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**‘Several studies have revealed a strong association between disability and child maltreatment’**

**‘Very few studies have sought disabled children’s own accounts of abuse or safeguarding’**

**‘Paving the way for more in-depth research’**

# Child Abuse, Child Protection and Disabled Children: A review of recent research

This paper reports the results of a scoping study that reviewed research about child abuse, child protection and disabled children published in academic journals between 1996 and 2009. The review was conducted using a five stage method for scoping studies. Several studies have revealed a strong association between disability and child maltreatment, indicating that disabled children are significantly more likely to experience abuse than their non-disabled peers. Those with particular impairments are at increased risk. There is evidence that the interaction of age, gender and/or socio-cultural factors with impairment results in different patterns of abuse to those found among non-disabled children although the reasons for this require further examination. It appears that therapeutic services and criminal justice systems often fail to take account of disabled children’s needs and heightened vulnerability. In Britain, little is known about what happens to disabled children who have been abused and how well safeguarding services address their needs. Very few studies have sought disabled children’s own accounts of abuse or safeguarding. Considerable development is required, at both policy and practice level, to ensure that disabled children’s right to protection is upheld. The paper concludes by identifying a number of aspects of the topic requiring further investigation. Copyright © 2010 John Wiley & Sons, Ltd.

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Over the last decade, relatively little research has been carried out in the UK about the abuse or, importantly, safeguarding of disabled children. This is a cause for concern, given the importance of policy and practice being informed by reliable, up-to-date evidence. The review reported here was part of a small study, funded by the Sir Halley Stewart Trust, intended to address that gap by scoping the broad area of child abuse and child protection in relation to disabled children, thus paving the way for more in-depth research. The aims of the study were to:

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- scope current knowledge about child protection and disabled children
- review current social policy and practice in the field, and
- identify appropriate research questions and methods for a larger study.

A variety of methods were used to address these aims. Recent research about child abuse, child protection and disabled children was reviewed, child protection policies across the UK were analysed, particularly with regard to how far they address the needs and rights of disabled children, and 10 ‘key informant’ interviews were conducted with senior policy makers and practitioners in central government, social work and education inspectorates, the police, the NHS and the voluntary sector. In addition, an approach to seeking disabled children’s views about child protection services was piloted. Permission to conduct the study was obtained from the University of Strathclyde Ethics Committee. A full account of the study can be found in Stalker *et al.* (2010). After describing the method used, this paper presents key findings from the research review.

### Definitions

*Child abuse*, as defined by the NSPCC, refers to ‘behaviour that causes significant harm to a child. It also includes when someone knowingly fails to prevent serious harm to a child’ (see <http://www.child-to-child.org/about/childprotection.htm>: p1). The four types of abuse included in this study are physical, emotional and sexual abuse and neglect. The World Health Organization treats *maltreatment*, a word used in the US, as synonymous with abuse. *Child protection*, as defined by the voluntary agency Child-to-Child, is ‘a broad term describing philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm’ (see <http://www.child-to-child.org/about/childprotection.htm>:p2).

### Methods

The review drew on a framework for scoping studies set out by Arksey and O’Malley (2005). These authors point out that a scoping study differs from a systematic review in various ways. For example, the latter answers questions from a relatively narrow range of studies, having first assessed the quality of the evidence. Scoping studies are less likely to have very specific research questions or to undertake quality assessments, usually addressing broader topics likely to involve a range of different designs. Arksey and O’Malley’s (2005) framework comprises five stages:

**‘10 “key informant” interviews were conducted’**

**‘The four types of abuse included in this study are physical, emotional and sexual abuse and neglect’**

**‘A scoping study differs from a systematic review in various ways’**

**‘What is and what is not known about child protection and disabled children?’**

**‘Initial searches identified a total of 3581 “hits” ’**

**‘Texts were excluded which were not available in English’**

**‘Finally, 38 relevant articles were identified’**

- Identifying the research question
- Identifying relevant studies
- Study selection
- Charting the data
- Collating, summarising and reporting the results.

In the present study, the broad research question was: What is and what is not known about child protection and disabled children? Due to the limited time available, and the fact that Westcott and Jones (1999) had published a review of research on disabled children and child protection from the 1960s to the mid 1990s, it was decided to search for literature published between 1996 and 2008, updated to December 2009 for this paper. To identify relevant studies, systematic searches were made of electronic databases. Time restricted the number of databases included but Community of Science, PsycINFO, Ingenta Connect, Ovid and the Web of Knowledge were searched. The following search terms were used: ‘child protection system’; ‘child welfare’; ‘safeguard\*’; ‘disab\*’; ‘impairment’; ‘special need\*’; ‘maltreatment’ and ‘abuse’. Initial searches identified a total of 3581 ‘hits’ (including the results for 2009).

The third stage of the process is study selection. Arksey and O’Malley (2005) advise that at this stage a mechanism is needed to eliminate studies which do not address the research question(s). The following inclusion criteria were agreed:

- Papers published in academic journals
- Papers reporting original research or scholarship
- Relevant to the abuse of disabled children or to child protection systems and disabled children
- Published in English.

Therefore, texts were excluded which were not available in English, did not report original research (eg: text books, commentaries and letters), were not academic papers (eg: books, contributions to edited volumes, meeting abstracts) or which only concerned wider forms of ‘abuse’ than those identified in the definition overleaf. In addition, many papers were identified by more than one database so duplicates were eliminated. This process reduced the number of potential papers to 135: their abstracts were obtained and examined. The majority of these were later excluded however, because they were found not to meet the inclusion criteria, eg: some were about children of disabled parents; some reported research on children as perpetrators and some mentioned abuse of disabled children but were primarily about another topic. Finally, 38 relevant articles were identified.

The fourth stage—charting the data—involves ‘applying a common analytical framework to all the primary research reports

and collecting standard information on each study' (Arksey and O'Malley, 2005, p. 8). These authors used a 'data charting form' within Microsoft Excel to extract information about each text. In this study, a proforma was designed in Microsoft Word, drawing on Arksey and O'Malley's categories for identifying and recording relevant data. This enabled us to systematically extract information about, for example, topic, study population, geographic location, methods, sample details and key findings. The final stage involves collating, summarising and reporting the results. This may include a numerical element, for example, using tables to show the geographic distribution of studies reviewed or range of methods adopted. As the number of studies reviewed here is fairly small, findings are presented thematically. The remainder of this paper presents a 'narrative account' (Arksey and O'Malley 2005) of the literature on child abuse, child protection and disabled children, within the parameters described above, set out according to the main themes identified.

## Findings

### *Geographic Distribution and Range of Methods*

Fifteen of the reviewed papers report research or scholarship carried out in the USA, nine in the UK, three in Sweden and two in each of Canada, Israel and Norway. Others papers report a study conducted in New Zealand, Australia, Turkey or Malawi. The remaining paper, from Poland, includes an appeal to researchers in countries where little work has been conducted on child abuse and disability to take up the challenge (Jarosz 2008). (The only country the author specifically identifies is Poland).

A wide range of approaches were used within these studies. The principal methods were quasi-experimental design, systematic reviews, surveys, self-completion questionnaires, interviews (including 'psychiatric', structured, semi-structured and in-depth narrative interviews) conducted with disabled children and disabled adult 'survivors' of abuse, parents and a wide range of professionals, vignettes, focus groups and analysis of retrospective case material, court transcripts or agency records. One study involved medical examinations of children.

### **Are Disabled Children More Likely to be Abused?**

#### *American Studies*

Recent research has provided clear and reliable evidence of the higher incidence of abuse among disabled children, compared to

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**‘There is limited information regarding the prevalence of abuse among disabled children in the UK’**

their non-disabled peers, the most authoritative and widely quoted study being that by Sullivan and Knutson (2000). The same authors had previously conducted a hospital-based study, estimating prevalence of abuse by reviewing the case records of 3001 paediatric hospital patients with records of abuse in Nebraska and comparing them to a control group of 880 children with no record of abuse (Sullivan and Knutson, 1998). In this study, the authors found strong support for a link between disability and abuse but they also identified an important methodological flaw—the likelihood of disabled children being over-represented in a hospital-based sample. They were also critical of the methods used in some former studies which relied on the ‘opinions’ of child protection workers to determine the presence of impairment in children. This led Sullivan and Knutson (2000) to replicate and extend their study using a community-based population.

In this study, the authors surveyed every child aged 0–21 enrolled for education programmes in Nebraska between 1994 and 1995 (N= 50 278), of whom 51 per cent were male and 49 per cent female. To address the problem of subjective opinion regarding whether or not a child was disabled; the authors used a mandatory school-based criterion to identify children with impairments. Among non-disabled children in this sample, they found a 9 per cent prevalence rate of abuse, whereas the comparable rate for disabled children was 31 per cent. Therefore, children with impairments were 3.4 times more likely to be maltreated than those without.

#### *UK Studies*

There is limited information regarding the prevalence of abuse among disabled children in the UK. Balogh *et al.* (2001) investigated 43 patients from a child and adolescent psychiatric unit and found that 21 (49%) had been sexually abused. However, this was not a representative sample. Morris (1999) reports that in one English local authority disabled children made up only 2 per cent of the age 0–17 population, but 10 per cent of those on the child protection register. Research by Cooke and Standen (2002) found that the quality of information across the UK was poor. They surveyed 73 Area Child Protection Committees (ACPCs) in Britain. Although over 50 per cent claimed to record the presence of impairment among children placed on child protection registers, only 10 ACPCs (14%) could actually supply a figure. In a retrospective case review of nearly 120 000 children born between 1983 and 2001 in West Sussex, Spencer *et al.* (2005) concluded that, overall, those with disabling conditions ‘seemed to be’ at increased risk of registration for abuse and neglect, although this varied according to condition.

Information about disability status was included in Scottish Government Child Protection Statistics for the first time in 2008–09. Seven per cent of children on child protection registers were disabled but in 23 per cent disability status was unknown (Scottish Government 2009). Comparable data are not collected in England, Wales or Northern Ireland.

### *Other Countries*

Several studies conducted in other countries also point to an increased risk of abuse among disabled children. In Norway, Kvam (2004) surveyed 302 deaf adults on the Norwegian Deaf Register and found that 134 (44%) had been exposed to unwanted sexual experiences during childhood. Lower figures were found in Sweden by Jemta *et al.* (2008) who interviewed 69 13–18 year olds with mobility impairments about sexuality and sexual experiences. Five young people (7%) reported having been sexually abused. However, given that other studies have found that disabled children are slow to report abuse (see below), this may be an under-estimate. In Israel, Reiter *et al.* (2007) compared experiences of sexual, physical and emotional abuse among 100 High School pupils aged 12–21 with learning disabilities or social and behavioural disorders to those of 100 non-disabled pupils of similar socio-economic backgrounds. The authors found that the former group was more frequently abused than the latter.

In New Zealand, Briggs (2006) looked at 116 students aged 11–17 with learning disabilities (61 female and 55 male). In this sample, 32 percent of girls reported sexual abuse to the study, while reports from school counsellors suggested that 44 per cent of female students were victims of sexual abuse. (Briggs does not report separate figures or percentages for boys but notes that sexual abuse was ‘equally common’ among them). Very few evidence-based studies of the sexual abuse of disabled children have been conducted in African countries (Kvam and Braathen, 2008). However, in a study designed to explore incidents of violence and abuse against disabled girls and women in Malawi, Kvam *et al.* (2008) conducted in-depth interviews with 23 disabled women. One reported having been abused as a child but later asked to withdraw this information; a few gave anecdotal accounts of other disabled children having been abused. It is not possible to draw conclusions about incidence from this small sample.

In contrast to most of these findings, Govindshenoy and Spencer (2007) in a systematic review, argue that the evidence base for an association between disability and abuse is weak. Their review focuses on just four studies, making no reference to Sullivan and Knutson’s (2000) work or any of the above research. Certainly, further investigation of the links between abuse and

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**‘Very few evidence-based studies of the sexual abuse of disabled children have been conducted in African countries’**

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**‘Some evidence to suggest that abuse of disabled children is under reported’**

**‘They were under-represented among those referred for sexual abuse examinations’**

disability is required, but the available research presents a consistent association between disability and abuse and the omission of this research from Govindshenoy and Spencer’s (2007) review brings their claim into question.

#### **Direction of Causality**

An important question arising from the association between disability and child abuse is the direction of causality, i.e. to what extent does maltreatment contribute to impairment as opposed to impairment predisposing to abuse? Since impairment is as multifaceted as abuse, it follows that the relationship between them is both complex and variable. Firth *et al.* (2001) posit that developmental delay can be an outcome of physical and sexual abuse. Similarly, Spencer *et al.* (2005) suggest that the high rates of registration they found for children with conduct disorder or learning disabilities may be partly because these conditions have the same etiologic pathway as child abuse and neglect.

#### **Under-Reporting of Abuse**

There is also some evidence to suggest that abuse of disabled children is under reported. Cooke and Standen (2002) comment that figures supplied by ACPCs regarding the numbers of disabled children on child protection registers in the UK were well down on what might be expected, given the numbers of non-disabled children on registers and the number of disabled children in the population. The authors suggest that a ‘considerable number’ of abused disabled children were not being identified. Kvam (2000) conducted a study of all children aged 4–14 referred to paediatric hospitals in Norway between 1994 and 1996 for an examination following sexual abuse. Although disabled children make up 11 per cent of the general population, they were under-represented among those referred for sexual abuse examinations, making up only 6.4 per cent of the sample. Given Sullivan and Knutson’s (2000) estimate of prevalence rates among disabled children in the US, much higher numbers of disabled children would be expected in this study. In a later study (Kvam 2004), indications of under-reporting were reinforced with 50 (49%) of 102 deaf adults who had been abused as children reporting they had not told anyone about their experience at the time. Furthermore, 11 individuals (10.8%) had told someone but were not believed. Similarly, Hershkowitz *et al.* (2007) in a study of 40 430 alleged victims aged 3–14 in Israel, reported that disabled children failed to disclose abuse much more often than their non-disabled peers.

Among those who did disclose abuse, disabled children were more likely to delay disclosure for at least a month after the incident. Suggested reasons for disabled children not reporting abuse include 'difficulty communicating, feelings of guilt, perceived threat or abandonment, potential separation from family and tolerance of abuse in order to be accepted or receive rewards or affection' (Akbas *et al.*, 2009, p. 210).

Morris (1999), in her study of three English authorities, found that the numbers of disabled children on child protection registers in two authorities were lower than what might have been expected if disabled children were placed on registers at the same rate as non-disabled children, given the proportionate numbers of each group within the population. As Cooke and Standen (2002) point out when discussing Morris's study, in one authority the expected number might have been 30 but was only 18; in the second, it might have been 29 but was only 17.

#### **Are Types of Impairment Associated with Different Forms of Abuse?**

Several studies have investigated whether different types of impairment are variously associated with different forms of abuse. Looking at the child protection register in one UK local authority, Morris (1999) found that disabled children were more likely than non-disabled children to be placed on the register for emotional abuse and neglect. Sullivan and Knutson's (2000) study showed that most disabled children who were abused endured multiple forms, neglect being the most common. Although they found no association between type of impairment and form of abuse, their findings suggested that children with communication difficulties and behavioural disorders had a much heightened risk of maltreatment, between 5 and 7 times that of non-disabled children. Knutson *et al.* (2004) also reported that children with communication difficulties could be at greater risk of physical abuse. Similarly, Kvam (2000) found significant associations suggesting that physical abuse is more likely in children with learning disabilities, sensory impairments and concentration problems.

In her later study, Kvam (2004) found not only that deaf children are more at risk of sexual abuse, but the level of abuse is more serious than for the general population. This accords with the findings of Akbas *et al.* (2009) who compared 20 children with learning disabilities, aged 7–16, who had been sexually abused with 20 non-disabled children who had been sexually abused. The former group had been significantly more exposed than the latter to vaginal penetration and had been abused in more violent ways.

Although findings about the link between type of impairment and form of abuse are inconclusive, perhaps suggesting more

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**'With respect to gender, a complicated and inconsistent pattern has emerged'**

complex patterns of interaction between them, the evidence points to increased vulnerability for children with communication impairments, behavioural disorders, learning disabilities and sensory impairments.

#### **How do Demographic Variables Impact on Disabled Children's Vulnerability?**

##### *Age*

Research has also attempted to examine the impact of demographic variables such as age, gender, social and cultural factors on the abuse of disabled children. Sullivan and Knutson's (2000) research suggested that children with particular types of impairment—health/orthopaedic impairments, communication impairments, behavioural disorders and learning disabilities—tend to be abused at younger ages (pre-school) than their non-disabled peers. However, the authors suggest that the implications of these findings vary. The findings relating to children with health/orthopaedic and communication impairments may be due to these children's heightened vulnerability to abuse at any age. For those with behavioural disorders and learning disabilities, the association may relate to direction of causality. However, Hershkowitz *et al.* (2007) found no age differences evident in the association between disability and abuse. Overall then, evidence on this point is inconclusive.

##### *Gender*

With respect to gender, a complicated and inconsistent pattern has emerged. Sobsey *et al.* (1997) found that among abused disabled children, boys were over-represented in all categories of maltreatment including sexual abuse. Conversely, Sullivan and Knutson (1998) found that more girls than boys were sexually abused, although gender was not significantly related to physical abuse or neglect. Among abused disabled children in Hershkowitz *et al.*'s (2007) study, significantly more girls were, again, victims of sexual abuse, but males significantly outnumbered females as victims of physical abuse.

Sullivan and Knutson (2000) later found that among *non-disabled* children who had been abused, there were more girls than boys (56% compared to 44%) but that among *disabled* children who had been abused, there were more boys (the figures given are 70.3 per cent for boys and 29.7 per cent for girls). These are striking differences. Similarly, among *disabled* children suspected of having been abused in Kvam's Norwegian sample, 65 per cent

were female and 35 per cent male, whereas the comparable figures for *non-disabled* children were 79 per cent female and 21 per cent male. In addition, Kvam (2004) reported that the incidence of childhood sexual abuse reported by deaf men was more than three times that reported by hearing men.

Therefore, disability status seems to affect the association between maltreatment and gender, with strong but not undisputed evidence that disabled boys are more susceptible to abuse than non-disabled boys and that the gender patterns of abuse among disabled children differ from those found among non-disabled young people. Briggs' (2006) study may help to partially explain these findings, showing that while sexual abuse was equally common between girls and boys, females were significantly more likely to report sexual abuse to a trusted adult. This coincides with Kvam's (2000) finding that the average age of disclosing abuse was 2 years older for disabled boys than girls, suggesting either that males tended to be older when first abused or that this abuse was slower to come to light than for girls.

#### *Cultural Factors*

There is little research on the role of cultural and social factors which may interact with child impairment to increase or lessen the risk of abuse. In Illinois, Jaudes and Mackey-Bilaver (2008) analysed the health insurance records of 101 189 children aged under 6 years. They found that African-American children were significantly less likely to be physically/sexually or emotionally abused than white children although the risk of neglect was similar. Hispanic children and those of 'other race ethnicities' were less likely to be abused or neglected than their white counterparts. Jemta *et al.* (2008) found no socio-demographic differences among disabled and non-disabled children in Sweden but the numbers of children reporting abuse were so small that it would be unwise to generalise from here. Kapitanoff *et al.* (2000) point out that definitions of abuse vary across cultures, and what may be seen as abusive in one society could be deemed appropriate and acceptable in another. They noted that the prevalence of abuse across ethnic groups may be confused with socio-economic status since maltreatment is more common in families of lower socio-economic status across all ethnic groups.

#### **What is Known about the Professional Response to Abused Disabled Children?**

##### *Social Services and Therapeutic Work*

Little work has been conducted about the professional response to abuse of disabled children, or the effectiveness of current child

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**'Little research on the role of cultural and social factors which may interact with child impairment'**

**'Prevalence of abuse across ethnic groups may be confused with socio-economic status'**

**‘There is no standard approach to child protection for disabled children in the US’**

**‘Further research is needed to investigate this phenomenon’**

**‘Children with learning disabilities were often expected to provide the same sort of reports as children without such difficulties’**

protection services. In their survey of 73 ACPCs in the UK, Cooke and Standen (2002) compared outcomes for disabled and non-disabled children. The authors found that disabled children received much the same response as non-disabled children in terms of legal interventions, more attention in terms of medical examinations and treatment, and in every other area a lower response, especially regarding placement on child protection registers and protection plans, where there was ‘significantly less’ intervention.

Lightfoot and LaLiberte (2006) report that there is no standard approach to child protection for disabled children in the US, with very few agencies having written policies on the subject. Reporting and documenting information on impairments has also been identified as a problem there (Mitchell *et al.*, 1999; Shannon and Agorastou, 2006). Ryan *et al.* (2001) describe cases where physicians have unwittingly endorsed the maltreatment of disabled children, noting historical and current evidence of abuse being medicalised. Provision of care for abused children may also be impacted by a child’s impairment. For instance, Rosenberg and Robinson (2004) found that developmental and medical problems were associated with longer stays in foster care, lower rates of return to parental care and higher numbers of foster care placements. Similarly, Romney *et al.* (2006) showed that for maltreated children, cognitive, emotional or physical impairment at age 4 predicted placement in non-kin foster care rather than reunification with parents at age 6. Further research is needed to investigate this phenomenon.

#### *Criminal Justice and Legal Services*

There is some evidence that, in a number of countries, the rights of disabled children are not upheld within criminal justice systems, particularly in terms of investigative practices. Giardino *et al.* (2003) found a lack of trained experts in the US able to deal with both issues of abuse and disability, and argue that this gap is an important contributing factor. Indeed, in one study (Manders and Stoneman 2000), child abuse investigators reported discomfort interacting with disabled children. Cederborg and Lamb (2006) examined and criticised the Swedish legal system’s treatment of children with learning disabilities who have been abused. They found that courts did not take into account the differing capabilities and needs of vulnerable witnesses when investigating their cases. In order to be deemed credible, children with learning disabilities were often expected to provide the same sort of reports as children without such difficulties and, in spite of poor awareness of the implications of impairments, expert assessments were seldom requested. In a later study, Cederborg *et al.* (2009) examined transcripts from interviews conducted in the course of sexual

abuse investigations with 33 young people who had a median age of 13. They found that when questions were repeated, the young people changed their answers 40 per cent of the time. Although highlighting some limitations in their study, the authors argue that these ‘contaminating’ questions reduced the quality of evidence derived from the interviews, leading to the testimony of children with learning disabilities being undervalued. Similarly, Agnew *et al.* (2006) highlight the under-representation of children with intellectual disabilities in the Australian legal system, attributing this to inappropriate styles of questioning.

### **What are the Long-Term Effects of Abuse of Disabled Children?**

Little is known about the long-term effects of the abuse of disabled children but there has been some research into the effects of sexual abuse particularly. Both Mansell *et al.* (1998) in the US and Akbas *et al.* (2009) in Turkey found that among victims of sexual abuse, children with developmental disabilities exhibited a similar pattern of clinical findings to non-disabled children. This finding is reinforced by Sequeira and Hollins (2003) who reviewed research into the impact of abuse on children and adults with learning disabilities. In addition, Sequeira *et al.* (2003) studied a sample of adults with learning disabilities who had experienced abuse between the ages of 4 and 39 (median age 15), and found that this experience was associated with increased rates of mental ill-health, behavioural problems and posttraumatic stress symptoms. However, the same study noted that on top of these psychological effects (which were similar between disabled and non-disabled populations), adults with learning disabilities who had been sexually abused also showed an increase in ‘stereotypical behaviour’ which the authors define as ‘repetitive rocking and odd or bizarre behaviours’. They reference studies that have shown similar effects in people with learning disabilities who have been bereaved (e.g. Hollins and Esterhuyzen, 1997), suggesting that this effect is not particular to sexual abuse. According to Monahan and Lurie (2003), issues of dependency, abandonment and vulnerability take on heightened emphasis for disabled people who have been abused.

### **What is Known about Disabled Children’s Views and Experiences of Child Protection Services?**

Although the importance of seeking children’s views about matters affecting them is well recognised in social research (Christensen and James 2008, Alderson and Morrow 2004), very

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**‘There has been some research into the effects of sexual abuse’**

**‘Issues of dependency, abandonment and vulnerability take on heightened emphasis for disabled people who have been abused’**

**‘Their respondents “could thoroughly and consistently talk about the detailed history of the abuse” ’**

**‘Another route for investigation is the role of support services in preventing abuse of disabled children’**

few studies appear to have asked disabled children about their experiences of abuse or the child protection system: we were only able to identify four which did so. Barnard’s (1999) research involved only two relevant cases and has some methodological weaknesses while Briggs’s (2006) New Zealand study focused primarily on safety issues. Jemta *et al.* (2008) interviewed 69 Swedish teenagers with mobility impairments about sexuality and sexual experiences in general. Just two questions asked the children whether or not they had experienced forms of sexual abuse: no further data are reported. In Turkey, Akbas *et al.* (2009) conducted ‘psychiatric interviews’ with 20 children with learning disabilities who had been sexually abused. The authors report that their respondents ‘could thoroughly and consistently talk about the detailed history of the abuse’ (p.201). This encouraging finding suggests that more research of this kind could inform our understanding of the experience of abuse from disabled children’s perspectives and how best to respond.

The evident lack of information about disabled children’s views of the support and services they receive once abuse is suspected or recognised remains a significant gap in knowledge.

#### **Directions for Further Research**

This review has established that a great deal of further research is required. There are apparent gender differences among disabled children who are abused, but the exact phenomenon and its underlying causes are unclear: interactions between gender, disability and abuse therefore warrant closer investigation. Similarly, the roles of age and cultural factors are poorly understood. The majority of research has been undertaken in the US: not enough is known about incidence and risk in the UK or about the effectiveness of child protection systems in safeguarding disabled children in different parts of Britain.

Another route for investigation is the role of support services in preventing abuse of disabled children. Aniol *et al.* (2004) found that short-term care does not significantly impact abuse potential in parents of children with developmental disabilities. However, their findings suggest that interventions aimed at improving family relations and reducing parental stress may be beneficial, since these factors appear to be related to abuse potential. In addition, a deeper understanding of the therapeutic needs of abused disabled children is required.

#### **Conclusion**

Disability is disproportionately associated with all forms of child abuse, especially neglect. The direction of causality, and how far

impairments caused by abuse account for the association, is undetermined. The true level of abuse of disabled children is thought to be greater than estimated due to under-reporting although again the extent of this problem is unknown. The impact of age, gender, social and cultural factors on the relationship between disability and abuse is poorly understood, and further research is needed to clarify these issues. Previous studies have suggested that, unlike the pattern associated with non-disabled children, disabled boys may be at greater risk of maltreatment than girls, but the reasons for this difference are unclear. Further research is also required to determine whether different forms of abuse are variously associated with different impairments. Children with communication difficulties, sensory impairments, learning disabilities or behavioural disorders appear to have increased risk although some learning disabilities and behavioural disorders may be the result of maltreatment. There is limited information on prevalence rates in the UK and, while little is known about the effectiveness of safeguarding services for this group, concerns have been raised about the protection of disabled children. Research has highlighted a tendency towards compromised professional responses to disabled children who have been abused.

The findings of this scoping review demonstrate that, in the UK and many other countries, the abuse and protection of disabled children has not received the attention it deserves at research, policy or practice levels. Despite heightened awareness of childhood abuse in general, maltreatment of disabled children remains relatively hidden. This should be a matter of concern for policy-makers, practitioners, parents and indeed the general public. The authors of this paper intend to undertake further research to investigate the safeguarding of disabled children, including seeking children's views and experiences of child protection services.

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**'Maltreatment of disabled children remains relatively hidden'**

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