." (p.35).</p> <p>"Participants raised a number of concerns regarding the efficiency of the investigation carried out by police. For example, one young woman (Tessa 5FA) was dismayed that she was not given a medical examination. There was also a sense of bewilderment regarding the abruptness with which police involvement ended: "They came to visit me and they then stopped coming. For 4 years, I suffered and it was all over within 2 or 3 weeks. I felt what was the point in telling them what happened to me. Tessa 5FA" (p.35/36).</p> <p>"Some participants were also obstructed from pursuing justice by barriers relating to their impairment or lack of support: "When I told [my foster mother], she asked who was the abuser. I don't know the man's name. I didn't know how to sign then. I couldn't remember. I can explain what he looked like but they need a name. I am not able to give a name (looking disappointed). They will not be able to find him because I don't know his name. I really want to know the name but I can't. Jamila 6FC " (p.36)</p> <p>"Participants were left with an acute sense of injustice both where criminal prosecutions had not been pursued following a police investigation and where disclosures had not led to any serious police investigation: "They never charged him or took him to the court. Never. No charge or court. Nothing. The police said that I had to forget about it. There was nothing more that they could do about it. He was free to walk. I was so upset. Tessa 5FA" (p.36)</p> <p>"Some participants made an official complaint to the police in adulthood regarding abuse</p>



	perpetrated in childhood but no case was brought. They too felt unsupported and let down." (p.37)
Finding 167	Longer term consequences of abuse of deaf and disabled children could be far reaching and extend into adulthood
Illustration	"Numerous examples of school education being affected by the abuse experienced by children. One young woman (5FA) explained that she had an 18 month gap in her education due to the psychological effects of her abuse. Another ... expressed his regret at not being able to benefit from his education as much as he would have hoped: "I wanted to focus on my education but it was a bit spoilt. I wanted to focus in school. I couldn't do it properly because I was terrified about going back to residence after school. It was near the school. I would think about what was happening when I was trying to do my work. I would be nervous and worrying and trying to do my work. I couldn't focus properly. I am not smart. It is not my fault. My experience in the residence made me nervous and terrified. It spoilt my life. I tried to catch up but I failed. David 7MA" (p. 37) "Participants also described long-term effects of abuse on their mental wellbeing: "Well...when I was 13, 14 and 15 years old, I was self-harming [cutting her wrists], I tried to kill myself but I failed every time. I would cut my wrist and blood would be coming out and I was sent to hospital. I would cut my leg and I was sent to hospital. I overdosed with drugs. I didn't take care of myself. I didn't care. Tessa 5FA" (p.37). Another participant expressed persistent anger felt towards his abusers after thirty years: "For a long time, I kept everything inside. I didn't know who to talk to. I would hold and hold. Feeling sick. I was frustrated. I wasn't happy... I am still angry with these people who hurt me. They destroyed my life. David 7MA " (p.38)
Finding 168	Longer term recovery, survivorship and help seeking of deaf and disabled people abused in childhood
Illustration	"From participants' accounts it was apparent that their childhood experiences retained importance throughout their lives and continued to shape their identities: "It's made me part of who I am so... it's why I do what I do. I help people, give people better lives, and why communication is really important to me. And what I do is communicate with people who find communication difficult. Wendy 8FA" (p.38) "Some participants expressed a sense of satisfaction with their life: "After meeting [my partner], having a job, being able to drive anywhere, having my children, now I truly value my life...Oh I value life now. Tessa 5FA" However, the ability to transform adversity in childhood into a positive sense of self required active work on the individual's part" (p.38) "Some participants who had a negative experience of social work support in childhood described a more positive experience in adulthood: "[My sister's] social worker was really, really good with my sister. She understood that she suffered when young. She understood and tried to help her. Encouraged her to stop drinking. She went to the AA, stayed in hospital, I think for a week...she had to take a tablet every day. The tablet helped her to stop drinking. If you drink after taking a tablet, you would be very sick. Liz 11FA " (p.38/9). "Participants also remarked on how helpful it was to talk about their experiences in the research interview and expressed the value of being able to tell their story as adult survivors: "Today, telling you my story is good. I don't want...I have been thinking that I hope other deaf children are not suffering like me. I don't want to see any deaf children suffering like me. No...[sigh]... Liz 11FA " (p.39).
Finding 169	Suggested solutions to problems identified in participants' stories including listening skills, awareness raising of abuse, communication eg basic BSL,



<p>Illustration</p>	<p>A number of brief suggestions were made by participants, based on their experiences, regarding solutions to some of the problems they had faced. These included the following: Listening to deaf and disabled children [and] a shift towards more participatory and empowering practices; Education of family members and teachers so that they can recognise and respond to abuse more effectively; Given that children spend large amounts of time either with their family or in school, these two groups were seen as key to protecting deaf and disabled children. ∞ Basic signing was seen as a very helpful skill for frontline staff in order to enable Deaf children to seek help. However, it was stressed that basic signing should augment rather than replace the use of professional BSL/English interpreters. ∞ Provision of professional interpreting services was also seen as essential. The high level of skill required by interpreters working in the field of child protection was emphasised. ∞ It was suggested that peer support or collective action through the organisation of survivor groups of deaf and disabled people would help survivors of abuse to overcome the longer term consequences and raise awareness of the problems deaf and disabled children in particular face. In addition, several participants spoke of their willingness to offer practical support to deaf and disabled children particularly where they had a skill such as signing ∞ Access to counselling in childhood and adulthood was highlighted as a priority need. Participants acknowledged that counselling is a difficult process. Where the provision is poor, it is, therefore, easier to discontinue using the service rather than persevere with it. It is important for deaf and disabled people that counselling services are accessible and supportive of their individual needs. ∞ Consistent and regular support from professionals was also seen as important. Consistency is important in order to allow deaf and disabled children or adults to build a trusting relationship with professionals. Deaf and disabled children also wanted to avoid having to tell and retell their difficult stories to multiple professionals. ∞ Allowing friends to accompany children to, for example, the police station in order to provide support. These sorts of informal supports were valued by participants as well as more formal services. ∞ Accessible campaigns to raise awareness about abuse and sources of support were also suggested: for example, television campaigns being made more accessible through greater use of subtitles.</p>
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<p>Franklin, A., Raws, P. and Smeaton, E. Unprotected, overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of , sexual exploitation. Barnardos.</p>	
<p>Finding 170</p>	<p>Practitioners reported young people with learning disabilities more vulnerable to CSE due to impairment related difficulties in understanding social cues, social interaction and abstract concepts such as 'healthy relationships' 'strangers' in learning about intimate relationships and experiences of living away from home in residential and short break facilities.</p>
<p>Illustration</p>	<p>Professionals who participated in interviews highlighted how the nature of some impairments can make some young people more at risk of sexual exploitation than their non-disabled peers. The spectrum of learning disabilities and autistic spectrum conditions (ASC) for example, means that young people can have different needs and experience the world in very different ways. 'He said he loved me and wanted to be my boyfriend. Why would he say those things if he didn't mean them? I wanted a boyfriend so why would I not have someone as my boyfriend who said he wanted to be my boyfriend?' (Tom Young Person with ASD, p. 42). Professionals described how some young people with learning disabilities find it hard to understand abstract concepts when learning about intimate relationships: 'The concepts we work with around understanding "healthy relationships" and "abuse", they're really difficult to understand – "friendship", "love", concepts of</p>



	<p>"strangers" [...], concepts of people lying: they're all really difficult.' e.g. "James is also very isolated and trusting and wants everyone to be his friend." (p.42). Some professionals also highlighted the additional vulnerability factors for some young people with learning disabilities who spend time away from their family in residential and short break facilities, explaining that little is known about how this group of young people is being protected.</p>
Finding 171	<p>Varying capacity of young people with learning disabilities to consent to sexual activity and concern regarding practitioner's ability to assess these</p>
Illustration	<p>Specialist CSE professionals described concerns around how agencies were responding to young people with learning disabilities who had reached the age of 18: " In terms of sexual exploitation, are professionals going to take the line: "Well, she's 18 and, in respect of that, nothing can be done," or is she going to be seen as a vulnerable young person and needing to be protected because the legislation for CSE is up to the age of 18? I see the capacity and assessing capacity as a massive loophole.' (practitioner, p.43). They also raised concerns about practitioners' abilities to assess young people's capacity to consent, especially if they had little understanding of CSE and/or learning disabilities: "'The way [social care workers] have looked at capacity is to sit down with him and ask him questions like: "Do you know what sex is? Do you know how to have sex? Do you know how to have safe sex with someone?" And [the young person] has said all the right things [in answer to those questions] and [social care] said he has capacity but [...] what he is doing is saying the right things but if he doesn't act on what he is saying, which he doesn't, then he doesn't have capacity. There's been many times when [the young person] has said [in answer to the following questions]: "Do you know what sex is?" "Yeah." "Who would you do it with?" "Someone my own age." "How would you do it?" "With a condom." And then less than a week later he goes and has sex with a 50-year-old bloke without a condom. So that makes me wonder if the capacity assessment is effective.' Some respondents felt that lack of capacity should be used to disrupt CSE, especially where there are concerns about a young person over the age of 16 who lacks capacity to consent.(p.43).</p>
Finding 172	<p>Professionals spoke at length about how young people with learning disabilities can be overprotected and not given opportunities to learn, develop and take risks in the same way as their non-disabled peers.</p>
Illustration	<p>Young people's experiences of the world can be confined to a door-to-door taxi or bus service to and from a special school (p.44) "'They've often not been allowed to have experiences that other young people often have, so they may have to keep secrets because they do enjoy risktaking behaviour or flirting, for example.' (professional p.44) "For two of the 'older' young people interviewed, education on safe relationships and sexual exploitation had not formed part of any transition planning or preparation work for when leaving their family home or foster care to live independently in supported living arrangements. Both had attended special schools and led extremely protected lives, which had not adequately prepared them to live independently. Both were sexually and financially exploited in their supported living accommodation. The manner in which professionals and other adults treat young people with learning disabilities was seen by some interviewees to be infantilising¹¹⁶ or 'overly nice', thus leading to increased vulnerability (p.45)</p>
Finding 173	<p>Young people with learning disabilities disempowerment through not being listened to, empowered or involved in decision-making throughout their lives is exploited by perpetrators.</p>



Illustration	Professionals identified that the tendency for young people with learning disabilities not to be listened to, empowered or involved in decision-making about their lives prevents them from being able to recognise and disclose sexual exploitation: 'If they feel disempowered and others are making decisions for them, then that also raises risks for them and they don't tell anyone [if they experience, or are at risk of, CSE].' It was recognised that perpetrators are able to exploit this lack of power: 'They pick [a young person with a learning disability] because [they are] probably somebody who won't speak up.' (professional, p.45) Similarly, professionals highlighted that there remains a lack of empowerment of young people with learning disabilities as a collective group. This leads to a lack of young people with learning disabilities' views being kept at the forefront of service development and their needs not being high on the agenda
Finding 174	Young people with learning disabilities social isolation and desire for relationship and friendship to appear to be 'normal' can lead to sexual exploitation (peer and older boyfriend model) and on-line grooming.
Illustration	Drawing on experiences of direct work with young people, some professionals stated that young people with learning disabilities might have a particular vulnerability to specific forms of sexual exploitation, including the older boyfriend model ¹¹⁷ of sexual exploitation and peer-on-peer exploitation ¹¹⁸ as a result of social isolation and a desire for friendship and relationships. 'These young people can feel that they get very little attention in the real world; they are isolated and easy for groomers. They cannot always understand what is an "online friend" and a "real friend" and the different nuances of this.' Professionals pointed out the benefits that the internet had brought to the lives of disabled people as well as the risks. However, it was widely reported that young people with learning disabilities might not have received good internet safety training, which is crucial (p.46).
Finding 175	Lack of sex and relationships education and accessible information for young people with learning disabilities
Illustration	Young people who were interviewed highlighted a general lack of attention to sex and relationships education – something that was reinforced by professionals. This was viewed as reflective of a general perception of young people with learning disabilities that tends to deny their sexuality, or not see them as displaying 'typical' teenager behaviour in terms of exploring relationships and sex. It was also reported to be linked to disbelief that young people with learning disabilities might become victims of sexual abuse: young people who were interviewed highlighted a general lack of attention to sex and relationships education – something that was reinforced by professionals. This was viewed as reflective of a general perception of young people with learning disabilities that tends to deny their sexuality, or not see them as displaying 'typical' teenager behaviour in terms of exploring relationships and sex. It was also reported to be linked to disbelief that young people with learning disabilities might become victims of sexual abuse: young people who were interviewed highlighted a general lack of attention to sex and relationships education – something that was reinforced by professionals. This was viewed as reflective of a general perception of young people with learning disabilities that tends to deny their sexuality, or not see them as displaying 'typical' teenager behaviour in terms of exploring relationships and sex. It was also reported to be linked to disbelief that young people with learning disabilities might become victims of sexual abuse: 'Professionals find it hard to accept this happens to children with disabilities.' (p.47)'We need good sex education and awareness work with young people with learning disabilities, especially around boundaries, what is and isn't socially acceptable, how best to work with and empower these young people, and selfprotection skills and undertaking safe risks.' One young person with autism and learning difficulties had been living with the homeless community since the age of 13 and having sex with adults from that community. At the age of 15, she had been in a sexual relationship with a homeless 34-year-old man: 'I didn't know it was wrong for an adult to



	have sex with a child. I didn't think to say no when someone told me they wanted to have sex with me.' (p.47)
Finding 176	Professionals' lack of knowledge and understanding of learning disabilities
Illustration	It was reported that non-disability specialists often have limited understanding or knowledge of learning disabilities 'Child protection professionals generally are not clued in to disability – and, quite depressingly, they don't seem to use the knowledge of disability which is all around them. Even within social work you will have social workers who are specialists or who are very knowledgeable about disability, but their colleagues in child protection don't think to engage with them – which is extraordinary.' (P.50)'CSE is a difficult area to work in anyway because some professionals resist the idea that it exists; some professionals don't understand that it's not the young person's fault; and a lot of young people resist the 'whole idea' [that they are being sexually exploited, or are at risk of sexual exploitation] until much later; and if you add to this the extra layer of having learning disabilities, it becomes ten-fold more complicated – from the young person's point of view, but also from the professional's point of view. They have even less understanding of what it means and how it impacts and want to apply generic responses to young people who are not generic.' (p.53)
Finding 177	Professionals' lack of knowledge and understanding of CSE
Illustration	Some professionals described how a lack of multi-agency working to meet the needs of young people could lead to some professionals from disabilities services not considering CSE: 'It's down to people working in silos: "We do child protection" or "We do CSE training"; it's not automatically thought that: "Oh, the learning disability teams need to be at that [CSE] training as well". [...] Staff on the ground [in disability services] would think: "We need to know this [CSE]" – they would – but I don't think it's on the radar of senior managers and on their agendas. They're not making that link.' (P.54)A small number of professionals observed some improvements in the recognition of the vulnerability of young people with a learning disability to sexual abuse, but stated that this recognition had not extended to CSE. As noted by one professional based in the statutory sector in England: 'I doubt there is sophisticated knowledge of CSE at all. I think there might be a general awareness of the issue for people but I think it remains an issue that is brushed under the carpet and if you are looking for people with detailed knowledge of the indicators – then "no". (P.54)
Finding 178	Preventative work to improve knowledge, awareness and understanding of CSE among young people with learning disabilities
Illustration	The following factors were identified as being particularly successful in preventative work in special schools with young people with learning disabilities: ■ A well-established relationship between the project and the special school ■ The professional delivering the CSE preventative work has extensive experience of working with young people with learning disabilities ■ The class teacher providing expert support in developing the resources ■ Young people who participate in the preventative programme being of a similar age. However, some respondents acknowledged that this work might not yet be welldeveloped, or had been of limited effectiveness: 'Feedback from young people and professionals is that this has fairly limited impact on young people's ability to protect themselves, as they remain easy to manipulate and deceive.' Professionals from all nations, local authorities/HSCTs and sectors identified gaps in preventative work in general relating to CSE and specifically with young people with learning disabilities. (p.64).



Finding 179	Participants highlighted key gaps in national policy and guidance regarding both the importance of introducing compulsory sex and relationships education for all young people in every school and a clearer obligation on local areas and individual agencies to address the particular needs of young people with learning disabilities in relation to CSE
Illustration	Implementation of national policy and guidance was reported to be patchy across local authorities and HSCTs, although some of these bodies have started to implement activities to address the sexual exploitation of young people with learning disabilities. A small minority of local authorities and HSCTs have a CSE champion for young people with learning disabilities. ■ Many professionals reported that a specialist CSE team in a local authority or HSCT was the best option to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE, although some felt that support for this group should be delivered by social care services to ensure accountability. ■ 41 per cent of local authorities and HSCTs stated that they have a specialist CSE service, but only half of these felt that it was currently able to meet the needs of young people with learning disabilities. Twentyfive per cent of local authorities and HSCTs without a specialist service said they do not have any other support available in its place. (see full table p. 74)
Finding 180	The importance of multi-agency working was highlighted by almost all professionals as being crucial to adequately responding to young people with learning disabilities increased risk of CSE
Illustration	'I think it is important to adopt a multi-agency approach in working with all young people and very important for schools and those caring for them to be trained in CSE to be able to 'spot the signs', raise concerns and work with agencies to help them communicate and support young people. Also improved access to and communication with health professionals and those responsible for assessing and diagnosing learning disabilities would help as it can be difficult to determine how to help and support a young person.' (p.76) However, CSE professional based in England talked about variability in the responses from different agencies or individuals in her area, indicating that there are not clear policies and processes to guide practice: 'The response of the [specialist multi-agency CSE] teams varies greatly, and the understanding of each team varies greatly – so even where there's supposed to be specialist responses [to young people affected by CSE], it's based on people's understanding and attitude [...] because there isn't a specific piece of guidance or a document that says: "In the case of children with learning disabilities, you need to consider this," or "You should act in this way". [...] That doesn't exist and so it's very dependent on individuals' understanding and attitudes.' [by contrast] A project in England described the benefits of close links with a specialist disability service that is based close to its office: 'I guess a lot of the links with [the specialist disability service] is about giving us confidence that we are doing the right things and that we can use the same resources but that we just need to adapt some of them and give them more time.' (p.76/78)
Finding 181	Practice and procedures around identifying and collecting data on young people with learning disabilities who experience, or are at risk of, CSE is at best patchy, and often poor. Despite some evidence of good practice is at early stage of development overall



Illustration	it was a common theme in the interviews with professionals that there are poor levels of data collection, analysis and sharing of information between agencies ... there are only rare instances of learning disability featuring specifically within current processes and systems (p.80) At a project level, one specialist CSE professional highlighted the merits of collaborating with sexual health services to share information to support casework with young people: 'We've got really good relationships with 'health', specifically the sexual health outreach nurses, and the sexual health outreach workers. We meet with them every few months to discuss any cases that we would signpost either way. [...] Any concerns they have about young people they are working with around sexual exploitation they will share – details about the young people, the perpetrators; they're really good at it.' (p.80). A number of specialist CSE professionals highlighted the fact that the wider under-identification of all young people who experience, or are at risk of, CSE would have a disproportionate impact on the numbers of young people with learning disabilities identified: 'We all know some children are hard to reach, and that children and young people with learning disabilities are often isolated, so that makes me concerned that they are a particularly vulnerable group of children and young people that are hard to identify.' (p.81) Other interviewees said that the main reason for poor data around the numbers of young people with learning disabilities in relation to CSE was that these young people are often difficult to identify because of the absence of a formal assessment that a young person has a learning disability: 'We don't actually know how many young people with disabilities we have worked with. [...] And part of that is down to [the absence of a] diagnosis.' (p.82)
Finding 182	Local measures to support identification of young people with learning disabilities who experience, or are at risk of, CSE are seen as having a positive impact.
Illustration	'So everyone [professionals and services] is using it [...] a matrix or a form we could fill out [...] and not just us so that everyone would be able to know what to do when a young person has a learning disability. [...] So we could say: "Look, we're not educational psychologists but this is what we've observed in the past three months [in relation to a young person] and what is the best way to work with this young person" (professional p. 82)
Finding 183	Young people and professionals working specialist were generally negative about social worker/social responses to CSE for young people with learning disabilities. Concerns focused on not listening or providing appropriate support for young people, having difficulties understanding or having time to respond appropriately to their often complex needs.



<p>Illustration</p>	<p>Most of the young people reported that they did not have a good relationship with their social worker. For some, this centred on a feeling that they were not receiving the right kind of support: ‘The social worker didn’t help really as they were focusing on your home, your family life and it’s not really about that. It’s about the incidents and how we are coping.’ Chantrelle 14, (p.84). Jo, aged 18, described how she does not talk to her social worker, partly because she thinks her social worker does not listen to her. Jo was not happy with her foster placement and explained that she did not think things would change for her and that no one was listening to her, so she went missing. [By contrast] Lizzie, aged 17, described how her current social worker is very good at communicating with her: ‘She’s worked with young people like me before [...] so she knows what she’s doing. [...] She knows not to say too much at one time and not to talk about too many things at once. [...] It’s like, now I’m going for a diagnosis [to assess for learning disability], some people have learnt to talk to me a bit different.’ (p.85). CSE workers described how responses from social care could depend on how the individual young person was presenting and the nature of their learning disability: ‘So, I’m going to generalise: if it was a nice, sweet, pliable young person with a learning disability that was diagnosed, some [social workers] could be sympathetic and see [the risk of CSE] as a concern and [...] it can be: “Oh we must protect them,” and that young person will never be allowed to have any relationship and will never be allowed to have sex. [But] If they’re spectrum disorders and there can be frustrations with dealing with that young person, people cannot respond so sympathetically: “Oh well, it’s just another challenging young person”. (p.86.) many professionals within both statutory and voluntary agencies noted low levels of awareness of CSE among social workers who work within children’s disability services ‘Given what we know about the vulnerability of children and young people with learning disabilities to sexual exploitation, I would expect to see referrals from this team, but we don’t get them.’ ‘We don’t get many representatives from the disability team attending training so that’s an area we, as a local authority, should be addressing so that they can improve the responses to children with learning disabilities.’ (p.86)Some professionals also highlighted the need for recognition of the time social workers need to meet the needs of young people with learning disabilities who experience, or are at risk of, CSE, and suggested that current procedures and practices do not facilitate their direct practice with young people (p.86).</p>
<p>Finding 184</p>	<p>Young people reported that their learning needs are often not met in school and that this has a major impact on their lives. Professionals reported both positive and negative experiences of schools’ understanding of CSE and support with raising awareness of the issue among their pupils. Some felt there is still a taboo around this subject in some schools.</p>
<p>Illustration</p>	<p>A number of young people reported that their impairment and/or learning needs had not been recognised and that support had not been forthcoming for them. They spoke at length about the impact that this had had on their lives, especially in school, and they often made connections between this and going missing, or getting into trouble and subsequent exploitation: ‘They shouldn’t just be shoved with the naughty kids – that’s what happened to me. The teacher hardly did any teaching, just told everyone off most of the time.’ Lizzie, 17 (p.87). There was a consensus [among CSE workers] that more work should be done in schools and with schools-based professionals to get them to acknowledge the importance of CSE, alongside a suggestion that schools are in an ideal position to identify young people with learning disabilities who might be at risk. Some professionals suggested that there is still a taboo in some educational establishments around young people with learning disabilities and sexuality. Specialist CSE professionals gave examples of how, when they had worked with young people in specialist schools, it had become apparent that sex and sexual relationships had not previously been discussed with them (p.88). Some interviewees talked about examples of good practice in</p>



	educational settings that they had encountered, or been involved with: A special school in England that is developing a model of PSHE highlighting the sexual exploitation of young people with learning disabilities by producing a short film that focuses on the communication disorder of a young person, their relationship choices and how those relationship choices are made (p.88)
Finding 185	Young people reported mixed responses from the police. Having their learning disability recognised and needs met by the police is beneficial, however, it is common for the police and prosecution services to regard young people with learning disabilities as being unlikely to make good witnesses, and they often fail to take account of the needs of young people with learning disabilities (p. 96)
Illustration	Zoe, who was 19 when she was interviewed, spoke about a difficult experience when a police officer had asked her to read aloud her statement of allegations of CSE: 'I thought they didn't believe me. [...] I didn't know what to say to them. [...] They asked too many questions together. [...] I got confused.' Fortunately, as she explained, the officer helped her when it became apparent to him that she was struggling. (p.89) 'We do know from talking to young people that the reaction from the police isn't always sympathetic. [...] That can be because of lack of awareness of the issues that the young person is facing and there is an assumption that the young person [with a learning disability] will respond in the same way as any other young person.' 'Even where a young person has a special educational need or has been recognised as having a mild, moderate or severe learning disability, it sometimes doesn't seem like services respond differently to them. Yes, services may say: "They have a learning disability," but the service response is not actually different – especially when you think about the police and court. The expectations are still there that the young person will plough ahead and give their evidence but there isn't actually much adjustment made for the fact that this young person has a recognised learning disability.' 'What has been interesting in there has been a new toolkit on how to pick up vulnerabilities. This has been a breakthrough for the legal system because it is how you can tell if someone is vulnerable as a witness – it is that kind of thing that is going to shift practice. (p.94)
Finding 186	Professionals highlighted some specific issues in relation to residential care and the safeguarding of young people with learning disabilities, and how little is known about this population of young people.
Illustration	Interviewees suggested that relevant improvements to residential care could be made, including the following: ■ When inspecting specialist children's homes for young people with learning disabilities, the inspecting bodies in each of the four nations could have a key marker for CSE: 'That would mean that their staff would have to go on training [...] and would mean that they would have to get specialist workers in to do awareness-raising with their young people. It would mean that they would have to be accountable for raising awareness within both the staff and the young people.' ■ Joint monitoring by inspectorates for social care and health could be put in place to further understanding of the vulnerabilities of children and young people with learning disabilities to sexual exploitation. ■ More robust safeguarding procedures should be introduced for young people with learning disabilities who are placed in 52-week residential school settings funded through education, and in other situations where children might not have regular, or any, contact with a social worker or outside services. (p.95)
Finding 187	Though some CSE services noted a recent increase in referrals, most reported an overall lack of referrals of young people with learning disabilities to specialist CSE services



Illustration	Some professionals based in voluntary sector specialist CSE services reported an increase in the numbers of referrals relating to young people with learning disabilities, especially boys and young people with ASC. Most professionals reflected, however that large numbers of young people with learning disabilities are not being referred to receive support to address CSE, because of the lack of general awareness of sexual exploitation ■ a lack of acknowledgement that they are a high-risk group ■ assigning indicators of exploitation to a child's impairment ■ individuals not being known to services because they do not meet the high thresholds for disability services. Professionals highlighted how the reliance on other professionals recognising and reporting CSE plays a part in whether or not young people are referred to support services. Professionals highlighted how the reliance on other professionals recognising and reporting CSE plays a part in whether or not young people are referred to support services (p.97)
Finding 188	A varied picture emerged around the 'invisibility' of young people with learning disabilities in CSE work – linked to differences in referral processes and issues around identification of a learning disability before or during an intervention
Illustration	The majority of specialist CSE services request information about learning disabilities at the time of referral. Around half said that this information is only provided some of the time or rarely. The information was reported to be of varying quality. Specialist CSE services reported that they could often be working with a young person and have concerns about a learning disability that has not been assessed. This sometimes leads to a formal assessment taking place, if the service can secure this assessment. The young people who were interviewed joined specialist CSE projects via a range of referral routes. Some said they had not been properly informed or told why they were being referred in a way they had understood. They recalled being confused or unhappy about this but, once they knew their worker better, have welcomed the support. (p.101)
Finding 189	Professionals from a range of backgrounds cited how diagnosis issues or a lack of quality assessment can affect meeting the needs of young people with learning disabilities who experience, or are at risk of, CSE.
Illustration	Many of the young people with learning disabilities currently being supported by CSE services were reported not to be meeting the high thresholds for learning disability services, but have unmet needs associated with their impairment:CSE professionals reported struggling to get young people referred to children's and adults' learning disability services: 'I think the biggest problem is getting a diagnosis in the first place. Getting them referred is a problem, as is getting them diagnosed. The learning disability teams, social services' learning disability teams, I find historically they are backed up with cases and then they can't take new ones on. [...] It's a very frustrating system.' (p.102) Professionals identified that a lack of recognition and/or proper diagnosis and assessment of learning needs is negatively impacting on the protection of young people with learning disabilities and the provision of support. 'If young people aren't being assessed [in relation to having a learning disability] when they're younger and before they come to [the CSE project], we're missing a massive opportunity to provide them with support and potentially putting them at risk.' (p.103) CSE professionals reported that the ease of obtaining an assessment/ diagnosis for learning disabilities varies across local authorities and HSCTs and can be problematic for 'older' young people. It was reported that when assessments do take place, because of a lack of understanding of CSE by professionals, CSE is often not considered (p.104).
Finding 190	Further work is needed to understand issues around gender, ethnicity, sexual identity, sexuality and sexual orientation, and young people with learning disabilities who experience, or are at risk of, CSE.



Illustration	<p>In general, CSE services are more focused on females than on males, although some limited work is being developed to address this. One professional noted how often ASC is predominantly viewed as only affecting males, meaning that the needs of girls with ASC can be overlooked. ‘Some professionals just couldn’t get their head around the fact that there were CSE risks with a young male, never mind that he had a learning disability and that all of [the CSE risks and the presence of a learning disability] could account for his “challenging” behaviour.’ (p.104) Specialist CSE professionals identified an increase in referrals of young people who experience issues relating to sexuality. ‘We sort of get a bit panicky [about sexuality other than heterosexuality] and people seem to focus on that [when a young person identifies as lesbian, gay, bisexual or transgender]. [...] We are getting better, but I’m working with a young female who wants to be male [...] and that’s caused a flurry of activity. [...] There were concerns that she had a learning disability but that was overlooked and the big issue was: “She wants to be a boy”’. Specialist CSE professionals described receiving few referrals from young people with learning disabilities from black and minority ethnic communities. when you think about attitudes to children and young people in some communities – it feels like we have a very long way to go to address meeting the needs of sexually exploited children and young people with learning disabilities in some [black and minority ethnic] communities.’ (p.106).</p>
Finding 191	<p>Many young people with learning disabilities did not recognise that they were being sexually exploited, or were at risk of CSE, or did not tell anyone what was happening to them</p>
Illustration	<p>Some young people reported that professionals, parents or carers had been concerned for them, but that they themselves had been unable to recognise that they had been at risk or were experiencing sexual exploitation. Reasons they gave for this included: ■ not respecting themselves ■ thinking they were in a loving relationship ■ wanting a relationship but thinking they would not find someone because of their impairment. A number of the young people who were interviewed stated that they did not tell anyone what was happening simply because they were not asked. In some cases, it appeared that professionals may have missed indicators of CSE: ‘I never lied to [my social worker and other professionals] and I was open with them. [...] They did know that I was quite sexually active, because I used to go down to the [sexual health clinic] for condoms and that. [...] I used to talk to [the staff at the sexual health clinic] and they were like: “Oh right” and stuff and then some major stuff happened and it was like: “She really does need some help”’. Charlotte, aged 15 (p.107)</p>
Finding 192	<p>Some disclosed the abuse they had experienced after receiving support at a specialist CSE service. Young people also said that disclosure to a professional had, in most cases, taken time and only occurred once a long-term relationship had been built with one worker, usually from a specialist CSE service.</p>
Illustration	<p>Tom, aged 15, reported that he had been coming to his CSE project for nearly a year before he spoke to his project worker about his sexual relationship with an older man, aged 37. It became known when he was doing some work with scenario cards that told the story of a male who sexually exploited young people: ‘In this story, the kid meets an older male on the internet, and I said to my project worker: “That’s how I met my boyfriend”. The project worker said that she didn’t know I had a boyfriend and asked how long I had been with my boyfriend. I said I didn’t know but that I thought it was for nearly two years. She then showed me some other cards and asked me if my boyfriend had done any of the things on the cards. He had done some of them so I told her that.’ (p. 109)</p>
Finding 193	<p>Professionals' ability to listen, be patient and not impose negative judgements on young people helps to build trust and enable disclosure:</p>



Illustration	The lack of judgement appears to be of particular significance, as indicated by young people’s descriptions of how their specialist CSE support worker responded to their disclosure of CSE: ‘She was really nice and she made me feel like she didn’t think anything bad about me. She wasn’t telling me that I was doing something wrong all the time, like everybody else was. She listened to me. She made me feel like I was important.’ Sian, aged 20 (p.110)[by contrast] Some young people who disclosed CSE to their social worker had been extremely upset and angry at their social worker’s response: ‘No, not at all. [social worker] just thought we were being silly or dramatic, but we were just telling the truth. They made us feel like it was our fault. I didn’t feel I could talk to them.’ Chantelle, aged 14 (p.111)
Finding 194	Specialist CSE services are able to work with young people to achieve a range of positive outcomes, including increased understanding of CSE, risk and keeping themselves safe, improved relationships and mental, physical and sexual health
Illustration	Participants y consistently identified a number of ways in which specialist CSE services had helped them and identified outcomes they felt had been achieved. Of fundamental importance to the majority of young people is being listened to and not feeling alone. This was also described as having the greatest impact on them. Additional outcomes identified by young people of CSE support included understanding of: ■ CSE and risk, which led to changes in behaviour and a consideration of consequences ■ different forms of abuse ■ age-appropriateness in sexual relationships ■ choice and coercion within sexual relationships (e.g. not being compelled to have sex with other people) ■ healthy relationships and what is a ‘bad relationship’ ■ how to keep themselves safe online and in the community, and understanding that they had been sexually exploited or were at risk of CSE. Other outcomes include: ■ reduction in incidents of, or stopping, running away ■ improved relationships with family members ■ improved understanding of friendships and what are safe and positive friendships ■ increases in psychological wellbeing (e.g. higher levels of self-confidence and self-esteem) and, in some cases, improved mental health, such as ceasing self-harming ■ feeling safer ■ improved physical and sexual health, including stopping drug-taking ■ returning to education, or attending educational provision on a more regular basis, or thinking about the future in a positive way – including, for one young person, getting a job (p.113). Disclosure itself was identified as an interim outcome that results in responses being put in place to meet young people’s needs and reduce their risk (p.114).
Finding 195	Despite evidence of specialist CSE services having worked to achieve positive outcomes with young people with learning disabilities, there was also evidence of young people who still faced ongoing risks
Illustration	Despite all that they had learnt or were learning, could still find themselves in risky situations. As Jo, aged 18, revealed in her interview, there had been an incident three weeks previously, when she thought she was going to a party at a friend-of-a friend’s house, but it turned out to be ‘some old bloke’s house’. Jo reported that her friend was given a drink and ‘then something happened so [they] went to the police’. Some young people were still unsure that they had experienced sexual exploitation, even though it was apparent to others that they had done so. Some young people appeared to lack capacity to make safe choices about sex but thought that, because they were now aged 16, it was legal for them to have sex with anybody; they had no understanding that they could still be sexually exploited despite being 16.
Finding 196	some of the young people who participated in the research were not able to access support to meet some of their needs or were not receiving specialist support to address CSE, sometimes these unmet needs that had placed them at risk



Illustration	A few young people reported having unmet needs relating to support and information about their sexuality and mental health issues. Some individuals had not received therapeutic support to address their sexual exploitation. Some experienced problems relating to a lack of educational support or feeling isolated and wanting friends and opportunities to socialise. These unmet needs are beyond the scope of a single CSE service and often require a multi-agency response, which is not always put in place. (p.114). The research also highlighted the lack of service provision for young adults with learning disabilities who experience sexual exploitation (p.116).
Finding 197	Young people's solutions to improve meeting the needs of young people with learning disabilities who experience, or are at risk of, CSE
Illustration	Young people identified four key areas where improvements could be made to prevent young people with learning disabilities from experiencing, or being at risk of, CSE, and to improve support: – Improved education and information on sex and relationships and exploitation – Improved earlier, child-centred general support for young people so that issues do not escalate and create risk; this included being listened to by professionals – Improved support to meet their specific learning impairment needs – Access to more CSE services.



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