

RESEARCH REPORT (K201503)

Deaf and disabled children talking about child protection



This report summarises the findings of original research commissioned by the National Society for the Prevention of Cruelty to Children (NSPCC) carried out by the University of Edinburgh/NSPCC Child Protection Research Centre to address a significant gap in current understandings of deaf and disabled children and young people's experiences of the child protection system.

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

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

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Contents

LIST OF TABLES.....	3
LIST OF FIGURES	3
1. EXECUTIVE SUMMARY	1
1.1 Deaf and disabled children’s experiences of help seeking	1
1.2 Barriers to help seeking or protection of deaf and disabled children	2
1.3 Enablers of protection of deaf and disabled children	2
1.4 Recognising and responding to the abuse of deaf and disabled children	2
1.5 Key issues and recommendations	3
1.6 Conclusion	4
2. BACKGROUND TO THE STUDY	4
2.1 Problem addressed by the research	4
2.2 Aims of the Research.....	6
2.3 Terms used in the report.....	6
3. RESEARCH METHODS.....	7
3.1 Interviewing participants	7
3.2 Recruitment.....	8
4. FINDINGS.....	9
4.1 Overview of participants.....	9
4.2 Deaf and disabled children’s experiences of help seeking	11
4.2.1 Patterns of help seeking by deaf and disabled children and their outcomes	12
4.2.2 Difficulties communicating experiences of abuse described by deaf and disabled children	14
4.2.3 ‘Unheard’ disclosures of abuse made by deaf and disabled children	17
4.2.4 Professional responses to the abuse of deaf and disabled children	18
4.3 Barriers to help seeking or protection of deaf and disabled children	21
4.3.1 Lack of individual awareness or collective consensus about what constitutes abuse of deaf and disabled children.....	21
4.3.2 Credibility of deaf and disabled children being called into question	23
4.3.3 Deaf and disabled children shouldering the blame for abuse	24
4.3.4 Fear experienced by deaf and disabled children.....	25
4.3.5 Social isolation of deaf and disabled children	27
4.3.6 Invisibility and silencing of deaf and disabled children within services.....	30
4.4 Enablers of protection of deaf and disabled children	32
4.4.1 Supportive relationships	32
4.4.2 Role of professional interpreters for Deaf children	33
4.5 Recognising and responding to the abuse of deaf and disabled children	35
4.5.1 Legal processes: achieving or failing to achieve justice for deaf and disabled children.....	35
4.5.2 Longer term consequences of abuse of deaf and disabled children	37
4.5.3 Longer term recovery, survivorship and help seeking of deaf and disabled people abused in childhood.....	38
4.5.4 Suggested solutions to problems identified in participants’ stories	39

5. DISCUSSION, CONCLUSION AND RECOMMENDATIONS	40
5.1 Discussion.....	40
5.1.1 Difficulties of the disclosure process for deaf and disabled children	40
5.1.2 Creating safety and protection for deaf and disabled children	41
5.1.3 Availability and accessibility of a range of services for deaf and disabled children who experience abuse	42
5.1.4 Invisibility of deaf and disabled children within services and society more generally...	42
5.1.5 Longer-term survivorship of deaf and disabled people abused in childhood	43
5.1.6 Abuse prevention for deaf and disabled children	44
5.1.7 Research strengths and limitations	44
5.2 Conclusion	45
5.3 Recommendations.....	45
5.3.1 Recommendations to the NSPCC.....	45
5.3.2 Recommendations for specific stakeholder groups.....	46
6. REFERENCES	50
7. APPENDICES.....	54
7.1 Appendix A: Research methods	54
7.1.1 Interview Sample.....	55
7.1.2 Recruitment.....	56
7.1.3 Data Collection	57
7.1.4 Data Analysis	58
7.1.5 Ethical Approval	58
7.2 Appendix B: Study Advisory Group & Young Advisors Group.....	59

LIST OF TABLES

Table 1: Types of abuse experienced by participants	10
Table 2: Disclosures reported by deaf and disabled participants and outcomes.....	13

LIST OF FIGURES

Figure 1: Steps followed for each interview	7
Figure 2: Pen picture of Sara, participant 1FA.....	11
Figure 3: Timeline of abuse and professional intervention, Sara 1FA	12
Figure 4: Pen picture of Jessica, participant 2FC	21
Figure 5: Timeline of abuse and professional intervention, Jessica 2FC	21
Figure 6: Pen picture of Wendy, participant 8FA	27
Figure 7: Timeline of abuse and professional intervention, Wendy 8FA	27
Figure 8: Pen picture of Paul, participant 3MA	33
Figure 9: Timeline of abuse and professional intervention, Paul 3MA.....	33
Figure 10: Pictorial format of information sheet.....	54

1. EXECUTIVE SUMMARY

All children have a right to be safe. This study was commissioned by the National Society for the Prevention of Cruelty to Children (NSPCC) to address a significant gap in current understandings of deaf and disabled children and young people's experiences of the child protection system¹. Research shows that in addition to being at a greater risk of experiencing child abuse², deaf and disabled children experience a range of barriers in accessing appropriate responses. The abuse of deaf and disabled children is underreported and often hidden and a range of myths and stereotypes surround the abuse they experience. These perpetuate the silence around such abuse and present barriers to help seeking, timely recognition and effective response.

The study addressed four main research questions:

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

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

1.1 Deaf and disabled children's experiences of help seeking

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

As well as making clear disclosures, participants attempted to communicate their distress and seek help through challenging internalising and externalising behaviours and attempted suicides. However, these expressions of distress were often assumed to be related to the child's impairment rather than an indication of abuse. While some children's behaviour communicated distress, others became skilled at maintaining a silence about their experience over many years. Where disclosures were made, these were not always handled in a sensitive and supportive manner by adults, leaving children feeling disbelieved and disempowered. With regard to professional responses to disclosures of abuse, deaf and disabled people particularly valued continuity of support over a long period.

¹ We use the term *deaf and disabled* rather than the more accurate *deaf and/or disabled* to aid the readability of the report. Some of our participants were

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

1.2 Barriers to help seeking or protection of deaf and disabled children

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

1.3 Enablers of protection of deaf and disabled children

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

1.4 Recognising and responding to the abuse of deaf and disabled children

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

The consequences of childhood abuse are long-term and extend into adulthood. This was true for all participants in this study. There were numerous examples of school education being adversely affected. Participants described long-term effects on their mental wellbeing, leading some into misuse of substances and risky sexual behaviours. However, some participants were able to identify positive elements and expressed a sense of satisfaction with their life. The ability to transform adversity in childhood into a positive sense of self, however, required active work on the individual's part. In several cases, participants did not receive or seek help until adulthood.

1.5 Key issues and recommendations

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

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

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

Fourth, social isolation was a dominant feature of their childhoods. Participants described a lack of friends and limited contact within their wider family and community. This feeling of isolation was compounded by a lack of formal support from professional services. This is likely to have contributed to disabled children's vulnerability to harm. While children generally express a preference for a range of people to whom they can confide concerns and seek help with problems, such choice was not typically open to participants in this study.

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

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

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

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

1.6 Conclusion

There are significant difficulties for all children who experience abuse and neglect: in disclosure of abuse; in its recognition by self and others; and in garnering appropriate and timely responses. This study has highlighted the additional vulnerabilities experienced by abused deaf and disabled children. Professional and societal responses need to be framed around better prevention, protection and social transformation.

2. BACKGROUND TO THE STUDY

2.1 Problem addressed by the research

This study was commissioned by the National Society for the Prevention of Cruelty to Children (NSPCC) to address a significant gap in current understandings of deaf and disabled children's experiences of the child protection system. There are an estimated 800,000 disabled children living in the United Kingdom, denoting approximately 6% of all children (Miller and Brown, 2014).

Article 16 of the United Nations Convention on the Rights of Persons with Disabilities mandates policymakers to 'take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse...' (UNCRC Article 16 2006). However, research indicates that deaf and disabled children continue to experience greater risk of abuse than non-disabled children.

It has been estimated that disabled children face a three to four-fold increased risk of abuse compared to their non-disabled peers (Jones et al 2012; Sullivan and Knutson 2000).

Evidence also suggests that the nature of the abuse experienced by disabled children may differ from that experienced by non-disabled children, for example, it may start at an earlier age (Sullivan and Knutson, 2000), be more violent (Akbas et al 2009), affect boys disproportionately (Sullivan and Knutson 2000; Kvam 2004; Sobsey et al 1997) and be related to certain types of impairment (Briggs 2006; Hershkowitz et al 2007; Sullivan and Knutson 2000).

In addition, research reports that disabled children are less likely to disclose abuse and more likely to delay disclosure than their non-disabled peers (Hershkowitz et al 2007). A number of barriers faced by deaf and disabled children relating to the disclosure of abuse and access to appropriate responses have been identified as well as barriers to prevention and protection. These include variations in the thresholds that trigger a child protection response where disabled children are involved (Cooke and Standen 2002; Ofsted 2012), lack of confidence amongst child protection practitioners when working with children with communication impairments (Stalker et al 2010; Taylor et al 2014) and the failure to ensure that disabled children's views are taken into account (Miller and Brown 2014). Examining specific at-risk groups, additional barriers exist for deaf children with regard to their safeguarding and welfare needs. For example, there is often little awareness of the extent to which specialist knowledge might be required about cultural issues regarding deaf children or developmental issues that could separate deaf children from others (Young et. al 2008).

Societal attitudes and assumptions about disability continue to disempower disabled children and young people (assigning low status and encouraging passivity) and impact upon their confidence and self-esteem when it comes to disclosure (Briggs 2006; NWGCPD 2003; Sobsey, 1994). A lack of effective sex and relationships education for deaf children and children with special educational needs, as well as a lack of wider personal safety skills education for disabled children have also been identified as barriers to protection (Blake and Muttock, 2004; NWGCPD, 2003; Seuter, et. al., 2009). Other concerns include a reluctance to believe that disabled children are abused and a minimisation of harm done (Westcott and Cross 1996; NWGCPD 2003), a child's impairment could mask child protection concerns (Murray and Osborne 2009; Ofsted 2009) and myths in relation to the sexual abuse of disabled children that can act as barriers to recognition (Marchant 1991).

The United Nations Convention on the Rights of the Child (UNCRC) asserts that every child has the right to be treated as an individual and to be protected from all forms of abuse, neglect or exploitation (UNCRC, Article 19, 1989). Children also have the right to be able to express their views on matters affecting them and those views should be given due weight (UNCRC Article 12 1989). To date, however, very little research has been undertaken in which disabled children and young people have been asked about their experiences of abuse and/or the child protection system. Some studies of disabled children's broader life experiences have uncovered some accounts of abuse (Morris 1995) and some studies of children's experiences of risk, abuse, exploitation or help seeking have uncovered issues relating to disabled children (Allnock and Miller 2013; Berelowitz et al 2013; Briggs 2006; Cossar et al 2011). This is the first study of which we are aware that has been designed to focus specifically on abused deaf and disabled children's views and experiences of child protection services in the UK.

2.2 Aims of the Research

The research aimed to better understand the experiences of abused deaf and disabled children and identify enablers and barriers, in terms of disclosure, recognition and response, within the child protection system.

The study addressed four main research questions:

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

2.3 Terms used in the report

Throughout the report we use the terms 'deaf and disabled', 'children' and 'abuse'. These require a little more explanation.

We use the term 'deaf and disabled' to include all individuals who are either deaf or disabled and those who are both deaf and disabled. A more precise generic term would be deaf and/or disabled but we chose to avoid the latter for the sake of the readability of the report. We acknowledge that some people will identify with the term while others will not. When making reference to a broad population of deaf people we use lower case 'deaf' but when specifically referring to an individual who uses sign language as their first or preferred language and for whom being Deaf is akin to a cultural-linguistic identity we use upper case 'Deaf'.

We draw upon the social model of disability and make a distinction between impairment, that is, lost or limited functioning experienced by an individual and the barriers that disabled people face because of the way societies are organised and run (UPIAS 1976). Following Thomas' (2004, 2007) social relational understanding of disability we recognise the significance of 'impairment effects', meaning the day-to-day impact of living with particular conditions. For example, some disabled children have restricted speech and/or language; others have profound intellectual impairments, which limit their understanding. Other people may use such impairment effects to exploit the child, an act of *disablism*.

The term 'children' is also used for brevity and readability to refer to all children and young people aged 0-18.

When discussing the general topic of maltreatment rather than an individual set of circumstances, we use the term 'abuse' to denote all forms of abuse and neglect. We use this term rather than the more precise term maltreatment as it was more widely used and, therefore, assumed to be more

acceptable to the participants in the study. When referring to individual circumstances, specific types of abuse are identified where appropriate.

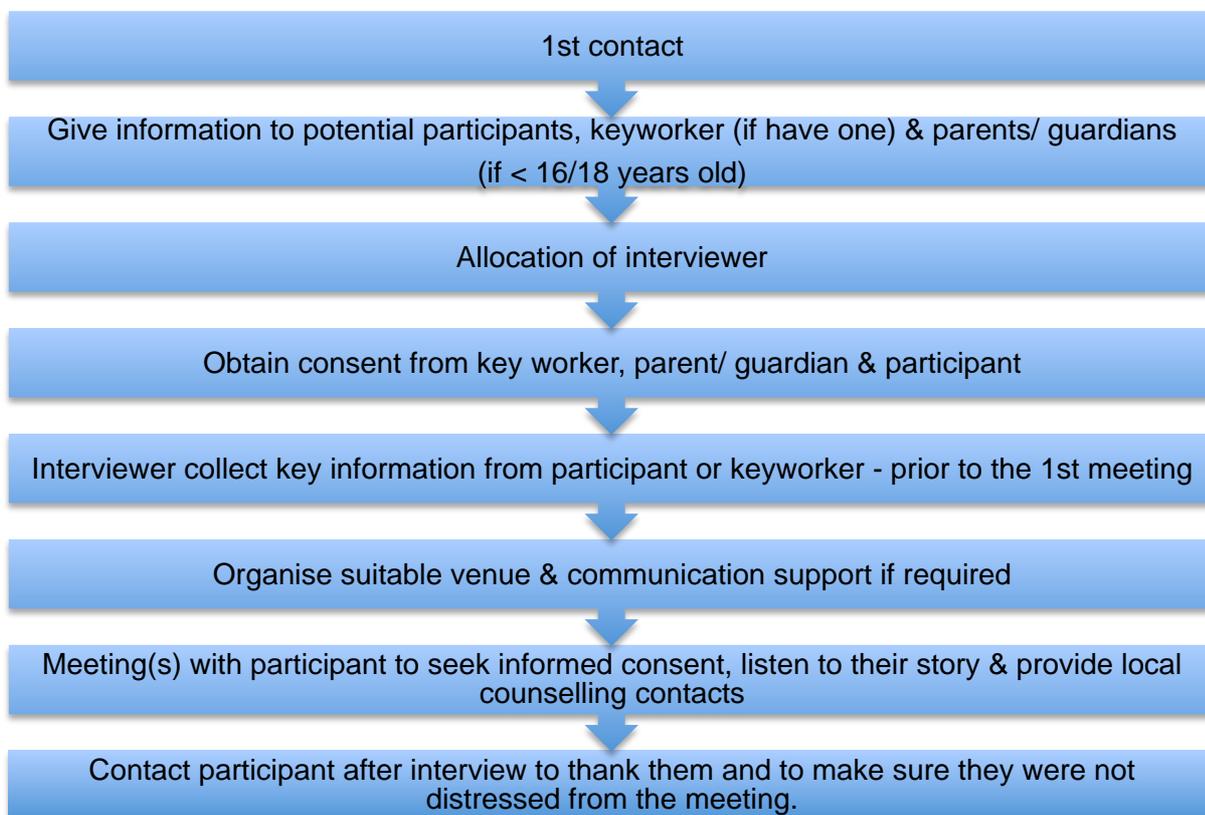
3. RESEARCH METHODS

3.1 Interviewing participants

Deaf and disabled people were invited to take part in one or more 'guided conversation' (Kvale 1996). To ensure inclusion, our aim was to recruit as wide-ranging a sample as possible, including participants of both genders, with different types of impairment and ethnic backgrounds, from across the four nations of the UK, some of whom had and some of whom had not been referred to child protection services.

With regard to whether or not participants had experience of the child protection system, we were interested in their perceptions of how this had worked and been experienced. Therefore, the definition of a referral having been made and recorded by the relevant statutory services was based on participant recollection, this was not something we were in a position to verify. We acknowledge that some people may have thought that a referral had been made when in reality the referral may have been for some other reason; conversely participants may not have thought a referral had been made when it had. Our starting point was always to acknowledge the participant's perception of events. The interview process is summarised in Figure 1.

Figure 1: Steps followed for each interview



Depending on geographical proximity, one of two trained interviewers met with each participant. An interviewer who is a native British Sign Language (BSL) user interviewed Deaf participants. Registered BSL/English interpreters also worked with the project and interpreted interviews undertaken by the Deaf researcher with participants who did not use BSL. Both the research team and the BSL/English interpreters participated in a one-day bespoke interviewer training course developed and delivered by senior staff at the Child Protection Research Centre focusing on child protection research and interviewing deaf and disabled people.

With the participants' consent, the meetings were either audio or video recorded. Data were analysed using inductive coding methods (Ritchie and Spencer 1994) and interrogated both cross-sectionally and narratively (Mason 2002). A full account of the methods used can be found in Appendix A.

A total of 10 deaf and disabled people eventually took part in this study. They were aged 12 to 51 years. There is important learning from such under-recruitment and we address this briefly in the following section.

3.2 Recruitment

Recruiting vulnerable people is challenging for most researchers especially where the research topic is sensitive. It is the same for this study. A recent inquiry into child sexual exploitation in gangs and groups showed that disabled people were found to be largely out of sight or hidden (Berelowitz et al 2013).

Establishing contact and building relationships is central to working with groups who find services less accessible and who may be hidden within marginalised populations, including deaf people and disabled people. Considerable effort was put into finding ways of reaching them (see Appendix A).

The research study timeline was originally agreed at a period of 10 months. However, by that time and despite exhaustive efforts, recruitment was extremely poor with only three people having agreed to participate. Given the recruitment challenges, it was agreed to grant a six month extension. The original age range for the study was 11 to 26 years, but people over 26 approached the team and wanted to tell their stories. The upper age limit was thus lifted in an effort to recruit more people.

Whilst 17 people indicated a willingness to participate in this study, seven were not interviewed for a number of reasons including: concern about capacity to consent; emotional unpreparedness due to ongoing disclosure processes with police and social services; concerns expressed by services about possible negative implications for their mental health; disability had manifested in adulthood.

Possible reasons for difficulties in recruitment include:

1. Low numbers of children and young people identified as having an impairment by the child protection system. This relative invisibility has been noted by a number of previous studies.

2. Gatekeeping – gatekeeping is a process whereby individuals within organisations or services facilitate or prevent access to potential research participants.
 - a. Some individuals were clearly reluctant to pass on information to the people with whom they worked because they were concerned that the topic may have been distressing to the children.
 - b. They may have been reluctant to facilitate access because of ongoing court proceedings.
 - c. We do not know if parents/carers may have vetoed involvement or restricted access.
 - d. Some services would not raise issues with their clients because they provided leisure or short break opportunities and did not wish to 'upset' children when they were supposed to be enjoying themselves.
3. General disempowerment of disabled children, as they have seldom been asked for their views before so most are not used to giving their opinions.
4. An underestimation of the amount of time allocated for the recruitment process in the study design, which was insufficient to establish sustained relationships with services/organisations and individuals to facilitate participation.

4. FINDINGS

In this section of the report we provide an overview of the circumstances of the 10 deaf and disabled participants and present some of the key themes that emerged from their accounts. We address in turn the four main areas with which this study is concerned:

- Deaf and disabled children's experiences of seeking help
- Barriers to help seeking or protection of deaf and disabled children
- Enablers of help seeking or protection of deaf and disabled children
- Recognising and responding to the abuse of deaf and disabled children

Participants' accounts have been anonymised and short identification tags made up of a number and two letters are used to distinguish individual contributions and provide some contextual information for quotations. These tags indicate which person made the contribution, their gender and whether they were an adult or a child at the time of the interview. For example, Sara (1FA) indicates participant number one, who was female and an adult at the time of interview. Each participant has also been given a pseudonym.

4.1 Overview of participants

Interviews were conducted with 10 deaf and disabled people. Three of these were children, one aged 12 and two aged 13 at the time of the interview. Of the remaining seven participants, three were aged between 18 and 29, one aged between 30 and 39 and the remaining three were over 40

when interviewed. The oldest participant was 51 years old. Three men/boys aged 12 to 42 were interviewed and seven women/girls aged 13 to 51. Six participants were located in Scotland, two in England and one each in Wales and Northern Ireland. One participant was from a minority ethnic community. One of the 10 participants did not disclose his abuse to anyone as a child while the remaining nine either disclosed to at least one other person, with varying outcomes, or their abuse was detected in childhood. This is explored in more depth later in the report.

Participants experienced a range of types of abuse and often multiple forms (see Table 1). Seven participants experienced sexual abuse in childhood, six physical abuse, five emotional abuse and five neglect. In all cases this was recurrent abuse endured over several years. Parental abuse was experienced by six participants, including in one case foster parents and in another case, a parent's partner. One person was abused by a member of their extended family and another by a family member whose relationship to the participant was undisclosed³. Two were abused by people within their local communities and one person by both peers and a staff member from a residential school. In five cases abuse was perpetrated by more than one person, for example, two parents or caregivers, or a parent and a member of the local community, or peers and support staff.

Table 1: Types of abuse experienced by participants

Type of abuse	1FA	2FC	3MA	5FA	6FC	7MA	8FA	9MC	10FA	11FA	Total no. of children experiencing each type of abuse
Sexual abuse	1		1	1	1	1	1			1	7
Physical abuse				1	1	1	1		1	1	6
Emotional abuse	1						1	1	1	1	5
Neglect		1					1	1	1	1	5
Total no. of types of abuse	2	1	1	2	2	2	4	2	3	4	

Participants reported a range of impairments or conditions. Five of the participants were Deaf and BSL users and an additional two were deaf and oral. One participant had a longstanding mental health condition. Two participants had learning disabilities, in one case related to an undiagnosed hearing condition treated later in childhood and in another, Attention Deficit Hyperactivity Disorder (ADHD). It was not our intention to recruit a representative sample of people based on impairment types but instead to ensure we spoke to people with a range of experiences. It is noteworthy, however, that a substantial proportion of interviewees were deaf. We suspect this was related to the fact that the research fellow working on the study is Deaf and that this provided us access to

³ Although the relationship between the perpetrator and child was not disclosed to the researcher information provided during the interview implied that this was a family relationship.

networks of deaf people and offered some reassurance to people assisting us with recruitment and those being asked to participate. We were also able to ensure that recruitment methods and materials were accessible to deaf people. This is an important piece of learning from the study that we explore later in the report.

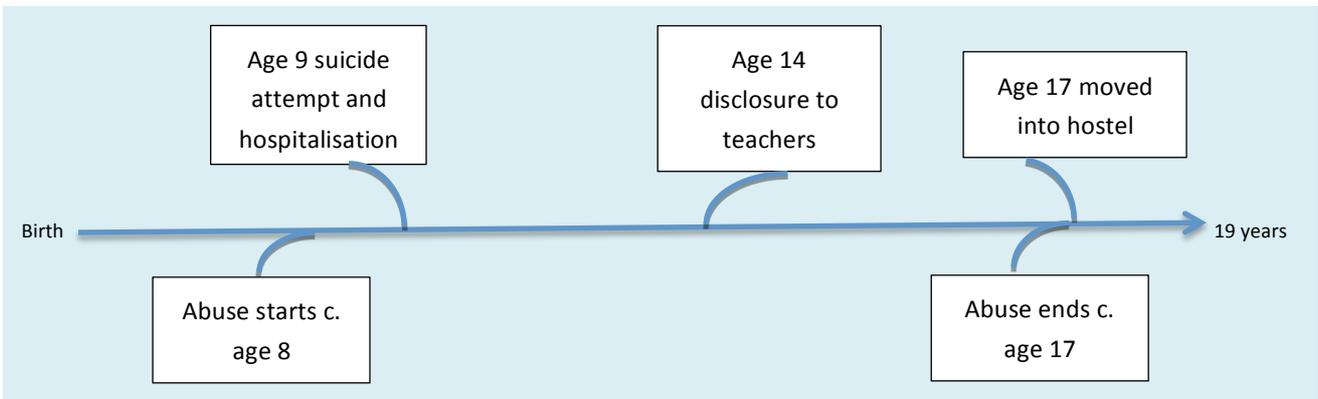
4.2 Deaf and disabled children's experiences of help seeking

Next we outline participants' descriptions of help seeking following abuse in childhood. The category 'help seeking', as described by participants, includes any attempts by a deaf or disabled child to reach out for help to address the abuse. By focusing on help seeking by the child, we do not wish to suggest that the onus for tackling abuse should be on children. Rather we believe that the primary responsibility for identifying and addressing abuse lies with adults. However, we are aware that a more proactive approach by adults is not always part of abused children's experiences and, therefore, it is important to explore their help seeking strategies and the outcomes of these. Throughout the report we have provided a small number of pen pictures of participants' experiences and a time line of abuse and professional intervention. The first two of these are next at Figures 1 and 2.

Figure 2: Pen picture of Sara, participant 1FA

Sara was around age eight when a family member (undisclosed) began to sexually abuse her. Her family faced many challenges as her mother had a diagnosis of bipolar disorder and her father had a degenerative health condition. She lived with both parents and an older brother. At first Sara did not understand that the sexual experiences to which she was being exposed were abusive but regardless of this they still affected her greatly. At age nine she was admitted to a psychiatric hospital under mental health legislation, having tried to commit suicide. She was assessed and diagnosed as having a bipolar disorder like her mother. During her stay in hospital she does not recall being asked any questions that would have led to her disclosing the abuse she was experiencing and she did not feel able to disclose unprompted. Sara's abuse continued into her teens. During a school lesson on health and relationships, when Sara was around 14, she became distressed and this led to a disclosure of the abuse to her teachers. This was reported to the police and social services who investigated but no action was taken against the perpetrator and Sara continued to live at home with him. She describes the abuse as getting worse after this. The family had some contact with social services support but Sara describes this as occasional and inadequate. Finally, at age 17 Sara moved out of the family home and into a hostel. While she hoped this would be a place of safety, in reality it was another chaotic environment where young people were involved with drug taking and alcohol use.

Figure 3: Timeline of abuse and professional intervention, Sara 1FA



4.2.1 Patterns of help seeking by deaf and disabled children and their outcomes

Seven of the 10 participants made clear disclosures of abuse in childhood in order to secure help (see Table 2). 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.

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 child⁴.

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.

⁴ The third male interviewee was removed from his abusive mother as an infant.

Table 2: Disclosures reported by deaf and disabled participants and outcomes

ID	Perpetrator	Disclose to whom	Age of disclosure (age abuse began)	Did action lead to an investigation	Did action result in end of abuse
1FA	Family member	Teacher	c. 13 (8)	Yes	No
3MA	Uncle	Friends	Unknown (8)	No	No
5FA	Neighbour	Mother	11 (7)	Yes	Yes
6FC	Father	Friend & Teacher	11 (unknown)	Yes	Yes
	Community member	Foster mother	11 (4)	Unclear	NA*
8FA	Father	Teacher	7 (infancy)	No	No
		Priest	13 (4)	No	No
10FA	Mother and partner	Mother	Unknown (0+)	No	No
		Neighbour	Unknown (0+)	No	No
		Aunt	c. 15 (0+)	No	No
11FA	Foster father	Brother	Teens (12)	No	No
		Foster mother	Teens (12)	No	No

* This was a disclosure of previous abuse that had ceased after the child moved to the UK from another country.

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.

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 minimised 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.

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.

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 5FA

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.

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.

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. One participant whose abuse began at age eight attempted suicide at around age nine. She was admitted as a psychiatric in-patient, assessed and treated but at no time felt she was given an opportunity to disclose her abuse. She explained:

... 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

Another woman expressed her frustration that her extremely challenging behaviour was not recognised as a sign of distress and an indication of abuse. This woman was Deaf and in foster care and therefore, in regular contact with services and her behaviour also brought her into contact with the police. She said:

The social workers should have thought why I was always so angry, why I was always behaving badly to the foster parents. Liz 11FA

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.

4.2.2 Difficulties communicating experiences of abuse described by deaf and disabled children

Participants often maintained a silence about their abuse over many years. This was an additional source of distress for children. Participants described the great self-control they had to exercise to keep the abuse secret:

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

Even when opportunities to disclose were presented, however, children did not necessarily feel able to do so:

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

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

These previous quotes convey children's sense of powerlessness.

In several participants' accounts there were indications that, looking back, they could identify possible opportunities to disclose but that these opportunities were too difficult to grasp. Such missed opportunities were a source of regret for participants. For example, a Deaf woman explained that whenever she returned from the home of her abusive neighbour:

... my Mum would complain about the smell on my clothes. She could smell smoke on me. She would say I smelt awful and I had to go for a bath to get rid of the smell. Mum said I always smelt awful when I came home and I just said 'I know'. I couldn't tell her then that he was touching me... Tessa 5FA

Children's inability to disclose was sometimes related to their desire to protect parents and the wider family. Two participants explained:

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

... it is difficult to talk about it...there was a wall between us. It was really difficult, you have to be strong to find out if it is happening to your child. Paul 3MA

Attempted and unsuccessful disclosures also seem to represent, in participants' minds, a missed opportunity for adults to probe further and take some action. Some participants felt that adults had suspicions of abuse. Referring to a teacher in residential school one participant explained:

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

Another said of school:

I do remember, when I was older doing GCSEs or A Levels and...my mother's boyfriend had been made redundant and that's when the abuse got a lot worse...because he was always, you know, always there and at home and he was attacking me every day...and it was my teachers could see at school that I was not happy, that I was looking very tired and I did have teachers ask me, you know 'Is everything ok?'...and I was just, my response was that 'Oh, we haven't got very much money at the moment, because my mum's boyfriend has just been made redundant and we're all a bit worried about that'...so again I didn't, I couldn't say 'Actually, I'm being treated really badly at home'... Maggie 10FA

It may have been the case that adults suspected abuse or perhaps had a sense of unease that was not easily identifiable. Participants clearly felt that adults must act on such suspicions.

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. Participants expressed their disappointment that these were not picked up by adults. A young woman with mental health problems explained:

I tried to tell people quite a lot of the times, like when I was nine I was sectioned because I tried to kind of take my life kind of thing cos I couldn't handle it anymore and I was sectioned for like three months and even then nobody asked me why did I do it. Sara 1FA

This child's actions appear to have been interpreted as an expression of distress caused by her chaotic family life and inherited 'mental illness' without any additional explanations being considered. This young woman finally disclosed her abuse to a teaching assistant at high school. She suggested that she would not have disclosed if she had not been asked directly about her experience saying:

...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

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

Another participant suggested that an adult would need to be highly skilled to encourage a child to disclose.

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

4.2.3 'Unheard' disclosures of abuse made by deaf and disabled children

It is impossible to know whether the examples of disclosure provided by participants were the only occasions of such help seeking. However, the responses that these disclosures received were unlikely to encourage children to make further attempts, as the following account shows:

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

Often disclosures resulted in children feeling, or confirmed children's beliefs, that they would not be listened to, were considered liars, were naughty or in the wrong, were to blame for the abuse in some way or were unworthy of help. It appears that children were often left with a sense of hopelessness and a lack of belief that things could get better. One deaf participant who disclosed to her emotionally abusive mother the physical abuse perpetrated by her mother's partner described her experiences of her abuse being minimised and blame being directed at her. She said of her mother:

... 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

Another Deaf woman who was sexually abused by her foster father received an unexpected reaction from her foster mother. She said:

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

In some cases disclosures were made to trusted adults but these adults were also neglectful to some degree or at least unable to effectively protect their children and therefore, children were discouraged from making further disclosures. The same woman explained:

My father was laid back. If I had a problem, he would just nod his head and say nothing. I was upset and frustrated. He was very laid back. [sigh] He never took us out. He always went to the pub. When he became retired from work, he drank more and became an alcoholic. Liz 11FA

In some cases the abuse was compounded by the response to a disclosure, being perceived as punitive by the child. For example, one deaf woman who disclosed to her parish priest was dismayed when she was castigated by the priest and sent on a religious retreat. She explained:

... 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

Having been given a clear message that she was at fault, she returned home two weeks later to her abusive father who had not, as far as she was aware, faced any consequences for his actions.

Some adults responded to disclosures in ways that were intended to deal with the abuse within the family in order to ensure children's safety but were ineffective in this respect. For example, one participant described her disclosure to an aunt and the aunt's response. She said:

...I get on really well with my Auntie, but my mother was very controlling of the contact I had with her. So it wasn't until I was further in to my teens that I started to tell my Auntie that, you know, I didn't like how I was being treated at home. But when my Auntie tried to challenge my mother, my mother cut her off, so my Auntie had to maintain that balance of trying to be a support to me but without...without like pushing it too far with my mother so that she was completely denied access to me... Maggie 10FA

4.2.4 Professional responses to the abuse of deaf and disabled children

A range of professionals including social workers, health professionals and teachers were routinely involved in the lives of the 10 participants to varying degrees, yet initial disclosures of abuse were made to professionals in three instances only, in all cases to teachers. Two of the three disclosures to teachers led to referrals to child protection services and a further two instances of abuse came to the attention of child protection services when children were very young. Both of these involved parental neglect. Children's experiences of these services were varied.

It was apparent from participants' accounts that the disclosure process was very difficult for the child and required a careful response from professionals. One participant said:

Sara: It was a teaching assistant, so she...so I had to tell the teacher and then I had to tell this other teacher and then loads of them.

Researcher: So how did that feel the fact that you had to tell so many people?

Sara: I didn't really want to, the first time I did I thought it'd be like ok and then the fact I had to tell loads of people I thought no I don't want to say it anymore. Sara 1FA

This same participant, a young woman with significant mental health problems, conveyed a sense of abandonment by services immediately after her disclosure. Having given a statement to the police:

... 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

A Deaf girl who had very recent contact with child protection services explained that she communicated with the social worker investigating her abuse using pen and paper and without access to an interpreter.

In some cases there was a lack of longer term professional support following abuse. A Deaf young woman abused eight years ago from age 7 to 11 described the major consequences of the delay in receiving support and the beneficial effects once support was received:

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... Eventually, I received counselling for two years in [city]. After the counselling sessions, I felt better and accepted things. Tessa 5FA

It appears that the long-term consequences of abuse for deaf and disabled children are poorly understood and there is an expectation that survivors can simply put the experience behind them. The woman later explained that she had been offered counselling immediately following the abuse investigation by the police but that it was so unhelpful that she withdrew after only one session and no further follow up was offered. She explained:

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

This dismissal of her experience was clearly a source of distress for the woman. She questioned whether this was related to a lack of specialist services or financial resources. She suggested that a deaf counsellor would have been preferable. 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:

The social worker came to meet me last year in February because my father hit me on my arm. My father is not allowed to hit me in [the UK]. He is not allowed. So I had to be separated from my Dad. The social worker thinks my Dad was abusing me. I said no, it is not true, not true. He didn't mean to, he gets angry when I do the wrong thing. 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

When I heard that I had to leave home, I was sad and I really wanted to stay with my family. I felt the family has split up. It was hard but I had to stay with the carer. Jamila 6FC

It was not always easy to see the rationale for certain professional courses of action from the participants' account alone. For example, Jamila (6FC) was the only child removed from the family when her abuse became known while her father remained at home with other children. The crucial issue though is that this appears irrational to the child. She expressed a desire for better listening from social workers and foster carers saying:

I know they listen to me but sometimes I feel they are not listening to me. If they are not listening, I feel upset. I want them to listen to me and support me. Sometimes I feel I am not getting any support. I would feel upset and angry and go upstairs to my room and go to sleep. Sometimes I am sitting on a chair feeling upset. Jamila 6FC

Another child with learning disabilities similarly reported a lack of engagement with his support service. He said:

...sometimes I didn't understand what [name of social worker] said. Lewis 9MC

The following exchange conveys the boy's frustrations:

Lewis: They didn't listen to me sometimes.

Researcher: Ok.

Lewis: 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

Another more positive report of long-term support came from a Deaf young man whose abuse became known to the police at age 18. He received support from a social worker over a period of months and showed great appreciation for the continuity of this service. He also highly valued the continuity that an interpreter was able to offer throughout his contact with police, the hospital and counselling services. He explained:

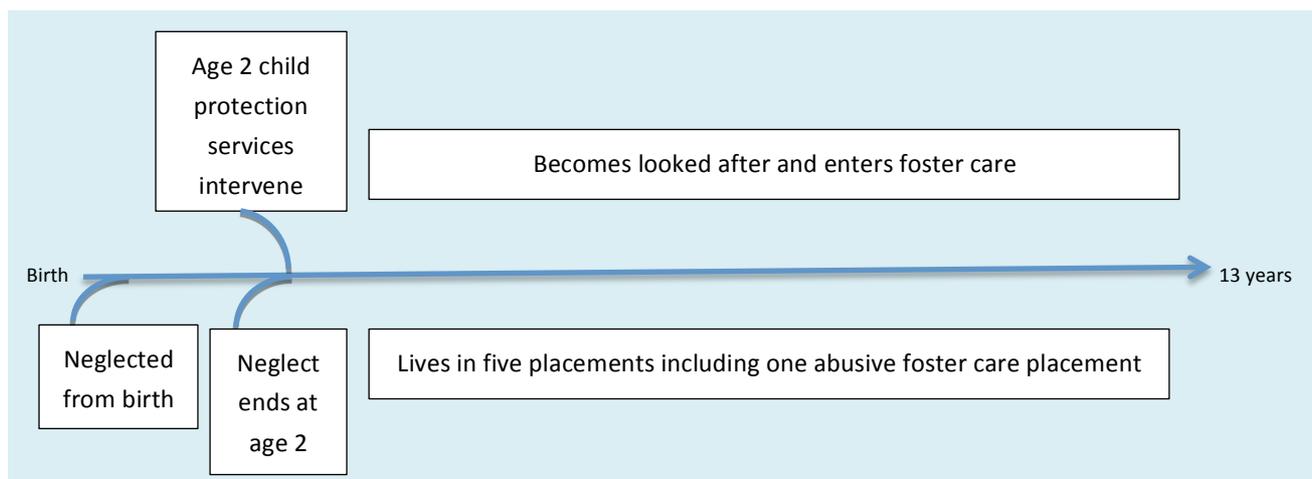
I had the same person all the time. I wouldn't have anyone else. I didn't want anyone else because they wouldn't have the background information – what happened to me... I think it is really important to have the same interpreter all the time. Paul 3MA

The quality of some foster care provided to deaf and disabled children emerged as a concern. 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.

Figure 4: Pen picture of Jessica, participant 2FC

Jessica is now aged 13 but she was approximately two years old when she came to the attention of child protection services who were concerned she was being neglected by her mother. There had also been an incident of violence perpetrated by a man in her neighbourhood who had been taking photos of Jessica. Jessica is unsure why she is in care although she does have some memories of not being fed and being alone on the streets. She reports that she may have been told the reasons a long time ago but that they didn't mean anything at the time as she was just happy to see her mum. She can remember living in five places since being in care. She had to be removed from one placement where the foster carers were ill-treating her. After an operation, Jessica's hearing has been restored but she wishes that someone had noticed her hearing loss and associated learning needs and the fact that she needed looking after, much earlier in her life. Jessica has had quite a few social workers whilst being in care, she felt that she could talk to some of them. Her current social worker comes to the foster family home where Jessica lives but she feels that the social worker just talks to the adults.

Figure 5: Timeline of abuse and professional intervention, Jessica 2FC



4.3 Barriers to help seeking or protection of deaf and disabled children

As well as the issues raised previously, a number of additional barriers to help seeking were highlighted by participants. These are described next.

4.3.1 Lack of individual awareness or collective consensus about what constitutes abuse of deaf and disabled children

A necessary prerequisite for action to be taken regarding abuse is that the undesirable behaviour is recognised as abusive. This was not always straightforward. A recurring theme in participants' accounts was the poor levels of awareness of abuse or understanding of what constitutes abuse amongst the participants themselves, their family members, the wider community and even the professionals with whom they came into contact.

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. Participants explained:

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

This 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. One participant who experienced sexual abuse from the age of seven, which began as non-contact abuse but later escalated, described her perceptions of the situation when the abuse started:

I was naive ... I didn't feel that it was wrong or terrible. I didn't feel offended. I thought it was ok. Tessa 5FA

Even where situations were not specifically identified by children as 'abusive', however, they did feel distressed by the behaviours directed towards them. One woman explained:

...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

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

Another deaf woman who experienced physical and emotional abuse within the family home sought adult reassurance about the inappropriate nature of her experience. She explained:

I said to my teacher if it was ok if your parents hurt you? ... and they said it was ok... that they had a right to discipline you when you were bad. Wendy 8FA

This was not treated as a disclosure and the abuse continued. This situation may have resulted from a combination of factors including the child's lack of awareness of abuse, the lack of awareness of the adult about what constitutes abuse or risk of abuse and communication barriers.

One participant described her mother's naivety or inattention to possible risks to which her Deaf daughter might be exposed. The abuse was perpetrated by an older neighbour who, having gained the family's trust, gradually created opportunities within his home where he could be alone with the girl. The participant explained:

My Mum would check where I was and she thought I was ok because she knew the old man. Tessa 5FA

There were also examples of physical indicators of abuse, such as bruising, going unrecognised by adults. For example, one participant said:

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

Even more worryingly, however, some participants suggested that in some cases the non-perpetrating adults present in their accounts were aware of the abuse and, through their inaction, complicit in it continuing.

4.3.2 Credibility of deaf and disabled children being called into question

Participants recalled childhood fears of not being believed and sadly this fear was the reality for some children. Even where a clear disclosure was made by a deaf or disabled child, adults' responses were not always positive or decisive. One way that children's disclosures were undermined was for their credibility to be called into question. This was a strategy often used by perpetrators to assert their innocence.

A Deaf woman explained a perpetrator's use of denial and pacification when confronted by the child's mother:

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

Another Deaf woman who had lived in foster care recalled her disclosure of abuse by her carers to her brother during a visit to her birth family's home. Her brother passed this information to her father but the disclosure was labelled as a typical expression of the child's challenging behaviour. This explanation, encouraged by the foster carers, served to undermine the child's credibility. The participant explained:

I did tell my brother what happened. He then told Dad. He just said nothing. I told my brother what was happening with [sister] and asked him to tell Dad. He told father what happened. He just nodded his head. I thought, how did he know? He said that social workers used to come round to let him know that I was a bad girl. I said to him, through my brother, it was because of a lot of reasons. He just shook his head. He did nothing! My father....[sigh] Liz 11FA

Another deaf woman disclosed her abuse to a neighbour. The neighbour was outraged and confronted the woman's mother but was quickly pacified when the mother suggested that the child was lying and acting maliciously:

[the neighbour] said: 'that's terrible!', got on the phone to my mother, who then told her that she'd made me a lovely meal, I'd refused to eat it, that I was being rude...and lied about it basically. So then my friend's mum came to me and said: 'how dare you say such awful things about your mother, she loves you, she looks after you, she's always there for you, how dare you come round and tell lies about her.' And then when I got home, after that...it was just awful, you know, I got shouted at, I got screamed at, 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. Maggie 10FA

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 raises questions about the susceptibility of deaf and disabled children to having their credibility called into question. 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.

4.3.3 Deaf and disabled children shouldering the blame for abuse

Blame was a common theme in participants' accounts. Sometimes this manifested itself as blame directed by the perpetrator towards the victim, by a non-perpetrating adult towards the victim but most frequently self-blame was expressed by participants. This sense of self-blame was often reinforced by abusers and acted as a barrier to help seeking. As one participant explained:

... 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

This act of blaming children was in some ways an abusive act in its own right. An emotionally abusive parent was reported to have said to a child:

... 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

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

Another Deaf woman appeared to blame herself for her sister's experiences of abuse and her own inability to intervene:

I don't know...[expletive]...I kept thinking that I should have protected her. Perhaps she would have never become an alcoholic...a better life. I kept thinking what it would be like for her...no...I didn't...she suffered...I don't want to see any children suffering like us. Liz 11FA

4.3.4 Fear experienced by deaf and disabled children

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. One Deaf man explained:

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

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.

They would attack me if they knew I tried to tell someone that someone was hurting me. They would say, '[name], watch out'. I would be helpless and I was stuck. They would hurt me. David 7MA

... 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

As stated earlier, participants also described a fear of being blamed for the abuse if they were to disclose. In other cases children feared other catastrophic consequences of disclosure. For example, one participant explained her perception as a child in this way:

I knew from very early on that I had to put on a front, because I thought I would be the one taken away. Wendy 8FA

Another said:

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

In some cases this fear was realised when children were removed from birth families and placed in foster care. This was the case for Jamila (6FC) after she revealed the physical abuse perpetrated against her by her father. She was also deterred from disclosing previous sexual abuse by a member of their local community because of her father's abusive behaviour towards her.

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

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.

Fear could also lead to denial of abuse by a child when asked about it directly. One participant became aware of the sexual abuse of her sister, which she witnessed on one occasion. Despite the abuse being clearly observed by the participant, her sister forcefully denied that abuse had taken place. In adulthood the sister admitted to this participant that her main motivation to maintain a silence about the abuse was her fear of her foster mother. The woman explained:

My sister wasn't happy. 'Why me? I grew up in foster care, which was bad. I am alcoholic.' I said, 'We should have told the social workers then'. She said, 'I know. I was terrified of Auntie [name]'. Liz 11FA

A Deaf child described fears of her family being separated if she was to disclose the abuse perpetrated against her by her father. This fear was realised after her disclosure and was the cause of much sadness for the girl. She was placed in foster care and separated from her brothers and sisters including a baby brother whom she was yet to meet.

As well as worrying about their own safety, participants described their fears for the safety of, for example, siblings. One Deaf woman explained that she assumed that allowing the abuse to continue would protect her sibling from exposure to abuse.

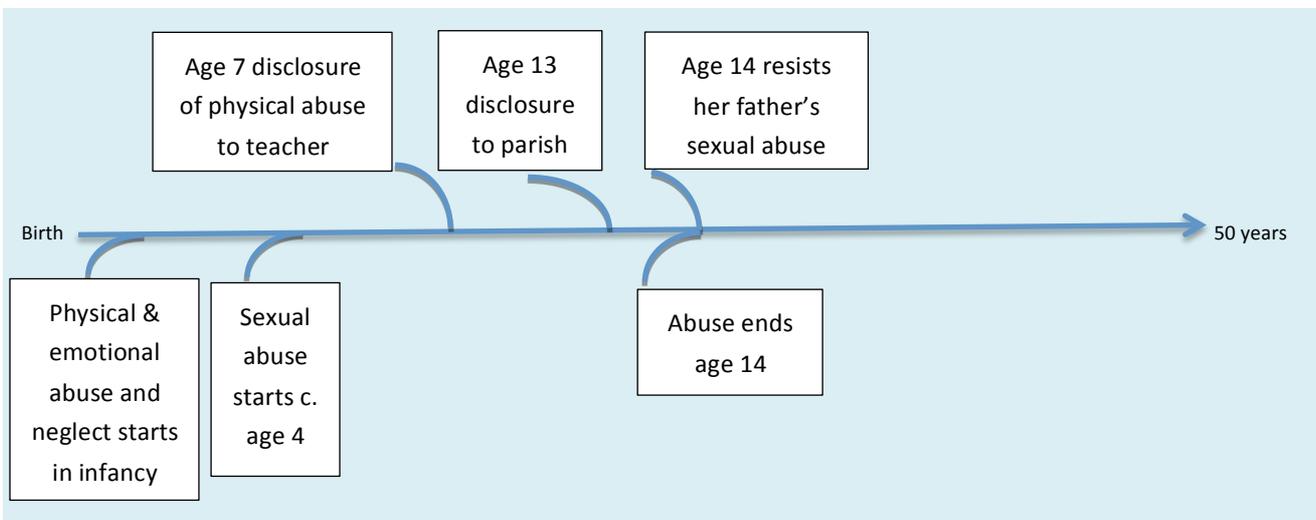
... but I had a young sister, two sisters; my worry was that he would start to pick on them...that's why I kept it up until I was fourteen. Wendy 8FA

4.3.5 Social isolation of deaf and disabled children

Figure 6: Pen picture of Wendy, participant 8FA

Wendy is now aged 50, she is deaf and oral. She was abused by her father and experienced years of physical, sexual and emotional abuse and neglect from a young age. Wendy told a teacher at her school what was happening to her when she was aged 7, but the teacher told her that it was right for parents to discipline their children. Wendy grew up in a strict Roman Catholic community. When she was 13 she told her priest that her father had been sexually abusing her. She was told that she shouldn't tell stories and was sent away to a retreat to repent where she was hit if she was naughty. The abuse stopped when Wendy was aged 14. In adolescence and young adulthood she embarked on a path of self-destruction, running away, sleeping rough and being sexually exploited. She described herself as being vulnerable to anyone who said that they loved her. She developed an eating disorder, depression and had little self-worth. Wendy questions why it was her who was abused in her family and not her siblings. She feels it was because she is deaf and the only deaf person in the family. She was isolated, with few friends and lived in a rural community. Wendy feels she was seen as 'damaged goods' because she was deaf. She remembers not being allowed to wear her hearing aid in public or whilst at home.

Figure 7: Timeline of abuse and professional intervention, Wendy 8FA



Social isolation in childhood was a dominant feature of the lives of many of the deaf and disabled people who participated in the study. Participants frequently reported an absence of friends in their childhood. One deaf woman described her experience of education in a mainstream school 40 years ago:

I didn't have many friends because there was no communication, because I missed the subtleties of conversation...so I drew, I painted...and I read and read and read and read. Wendy 8FA

Another deaf woman described a similar sense of isolation within school saying:

...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

This lack of a social support network deterred this woman from disclosing her situation in childhood. She explained:

...the only kind of support I did have, that was just for me, was my peripatetic teacher who came in every few weeks...and she was amazing, but it was like, it was a happy time for me when I saw her so I liked to chat and I liked to talk about good things, I didn't want to talk about the bad stuff that was happening, I didn't talk about what was happening at home. Maggie 10FA

The same lack of friends outside of school and in the local neighbourhood was referred to by yet another Deaf woman:

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 5FA

A desire for more friends continues to be part of the experience for some children in 2014, as can be seen in the following exchange between a young woman with learning disabilities living in foster care and the interviewer:

Jessica: ...I really, really wanted a new girl to come and live with us... 'cause I heard [names foster carers] talking about getting a new child... I hoped for a girl but...no. Now I can't play with anyone.

Interviewer: But you have friends at school though?

Jessica: Yes and in the street...only one. Jessica 2FC

There were also examples of children isolating themselves as they did not know who they could trust. One participant explained:

...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

In some cases participants described an experience of isolation within their immediate family or family placement as is evident in the statement of the previous participant. Another participant said:

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

Another deaf woman described the extent of her social isolation saying:

I was very dependent on my [abusive] mother. I didn't have friends who really understood my deafness who could've supported me. There was no other family near us... Maggie 10FA

Social isolation was also a source of vulnerability where familial abuse was perpetrated. One participant explained:

... 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

It is possible that this can contribute to children being 'befriended' by adults who pose a risk and this being less questioned by parents. The woman who was sexually abused by an older neighbour described the ways in which he would present to her mother as caring and helpful. She said:

I didn't 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

This man gained the child's trust asking her to teach him basic sign language, using this as part of a grooming process.

The problem of isolation was described by some participants in relation to their extended family. A deaf woman explained:

... 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

Another participant suggested that her abusive mother created both physical and emotional distance between her and her father in order to isolate the child from a potential source of support. She said:

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

There was also some evidence that both specialist and mainstream services could contribute to the isolation felt by participants. One girl with a learning disability and hearing impairment, placed in residential care, explained:

...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

A younger participant spoke about her reluctance to socialise with new people as she feels disadvantaged by their lack of signing ability. She said:

When I talk with hearing people for the first time, I am nervous because I know they can't sign. So I have to use a paper and pen with them. Sometimes, I am very quiet and nervous. Jamila 6FC

Another woman spoke of the isolation imposed on her by a lack of technological support and access in her childhood. She explained:

...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 8FA

4.3.6 Invisibility and silencing of deaf and disabled children within services

While some participants expressed their appreciation for the specialist support received in childhood from formal services, others raised some concerns. For some participants the total absence of services in their lives was a source of concern. A deaf woman said:

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

Some participants had involvement from services but described this as 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

The same woman 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

While it is impossible to know what contact occurred between families and formal services, it is clear that participants felt that the formal supports they received as children were sometimes inadequate. A Deaf participant recollected only fleeting contact with social services despite experiencing recurrent abuse throughout her childhood.

There was an accident I had when I was three and I was placed on the 'at risk' register then, so apparently I've been on the 'at risk' register my whole life...so every now and then social services would try to visit...but my mother would like...I don't remember seeing social workers when I was younger. The only time I remember seeing a social worker was when I was fourteen...because I'd been truanting school...that's how the contact with social services came about and I remember the social worker interviewing me but my mother was there... Maggie 10FA

Her experience suggests that more needed to be done to ensure that her voice was heard. This lack of attention to the child's view, independent of the parent's, also seemed to be a feature of the woman's childhood contact with health services. She said:

... 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

Participants' accounts suggested that deaf and disabled children did not always feel that adults listened to them or engaged with them in a meaningful way. A sense of exclusion was particularly felt by children with communication difficulties. One participant suggested that the marginalisation she experienced within the service system contributed to her poor experiences:

...if they listened in the beginning I don't think it would have got as bad as it was.
Sara 1FA

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. One deaf participant who was abused by her mother and the mother's partner said:

...I remember the social worker interviewing me but my mother was there...
Maggie 10FA

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

A Deaf woman who is a BSL user powerfully described her extreme frustration at not being able to disclose the abuse she and her sister experienced in foster care due to a lack of communication support and safeguards. She was desperate to make social services fully aware of her and her sister's experiences of abuse. However, she relied in meetings on her sister to speak on her behalf, as no interpreter was provided and her sister was unwilling to disclose the abuse. She expressed her disappointment saying:

There were plenty of reports of me and I'm sure on the police records too. They should have thought more about giving me help and find out why I was an angry child. I would have told them everything. Liz 11FA

A Deaf child abused at a young age also described the difficulties she experienced disclosing her abuse before she had learned to sign or read and write. A deaf woman who was abused several years ago in childhood reflected on the lack of accessible support services for deaf people at that time:

I did once think about phoning the NSPCC, you know ChildLine, but I couldn't hear them, I found a payphone, but I couldn't hear them...and there was nothing, I just...
Maggie 10FA

Another Deaf participant stressed the importance of services such as ChildLine making deaf children feel at ease. Being able to see the person online through technology such as webcams was felt to be important. The young man said:

I felt afraid and didn't want to talk. It is really important that you can see the person and judge if he/she is nice or not. You want to feel comfortable with the person from ChildLine. This person looks strong and positive then you would want to ask for help. It is really important. Paul 3MA

4.4 Enablers of protection of deaf and disabled children

4.4.1 Supportive relationships

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. The nature of the relationship with these individuals meant that children felt a degree of trust, enabling them to seek protection. One young woman explained:

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

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.

Some participants also described the continued importance of supportive relationships in adulthood as part of the recovery process. This was often an intimate partner. One woman said:

... 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

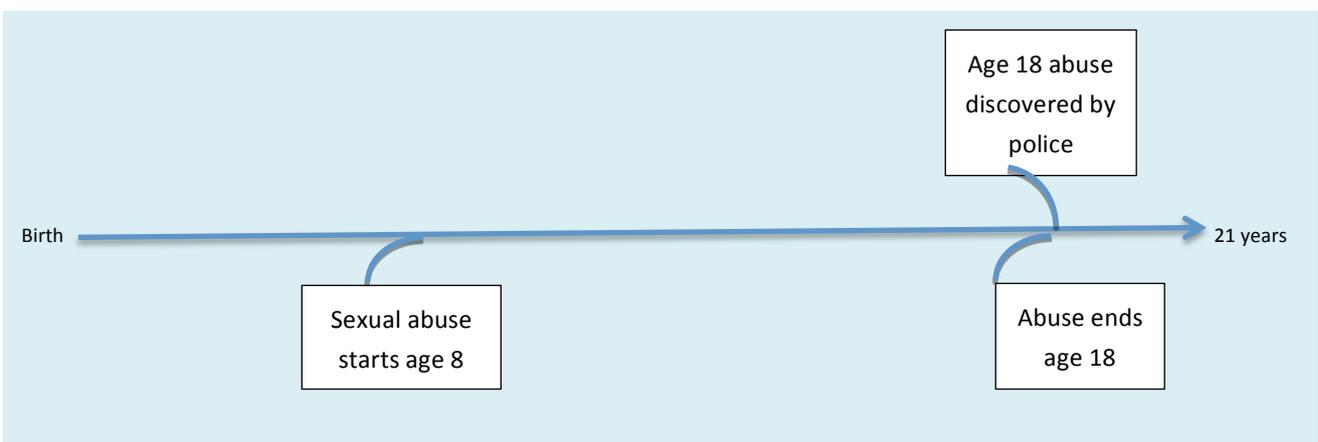
None of the participants reported involvement with professional advocacy services although, as adults, two belonged to collectives of disabled people or abuse survivors.

4.4.2 Role of professional interpreters for Deaf children

Figure 8: Pen picture of Paul, participant 3MA

Paul is 21 years old; he is Deaf and uses BSL. His abuse stopped when the police found him in an abusive situation at aged 18. He had been sexually abused by a family member for about 10 years. He was also being blackmailed by this person. Paul had tried to tell his mum what had been happening by dropping lots of hints and bringing up the subject of child abuse but he had not felt able to tell her directly. Paul told some of his friends what had been happening to him and they told him to tell his mum or go to the police, but Paul had been scared that the abuse was his fault or that his family would break up, so he said nothing. Paul reported that following the police discovery he got good support from services. The police were deaf aware: one officer had basic signing skills which reassured him. Paul asked for a qualified interpreter whom he knew and trusted and this was provided before the police interviewed him. Following this Paul received good support from the police, social worker, counsellor and interpreter. There was consistency in the support he received with, for example, the policeman who discovered him remaining at Paul's side during the hospital examination and during the court case and his social worker visiting him at home every day during the initial phases. This level of support was provided for a year until he was ready to move on. Paul had the same BSL interpreter throughout this whole period and this person supported him through counselling. He reports that he is stronger now and trying to get on with his life.

Figure 9: Timeline of abuse and professional intervention, Paul 3MA



Access to professional interpreters was highly valued by Deaf participants. This was not always made available to children in formal meetings such as LAC assessments. The 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. He said:

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

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

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.

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

4.5 Recognising and responding to the abuse of deaf and disabled children

4.5.1 Legal processes: 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. 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. These three cases all involved sexual abuse of the child over several years by either a member of the extended family⁵ or a neighbour. 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. In the remaining three cases discovered during childhood, no police investigation had taken place. They experienced parental physical abuse, emotional abuse or neglect and in all cases this has been dealt with primarily through the child protection/child welfare system without police involvement. These children are all currently under 18 years old.

Four of the participants had not disclosed their abuse to anyone until adulthood. Abusers included parents, a parent's boyfriend, foster carers, peers and a staff member in a residential school. Only one of these cases had been reported to the police in adulthood by the woman's sister who was also abused and the investigation did not result in court action.

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. As we've reported the young man who experienced this abuse talked about the police in positive terms. He particularly expressed his appreciation that there was a police officer with basic signing skills available at the police station while they awaited the arrival of a professional interpreter.

Despite being grateful for the police intervention that stopped the abuse, this man and others described their fear of coming into contact with the police, often feeling they were going to get in trouble or were somehow to blame.

The mother of participant 5FA made a complaint to the police the same day that she discovered the sexual abuse of her daughter and the police visited the family home that evening. A formal statement was taken from the child the next day through an interpreter. While the interpreter was described in helpful terms by the participant she also reflected on the difficulties of communicating through a third person.

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.

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.

⁵ In one case the relationship between the perpetrator and child was not disclosed to the researcher but was believed to be a family relationship.

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

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

A common reaction of parents to the discovery that their child had been abused by another adult was extreme anger. Professionals had an important role to play in supporting parents as well as the abused child. Often parents wanted to be present when children were being interviewed by police and police officers discouraged this. The participants were supportive of such decisions as they felt more able to talk candidly when their parents were not present.

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

The same anger was expressed by some participants who had not been able to make a disclosure in childhood. One said:

I was very angry too. I wanted to meet the people who were hurting me. I wanted to tell them that they spoilt my life in school. I was so angry... David 7MA

A further problem related to perpetrators not being brought to justice was the continuing risk that they posed to other children, as this account clearly demonstrates:

Later, I was playing with a girl in the street. I told her that I saw the old man's willy. She said, 'Same, I saw his willy too'. I was shocked and we were the same. We both saw. She never reported to the police. So he was never charged or taken to court. Nothing...He eventually moved house because the people in the street were angry with him and criticising him. He moved to [city]. He was free to do what he wanted to do. Tessa 5FA

As well as needing to know how to keep children safe, parents also need to know how to respond when abuse is identified. In some cases the actions of angry parents damaged the police's ability to build a case against a perpetrator. One woman explained:

The police informed me that they would go to his house in the next day. But the police didn't know that my Mum had already gone over to see [the abusive neighbour]. They didn't know... He must have cleaned the whole place. I was shocked. I told the police that my Mum went over two nights ago shouting at [the neighbour]. The police said that was what ruined the evidence. My mum felt so bad and guilty. Tessa 5FA

Some participants made an official complaint to the police in adulthood regarding abuse perpetrated in childhood but no case was brought. They too felt unsupported and let down.

4.5.2 Longer term consequences of abuse of deaf and disabled children

The consequences of abuse could be far reaching for children and extend into adulthood. There were 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 participant who was educated in a residential school for the deaf and abused by a residential worker there 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

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

A 13 year old child, abused at age five in another country, expressed her continuing fears that the perpetrator may come to this country and hurt her. One woman described the impact of abuse on her sister who had four children removed from her care due to her problematic use of alcohol. She felt some responsibility for her sister's unhappiness because she was aware of the abuse her sister experienced but was unable to disclose it to anyone and this further contributed to her own poor mental health. She said:

I wish, wish, wish that we had an interpreter then. My wee sister would be fine. She would have had a happier childhood. Now she is dead, aged 41. I wanted to protect her. I failed her. Liz 11FA

At several points in the interview this woman became very distressed about her inability to communicate her and her sister's abuse and angry about the lack of interpreter support. She also expressed sadness regarding her unsatisfactory experience of motherhood when her child was

small and described her romantic relationships in adulthood as problematic. Another participant expressed persistent anger felt towards his abusers after thirty years. He said:

...If I see them again, I would like to have revenge. But I know it is a risk. I couldn't do that. It is not worth it. I have children. I have a girlfriend. I have a family. I couldn't do that. David 7MA

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

This lack of positive wellbeing led some participants towards other risky behaviours. One participant explained:

When I was 16, I was a student then, I would go outside every night until 12, one, two, three, four or five o'clock in the morning. I would wander about looking for trouble, drinking alcohol. I would drink and smoke, take weed. I took drugs. I was confused... I realised that it was not what I wanted to do. It was not me. My family gave me a good upbringing. I decided then to ask for help ... Tessa 5FA

While it might be assumed that a care placement would offer a place of safety and recovery, this was not always the case. One participant described a number of moves between poor foster care and residential care placements. Another participant was abused by foster carers. One woman was moved out of her abusive family home at age 17 into a hostel. She described her unease in this environment explaining:

...'cause I was young and got brought into a hostel full of people smoking drugs and banging on your door at like 6am wanting money. Sara 1FA

4.5.3 Longer term recovery, survivorship and help seeking of deaf and disabled people abused in childhood

From participants' accounts it was apparent that their childhood experiences retained importance throughout their lives and continued to shape their identities. One participant described it like this:

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

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. One participant explained that only she reached a point where she was able to ask for help after several years of avoidance and destructive behaviour.

Some participants who had a negative experience of social work support in childhood described a more positive experience in adulthood. Speaking about her sister's support a participant said:

[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

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. Despite stories being difficult to tell, participants were motivated by the hope that they would help other deaf and disabled children:

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

4.5.4 Suggested solutions to problems identified in participants' stories

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** was a recurring recommendation made by participants. While this appears to be a simple message, it seems that often systems and service cultures do not support listening. Deaf and disabled people are seeking a shift towards more participatory and empowering practices.
- **Education of family members and teachers** was highlighted as an area requiring further attention 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.

5. DISCUSSION, CONCLUSION AND RECOMMENDATIONS

Having presented the study's main findings, this final section discusses these in relation to current knowledge and draws some conclusions. It highlights six main action points for the NSPCC and closes with a series of recommendations for stakeholder agencies, families and future research.

5.1 Discussion

5.1.1 Difficulties of the disclosure process for deaf and disabled children

The difficulties for children disclosing abuse are well known (Allnock and Miller 2013). Our data show that recurrent abuse was experienced by deaf and disabled children over several years and that disclosures were typically made as adolescents several years after the abuse began. Previous research has indicated that disabled children are more likely to delay disclosure of abuse than non-disabled children for a number of reasons including lack of awareness of the abusive nature of their experience, fear of the consequences of disclosure, difficulties communicating the experience in a coherent way and reliance on the abuser for care (Hershkowitz et al 2007). These barriers were also evident in our participants' accounts.

This study highlighted additional factors that may exacerbate the situation in the case of deaf and disabled children. The isolation they often experience (see also LTCAS 2010) is likely to restrict their access to peer conversations about acceptable and unacceptable adult behaviours, with the risk that abuse becomes seen as normative. Isolation also reduces opportunities to confide in trusted peers and adults. The damage to self-worth that deaf and disabled children experience may make them question their right to fair and equal treatment and freedom from abuse. Such a hypothesis fits well with Thomas's (2007) concept of 'psycho-emotional disablism'. This refers to the cumulative, damaging impact on an individual's self-worth of hurtful and hostile behaviours frequently directed at disabled people which, Thomas argues, create long-term 'barriers to being'. This may partly account for the tendency amongst deaf and disabled children to feel a strong sense of blame (also a common experience among non-disabled abused children). While 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. Thomas's (2007) theory may also provide some explanation for this lack of action where disablism is at play. This may account for the tendency to disbelieve or fail to listen to deaf and disabled children, to not recognise reported experiences as abusive and to minimize the seriousness of the abuse or its effects.

Our data suggest two factors that appear to improve the chances of disclosure by a deaf or disabled child, namely, a supportive relationship with a trusted person (to whom the disclosure is made) and good communication support. Disclosure to a trusted adult may not be effective, however, if the latter is also vulnerable, such as an abused or mentally distressed parent. Triggers for disclosure apparent from participants' accounts included a growing awareness of the abusive nature of their experiences, increased severity of the abuse and situational factors. This suggests that more attention is needed to promote the education of children regarding personal safety and the creation of supportive cultures and environments to increase the likelihood of disclosures.

The impact of gender on disclosure is an understudied area. Kvam (2000), in a study of deaf adults abused as children, found the average age of disclosing abuse had been two years older for males than females: she speculated that males may be older when first abused or that their abuse was slower to come to light than for girls. Briggs (2006) found that while sexual abuse was equally common among girls and boys, females were significantly more likely to report it to a trusted adult. Our data also suggest that gender differences may exist, although the nature of these and how they operate requires more research attention, the sample in this study being too small to draw conclusions.

This study confirms previous research showing that disclosure of abuse is no guarantee that positive action will be taken and abuse ended. In particular, disclosures made to non-professionals such as family members, friends and neighbours were acted upon less frequently or effectively than those made to professionals. Disclosure was not a 'one-off' event but a process of testing the water to gauge the listener's likely reaction. This accords with the findings of Allnock and Miller (2013) who describe disclosure as a 'journey'. Often participants had been met with either absent or highly negative responses which silenced them, making further disclosures less likely.

The period from discovery/disclosure through to investigation was understandably a time of high anxiety for participants. It is important that this process is handled sensitively and is the beginning of a child's journey to wellbeing. This requires children's fears to be allayed and their participation sought. Having good communication support is essential. From participants' accounts it did not seem that professionals always distinguished between the need for *support* and the need for *investigation* following abuse becoming known. Often support was absent, inappropriate or too short term.

5.1.2 Creating safety and protection for deaf and disabled children

There was evidence within participants' accounts that adults were not proactively identifying potential signs of abuse. This is problematic as it places a great burden on children to disclose without being offered a supportive context in which to do so. Our data suggest that it is possible for abused deaf and disabled children to be in close and regular contact with services and yet for abuse to go undetected. This echoes findings that some disabled children experiencing neglect in England had been using a range of services for a long time but professionals were slow to recognise their increased need (Ofsted 2012). In some cases it appears that distress was assumed to be a manifestation of the child's impairment rather than having an external cause.

Participants' accounts point to the importance of educating deaf and disabled children in order to enable them to identify abusive situations which may otherwise remain hidden or undetected. SHS Trust (2002), conducting research with 12 teenagers with learning disabilities, found they had limited awareness of issues relating to sex, such as consent or contraception, raising concern about personal safety. A New Zealand study by Briggs (2006) identified similar concerns amongst children with learning disabilities. While there are concerns about safety awareness for all children (McElearney et al 2011), there can be a perception that disabled children are better protected by parents and other adults and, therefore, less awareness of potential risks. Briggs (2006) identified that parents typically did not provide adequate child protection education for children with learning disabilities although the authors reported the benefits of child protection education in schools. Raising children's awareness is important but should not be seen as the primary route to detection

and prevention: this role must sit with adults. Our data strongly suggest that raising parents' awareness of the increased vulnerability of their deaf and disabled children is also needed in order for them to protect children. Previous research suggests that it is important to build children's self-esteem and emotional well-being in order to promote their safety (Blake and Muttock 2004). This can be achieved in many ways including through peer support (Bethell 2003). Our data also suggest that some deaf and disabled children may feel more comfortable making an initial disclosure to another child or young person. Therefore, support and education for the child *hearing* such a disclosure, as well as the child making such a disclosure, is necessary.

5.1.3 Availability and accessibility of a range of services for deaf and disabled children who experience abuse

Some deaf and disabled participants reported an absence of formal support services in their lives as children. We were not able to collect independent data on the patterns of service provision in childhood. However, a number of examples of inadequate or inappropriate provision were given. A deaf woman reported no social work involvement throughout her childhood while a vulnerable young woman with mental health issues had been dismayed when placed in a hostel alongside drug users.

The most striking absence apparent from our data was a comprehensive support service for deaf children including a professional interpreting service. Previous research has raised concerns about the quality of services and supports available to deaf children (Young et al 2009). Stalker et al (2013) highlighted the benefits gained by a deaf child from using a social work team for people with sensory impairment. In the absence of good services, abuse is more likely to go undetected. Recent research about support to families with disabled children across the UK has shown significant reductions and in some cases withdrawal of services, largely due to cutbacks in public expenditure (Action for Children 2013; Stalker et al 2015; Wood 2012). None of our participants mentioned having a professional advocacy service. Similarly, research commissioned by the Scottish Government to explore advocacy provision for children found a paucity of services for disabled children and those with mental health issues (Elsley 2010).

5.1.4 Invisibility of deaf and disabled children within services and society more generally

When asked, children generally express a preference to have a range of people whom they can approach to express concerns and seek help with problems, including peers and adults at home, in school, college or other services (Morgan 2004). This choice, however, was not typically open to participants in this study. Instead, social isolation was a dominant feature of their childhoods. Participants described a lack of friends both within and outside school and limited contact with their wider family and community. This is likely to have contributed to their vulnerability to harm.

Social isolation of children and adults is a well-recognised risk factor both for abuse to both occur and go undetected (Stith et al 2009; Berelowitz et al 2013). Although the mechanisms by which social isolation creates risk are poorly understood, there are some indications in the data of how this may work in the case of deaf and disabled children. Lack of contact with peers outside school may contribute to children developing relationships with adults who appear to have good motives but in fact do not. These relationships may go unchallenged or unquestioned for a number of reasons. For example, parents of deaf and disabled children may see the adult's attention as supportive and

providing temporary relief from the challenges of parenting a child with additional needs. Social isolation was encouraged or enforced by some perpetrators in order to maintain their behaviours and avoid detection. Taylor et al (2014) report a similar connection made by practitioners between low visibility of disabled children in their local communities and low detection and disclosure of abuse. Additional risk factors could include frequent moves of home or disruptions of education which can create barriers to accessing resources and support.

The apparent marginalisation of deaf and disabled children within formal services has also emerged as a concern. As reported in previous research (Taylor et al 2014, Stalker et al 2010), practitioners sometimes rely on parents to facilitate communication with deaf and disabled children or seek parents' views instead of children's. There are clear examples from our data of such practices enabling perpetrators to hide their abuse. Children have a right to have their opinions sought, but it is also a matter of safety. Professional interpreting and communication services should always be used when facilitated communication is needed.

The data demonstrate the highly skilled nature of the work undertaken by professional interpreters working with vulnerable and abused children. Supporting such children with disclosures, investigations, court proceedings and therapeutic aftercare requires particular expertise. This will present challenges in terms of recruitment and training of interpreters for such a role and supporting interpreters with this very challenging work. Given the shortage of interpreters in Scotland (see <http://www.theguardian.com/society/2013/may/07/lack-interpreters-deaf-people-risk>), it is a concern that the British Sign Language (Scotland) Bill, currently before the Scottish Parliament, does not include adequate measures to address this deficit (Personal communication, Pam Duncan-Glancy, Independent Living in Scotland, February 2015).

5.1.5 Longer-term survivorship of deaf and disabled people abused in childhood

Although we did not specifically set out to gather biographical accounts of survivorship across childhood and into adulthood, this was a recurring feature of participants' stories. By 'survivorship' we mean the strategies they developed to recover from abuse. Little is known about the long term effects of the abuse of deaf and disabled children but, where these have been examined, the focus has been on clinical effects. Children with developmental disabilities, who have been sexually abused, show similar clinical findings to non-disabled children (Akbas et al 2009, Sequeira and Hollins 2003). Much greater understanding is needed of: the consequences of child abuse across all aspects of deaf and disabled people's lives; the self-care and survivorship skills they adopt; and what appropriate long-term interventions look like. A lifecourse approach to the study of abuse of deaf and disabled children could add to our knowledge greatly. National organisations for and of abuse survivors can also play a greater role in identifying the longer-term needs of deaf and disabled children and adults and promoting awareness of these. For example, the five year plan produced by The National Association for People Abused in Childhood (NAPAC) in 2014 does not include any reference to disability and accessibility issues.

The support and counselling made available to participants was patchy and sometimes disorganised. Where support was accessed, however, this was often deeply appreciated by participants.

A number of inquiries into historic abuse are currently underway, or proposed, within the four nations of the UK. From our study it is clear that deaf and disabled people will have much to contribute to these inquiries. There is a danger, however, that their experiences may not be fully given voice without particular effort being made to include them.

Related to the issue of longer-term survivorship and recovery is the issue of justice. The case of only one of the participants in our sample reached court and secured a guilty verdict. The other abusers remained at large and unchecked, causing great distress for several participants. While children generally are susceptible to being seen as lacking credibility as disclosers of abuse and witnesses within the criminal justice system, deaf and disabled children are more disadvantaged in this respect. Some participants' accounts suggest that abusers can use this cultural belief to their advantage to undermine disabled children's accounts. Barriers to justice for these children have been reported in Scotland (Taylor et al 2014), the US (Giardino et al 2003; Manders and Stoneman 2000), Sweden (Cederborg and Lamb 2006) and Australia (Agnew et al 2006). Research regarding the role of intermediaries to support vulnerable witnesses suggests that this increases the chances of cases reaching court and facilitates communication and engagement with the court process (Plotnikoff and Woolfson 2008).

5.1.6 Abuse prevention for deaf and disabled children

Much of what we have discussed so far relates to responses to abuse. It is also important to address the prevention of abuse of deaf and disabled children. This is a much under-researched area but our data would suggest that modest improvements in the quality of services available could have a substantial impact on children's vulnerability to harm. For example, more recreational and social activities would reduce isolation and, therefore, vulnerability. In addition, there is an urgent need for more comprehensive sex and relationship education and safety skills training for deaf and disabled children, enabling them to proactively identify situations that may be potentially abusive or unsafe and allowing adults to build in protective measures. Education of those who come into contact with and support deaf and disabled children through deafness and disability equality training and training in communication would also be of great value in preventative work. This would have the dual benefit of creating a culture of participation and empowerment of deaf and disabled children within services and schools and help to build closer and more trusting relationships between individual children and adults with a role in child protection. This in turn would allow adults to be more proactive in asking questions around the safety of disabled children and interpreting behaviours that communicate distress. Parents also have a key role to play in anticipating and addressing potential risks of abuse encountered by their deaf and disabled children with the support of professional services.

5.1.7 Research strengths and limitations

This study has generated important data relating to the views and experiences of deaf and disabled children who experienced abuse as children. A particular strength has been the involvement of a Deaf researcher. While the study has faced significant access and recruitment challenges, her expertise enabled us to reach organisations and individuals that we would not otherwise have reached and allowed us to develop a more inclusive research process. Dialogic consent proved to be a valuable tool when recruiting deaf and disabled children and adults. Despite achieving a sample of 10 rather than 20, this short study generated new insights into the challenges of researching sensitive topics with deaf and disabled children and adults and how these challenges

can be overcome. In particular, we have been able to build links with a range of organisations of and for deaf and disabled people that will have longer term benefits and facilitate future research.

The limitations of the study must be acknowledged. While some common themes about deaf and disabled children and child protection can be drawn, there may be specific barriers for children with particular types of impairment or conditions which this study could not adequately address. For example, children with visual impairment, significant cognitive impairments or on the autistic spectrum did not participate in the research. They may face particular personal, situational and/or cultural risk factors and barriers to help seeking; therefore, further research is needed to address their concerns.

5.2 Conclusion

This study has examined the experiences of deaf and disabled children and adults who faced abuse in childhood, were often severely let down by formal support and safeguarding systems and, in some cases, have long-term needs that remain unacknowledged or poorly addressed. Certain circumstances described by the participants related to relatively recent events, others less so. In some respects professional and non-professional awareness of abuse and responses to it, has improved over this period. However, participants' accounts suggest that this is not universal. There were disappointingly few examples of good practice.

Although our 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. For some other deaf and disabled children, the barriers will be even greater.

Clearly, a number of challenges lie ahead if we are to address and prevent future abuse of children and young people. While there is much to be learned regarding risk and protective factors experienced by individual deaf and disabled children in particular circumstances, urgent action is needed across society to increase awareness of this issue and ensure professional and public readiness to listen to and act on children's concerns. The action needed can be encompassed in terms of 'Prevention, Protection and Transformation.'

5.3 Recommendations

5.3.1 Recommendations to the NSPCC

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

- **Prevention:** Further develop existing preventative work to build a consensus amongst policymakers, practitioners, parents and children about what constitutes abuse of deaf and disabled children and how this manifests. Ensure that all commissioned research takes account of disability issues.
- **Transformation:** Lobby local authority education and children's services to address gaps in services for deaf and disabled children that can contribute to increased vulnerability. For example, providing more social and recreational activities to reduce isolation and providing sex and relationships education and safety skills training for deaf and disabled children.

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

5.3.2 Recommendations for specific stakeholder groups

5.3.2.1 Lessons for policymakers and strategic decision makers

- Child protection policies and procedures at both a local and national level should be audited to determine their fitness for purpose in relation to protecting deaf and disabled children and any necessary developments implemented. This may include removing barriers to effective protection and addressing gaps in professional skills.
- Ensure that commissioned reviews of child protection processes and inspection procedures take full account of the needs of deaf and disabled children.
- Require local multi-agency partnerships, such as Local Safeguarding Children Boards and Child Protection Committees, to specifically address the protection of disabled children and young people.
- Ensure that agencies with a responsibility for curriculum development, such as the PHSE Association, understand and respond to the increased risk faced by deaf and disabled children.
- Any ongoing or proposed reviews of historic child abuse in the four nations of the UK should ensure that the experiences of deaf and disabled people are heard and any support necessary to allow this to happen is made available.
- Provide a stronger focus on the prevention of child abuse and neglect of deaf and disabled children within policy by exploring research on promising interventions and providing guidance and support to professionals and organisations in the area of prevention.

5.3.2.2 Agencies that aim to challenge abuse and neglect and raise awareness in society generally

- Mainstream deaf and disability issues in preventative work and challenge assumptions that abuse of deaf and disabled children does not happen.

- Develop accessible campaign materials in a range of formats to enable deaf and disabled children and their families to recognise abuse and understand how they can disclose it. Formats could include easy read, audio, subtitled and signed materials.
- Disability organisations and children's organisations should join forces to campaign to promote the safeguarding of deaf and disabled children and challenge disabling attitudes that accept lower standard of protection for deaf and disabled children.

5.3.2.3 Agencies with responsibility for child welfare and abuse prevention

- Assessments of concerns should include the views of children where possible: support should be offered so that they can express their views in the way most comfortable to them.
- At the same time, do not rely on disclosure to identify abuse. Children are very skilled at maintaining silence in the face of extreme fear and despair.
- Build the self-worth of deaf and disabled children by raising expectations within education, health and social care services and building in participatory processes to shape service design and evaluation. Ensure that service cultures promote empowerment and the voices of deaf and disabled children.
- Raise awareness amongst key groups, such as parents, health and education professionals and children, about the additional risk of abuse faced by deaf and disabled children who may be seen as 'easy targets'. Ways to achieve this include: more creative use of opportunities within the school curriculum through Personal, Social, Health and Economic (PSHE) education and Sex and Relationship Education (SRE); parenting programmes aimed at parents of deaf and disabled children; and embedding child protection training more fully in teacher education. Deaf and disabled children, including those at special schools, should not be excluded from sex education classes or safety skills training.
- Develop a consensus amongst children, parents and professionals, through multi-agency reviews and planning meetings, about what counts as abuse in relation to an individual child.
- Parents or carers should not be relied upon to provide communication support; this may be filtered or even distorted.
- Urgently tackle isolation head-on: promote the importance of friendships for this group of children and seek innovative ways to meet this need. Provide more inclusive social and recreational opportunities to reduce isolation.
- Pursue community capacity building - increasing the readiness and ability of formal and informal mainstream organisations to welcome and involve deaf and disabled children
- Acknowledge the long term consequences of abuse and put in place responses to minimise them. Children are likely to need a range of individually tailored options: commissioning mechanisms should allow for such flexibility.
- Build the confidence of professionals who come into regular contact with deaf and disabled children, such as teachers and therapists, to proactively identify potential risk and abuse.

5.3.2.4 Agencies within the criminal justice system

- Legal processes need to be fully accessible for deaf and disabled children. This requires physical resource and agency commitment, for example, wheelchair accessible video recording units in police stations. Where Deaf children are involved, registered and experienced BSL/ English interpreters should be used throughout proceedings. They also need to be able to match their language skills to those of the individual Deaf child.

- Challenge attitudes that deaf and disabled children do not make credible witnesses.
- Avoid adversarial styles of questioning child witnesses. For those with learning disabilities, questions in court should be expressed in simple, straightforward terms without attempts to 'catch out' the child. Children on the autistic spectrum require literal questions and will not respond well to use of similes and metaphor.
- Deaf and disability awareness training should be made available to those involved in the legal system.
- Clear guidance is needed in each locality about the processes and available support for the particular needs of deaf and disabled children during child protection investigations.
- Assessments of concerns should include the views of deaf and disabled children: support should be offered so that they can express their views in the way most comfortable to them.

5.3.2.5 Agencies with responsibility for treatment and support of survivors

- Ensure there is prompt access to fully accessible therapeutic services able to meet the needs of the child and family.
- Work with commissioners of treatment and support services to educate them regarding the resources needed to deliver good quality, accessible services to deaf and disabled children.
- Ensure that there is access to registered BSL/English interpreters right from the start of the investigation and, where appropriate, consider the use of registered Deaf relay interpreters. Any national and local guidelines must acknowledge the very high level of skill required to adequately support the communication of Deaf children who have experienced harm or neglect and are involved with the child protection system.
- Helplines for people who have experienced abuse and associated web sites should consider how these can be made fully accessible to deaf and disabled children and adults. A range of formats are likely to be needed to meet the needs of children and adults with different impairments or conditions.
- Do not assume that the long-term impact of abuse on children with certain impairments, such as severe learning disabilities or those on the autistic spectrum, will be less marked than for others.

5.3.2.6 Professional interpreting agencies

- Training for BSL/ English interpreters should include child protection awareness training and those who are interpreting child protection proceedings/ investigations should have access to specialist child protection and legal training.
- Professional associations of sign language interpreters and registering bodies should re-examine how well their respective codes of ethics enable interpreters to work ethically and safely within the law, when called upon to undertake work as part of child protection proceedings.

5.3.2.7 Lessons for parents and carers

- There are additional challenges associated with parenting a deaf and disabled child – do not be afraid to ask for extra support in coping with the physical and emotional demands and seek out specialist advice so that both your and your child's needs are met. Under UK

legislation local authorities have a duty to assess a child's support needs if/when a parent asks them to do so.

- Some hearing parents of deaf children are not able to sign, or can only do so to a certain extent. It is important that parents do learn to sign well so they can understand and communicate with their child and respond to any disclosure their child may be trying to make.
- If your child tells you someone is hurting them, or that they feel particularly uncomfortable with someone, take this seriously and find out more.
- If your child's behaviour changes for no obvious reason, (for example, becoming withdrawn or moody, avoiding someone or displaying sexualised behaviour), pay attention and gently try to get to the bottom of it. Some children use indirect methods to tell adults that they are being harmed, for example, talking generally about abuse or asking hypothetical questions.
- Seek out information to ensure that you are confident about identifying potential risks of abuse faced by deaf and disabled children.
- Be actively involved in educating your deaf or disabled child regarding personal safety and potential risk. This will need to be developed as the child grows older.
- Recognise that a child who is isolated from peers and does not have access to out-of-school activities may face increased risk of abuse: e.g. a child spending large amounts of time with an adult presenting as their 'friend'.

5.3.2.8 Lessons for future research with abused and neglected deaf and disabled children and young people

- Having Deaf and disabled researchers on the team brings expertise and adds value to the research process.
- Recruitment and access are difficult – identify positive gatekeepers, be prepared to challenge overly defensive or overly protective professionals, build in adequate time.
- Give due regard to accessibility considerations – e.g. an interviewer who can sign; plain English and/or Easyread information. Ensure all materials are available in as many accessible formats as possible.
- Informed consent needs additional consideration – dialogic consent may be useful.
- A one-off interview may be inadequate for some children: plan for at least two, depending on the individual child's abilities and needs.
- Use creative methods to engage deaf and disabled children and facilitate their participation e.g.: pictorial materials, drawing, writing, Talking Mats.
- Although some participants may find the interview empowering, it is crucial to ensure there is post support available for those who want it.
- Build in time for debrief and support of everyone in the research team, including professional interpreters; do not underestimate how distressing it can be, even for experienced individuals, and be aware of the potential for vicarious trauma.
- 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.

6. REFERENCES

- Action for Children (2013) *The Red Book 2013: Children under Pressure*.
<http://www.actionforchildren.org.uk/media/7562887/red-book-2013.pdf>
- Agnew, S. E., Powell, M.B. and Snow, P.C. (2006) An examination of the questioning styles of police officers and caregivers when interviewing children with intellectual disabilities. *Legal and Criminological Psychology* 11, 35-53.
- Akbas, S., Turiaa, A., Karabekiroglu, K., Pazvantoglu, O., Kekskin, T., and Boke, O. (2009) Characteristics of Sexual Abuse in a Sample of Turkish Children With and Without Mental Retardation, Referred for Legal appraisal of the Psychological Repercussions. *Sexuality and Disability* 27: 205-213.
- Allnock, D. and Miller, P. (2013) *No one noticed, no one heard: a study of disclosures of childhood abuse*. London, NSPCC.
- Berelowitz, S., Clifton, J., Firimin C., Gulyurtlu, S. and Edwards G. (2013) *If only someone had listened*. The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups. London, Office of the Children's Commissioner.
- Bethell, J. (2003) *'Our Life, Our Say': An evaluation of a young disabled people's peer mentoring/support project*. York, Joseph Rowntree Foundation.
- Blake, S. and Muttock, S. (2004) *PSHE and citizenship for children and young people with special needs. An agenda for action*. London, NCB.
- Briggs, F. (2006) Safety Issues in the Lives of Children with Learning Disabilities. *Social Policy Journal of New Zealand* 29, 43-59.
- Cederborg, A.C. and Lamb, M.E. (2006) How does the legal system respond when children with learning difficulties are victimized? *Child Abuse & Neglect* 30, 537-547.
- Cooke, P. and Standen P.J. (2002) Abuse and Disabled Children: Hidden Needs...? *Child Abuse Review* 11, 1-18.
- Connors, C. and Stalker, K. (2003) *The views and experiences of disabled children and their siblings: A positive outlook*. London, Jessica Kingsley.
- Cossar, J., Brandon, M. and Jordan P. (2011) *'Don't Make Assumptions' Children's and Young People's Views of the Child Protection System*. London, Office of the Children's Commissioner.
- Elsley, S. (2010) *Advocacy Makes You Feel Brave: Advocacy support for children and young people in Scotland*. Scottish Government.
<http://www.scotland.gov.uk/Publications/2010/01/07144331/0>
- Giardino, A.P., Hudson, K.M. and Marsh, J. (2003) Providing medical evaluations for possible child maltreatment to children with special health care needs. *Child Abuse & Neglect* 27, 1179-1186.

Hershkowitz, I., Lamb, M.E. and Horowitz, D. (2007) Victimization of Children with Disabilities. *American Journal of Orthopsychiatry* 77, 4, 629-635.

Jones, L., Bellis, M.A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T. and Officer, A. (2012) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *The Lancet* 380, 9845, 899-907.

Kvam, M.H. (2004) Sexual Abuse of Deaf Children. A Retrospective Analysis of the Prevalence and Characteristics of Childhood Sexual Abuse Among Deaf Adults in Norway. *Child Abuse and Neglect* 28, 241-251.

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 and Neglect* 24, 8, 1073-1084.

Kvale, S. (1996) *Inter Views: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.

Long Term Conditions Alliance Scotland (LTCAS) (2010) *Seen and Not Heard? Exploring issues facing children and young people living with long-term conditions* Glasgow: LTCAS.

Manders, J. and Stoneman, Z. (2000) Children with disabilities in the child protective services system: The impact of disability on abuse investigation and case management. *Journal of Intellectual Disability Research* 44, 189-528.

Marchant, R. (1991) Myths and facts about sexual abuse and children with disabilities. *Child Abuse Review* [old series], 5, 2, 22-24.

Mason, J. (2002) *Qualitative Researching*. London, Sage.

McElearney, A., Scott, J., Stephenson, P., Tracey, A. and Corry, D. (2011) *The Views of Principals, Teachers and Other School Staff in Relation to Teaching 'Keeping Safe' Messages in Primary Schools in Northern Ireland*. Belfast: NSPCC. www.nspcc.org.uk/Inform/resourcesforteachers/publications/effective-preventative-ed-ni-schoolstaff_wdf85811.pdf

Miller, D. and Brown, J. (2014) *'We have the right to be safe' - Protecting disabled children from abuse*. London, NSPCC.

Morgan, R. (2004) *Safe From Harm: Children's Views Report*. Newcastle upon Tyne, Commission for Social Care Inspection.

Morris, J. (1995) *Gone missing?: a research and policy review of disabled children living away from their families*. London, Who Cares? Trust.

Murray, M. and Osborne, C. (2009) *Safeguarding Disabled Children: Practice Guidelines*. London, The Children's Group.

National Working Group on Child Protection and Disability (2003) *'It Doesn't Happen to Disabled*

Children: *Child Protection and Disabled Children*. London, NSPCC.

Plotnikoff, J. and Woolfson, R. (2008) *The 'Go-between': Evaluation of Intermediary Pathfinder Projects*. Hitchin, Hertfordshire: Lexicon Limited. http://lexiconlimited.co.uk/wpcontent/uploads/2013/01/Intermediaries_study_report.pdf

Ofsted (2009) *Learning Lessons from Serious Case Reviews: Year 2*. London, Oxford.

Ofsted (2012) *Protecting Disabled Children: Thematic Inspection*.
<http://www.ofsted.gov.uk/resources/protecting-disabled-children-thematic-inspection>

Pollard Jr., R.Q., Dean, R.K., O'Hearn, A. and Haynes, S.L. (2009) Adapting Health Education Material for Deaf Audiences. *Rehabilitation Psychology* 54, 2, 232-238.

Ritchie, J. and Spencer, L. (1994) *Qualitative data analysis for applied policy research* In: Bryman A, Burgess R, editors. *Analysing Qualitative Data*. London, Routledge. 173-94.

Sequeira, H. and Hollins S. (2003) Clinical effects of sexual abuse on people with learning disability. *British Journal of Psychiatry* 182, 13-19.

SHS Trust (2002) *Real Choices: a participatory action research project involving young people with learning difficulties who are about to leave school*. Edinburgh, SHS Trust.

Sobsey, D. (1994) *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Baltimore, Paul H. Brookes Publishing Co.

Sobsey, D., Randall, W. and Parrila, R.K. (1997) Gender Differences in Abused Children With and Without Disabilities. *Child Abuse and Neglect* 21, 701-720.

Stalker, K., Lister, P., Lerpiniere, J. and McArthur, K. (2010) *Child Protection and the Needs and Rights Of Disabled Children and Young People: A Scoping Study*. Glasgow, University of Strathclyde. <http://disability-studies.leeds.ac.uk/files/library/stalker-Kirstens-booklet.pdf>

Stalker, K., McDonald, C., King, C., McFaul, F., Young, C., Hawthorn, M. and Patrizio, L. (2013) *It Always Comes Down to Money! Recent Changes in Service Provision to Disabled Children, Young People and their Families in Scotland*. Edinburgh, Scotland's Commissioner for Children and Young People.

Stalker, K., MacDonald, C., King, C., McFaul, F., Young, C. and Hawthorn, M. (2015) 'We could kid on that this is going to benefit the kids but no, this is about funding': Cutbacks in services to disabled children and young people in Scotland. *Child Care in Practice* 21, 1, 6-21.

Stith, S.M., Liu, T., Davies, C., Boykin, E., Alder, M., Harris, J., Som, A., McPherson, M. and Dees, J. (2009) Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behaviour* 14, 13-29.

Sullivan, P.M. and Knutson, J.F. (2000) Maltreatment and Disabilities: A Population-Based Epidemiological Study. *Child Abuse and Neglect* 24, 10, 1257-1273.

Taylor, J., Stalker, K., Fry, D., Stewart, A. (2014) *Disabled Children and Child Protection in Scotland: An investigation into the relationship between professional practice, child protection and disability* Edinburgh, Scottish Government.

Thomas, C. (2004) Disability and Impairment, in J. Swain, S. French, C. Thomas and C. Barnes (eds) *Disabling Barriers, Enabling Environments*. 2nd Edition, London, Sage.

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.

United Nations (1989) *Convention on the Rights of the Child*. New York, United Nations General Assembly. <http://www.cirp.org/library/ethics/UN-convention/>

United Nations (2006) *Convention on the Rights of Persons with Disabilities*. New York, United Nations General Assembly.

Westcott, H. and Cross, M. (1996) *This Far and No Further: Towards ending the abuse of disabled children*. Birmingham, Venture Press.

Wood, C. (2012) *Destination Unknown: Summer 2012*. London, DEMOS. http://www.demos.co.uk/files/Destination_Unknown_Summer_2012_-_web.pdf?1340294386

Young, A., Hunt, R. and Smith, C. (2008) *The Impact of Integrated Children's Services on the Scope, Delivery and Quality of Social Care Services for Deaf Children and Families: Phase 1 Report*. The University of Manchester. www.ndcs.org.uk

Young, A., Hunt, R., Oram, R. and Smith, C. (2009) *The Impact of Integrated Children's Services on the Scope, Delivery and Quality of Social Care Services for Deaf Children and Their Families*. London: National Deaf Children's Society. www.ndcs.org.uk/document.rm?id=4668

7. APPENDICES

7.1 Appendix A: Research methods

In this section of the report we outline the methods used in the study. This study involved two concurrent components to address the research questions. These were:

1. Interviews with children, young people and adults abused in childhood who as a result came into contact with child protection services
2. Interviews with adults abused in childhood who did **not** access child protection services as a child or young person.

Deaf and disabled people were invited to take part in a 'guided conversation' (Kvale 1996), with the interviewer, that is, a semi-structured interview that addressed some pre-set questions but also allowed the participant to direct the focus of the interview. The research team's previous experience in conducting research with disabled children and young people highlighted the importance of offering a subsequent meeting to interviewees in order to allow their full participation and meet their access requirements (Connors & Stalker, 2003). While this was offered to all participants only two chose to take up this option. We do not feel that the quality of data were compromised in any way by this.

Research materials were made available in a range of accessible formats (see Figure 10) and interview techniques were adapted to meet the participants' communication needs. The research team received guidance on various aspects of the study, including development of data collection instruments, from the research study advisory group and the young advisors.

Figure 10: Pictorial format of information sheet



A 'dialogic approach' was used in an effort to try and ensure that participants were empowered to give informed consent. Recent research undertaken by Pollard et al (2009) about 'Informed consent and Deaf people' suggested that showing Deaf sign language users a video of a signed conversation between two Deaf native sign language users about what informed consent really means, is a more culturally appropriate and effective way of passing on key concepts and information to Deaf sign language users. We used this approach for both the consent form and the participation information sheet. The video has a voice-over narrative for those unable to access the signed content: we were aware that others (non-sign language users) could find this approach helpful. During the interviews, the Deaf participants confirmed that they found this dialogic method useful to help them to prepare for the interview. The dialogic video clip can be found at <http://vimeo.com/88057498>.

Depending on geographical proximity, one of two trained interviewers met with each participant. Both interviewers have a number of years of experience interviewing deaf and disabled people for different projects. An interviewer who is a native British Sign Language (BSL) user interviewed participants from the Deaf community. Registered BSL/English interpreters also worked with the project and interpreted interviews with participants who did not use BSL. Both the research team and the BSL/English interpreters participated in a one-day bespoke interviewer training course developed and delivered by senior staff at the Child Protection Research Centre focusing on child protection research and interviewing deaf and disabled people (more information about the interview training course is in Appendix B).

7.1.1 Interview Sample

The original intention in this study was to recruit participants from two different groups of deaf and disabled people. These were: deaf and disabled children and adults (11+ years old) with experience of the child protection system and deaf and disabled adults (18 - 26 years old) who had experienced abuse but, for whatever reason, did not access services through the child protection system.

With regard to whether or not participants had experience of the child protection system, we were interested in their perceptions of how this had worked and been experienced. Therefore the definition of a referral having been made and recorded by the relevant statutory services was based on the participant's recollection; this was not something we were in a position to verify. We acknowledge that some people may have thought that a referral had been made when in reality the referral may have been for some other reason; conversely participants may not have thought a referral had been made when it had. Our starting point was always to acknowledge the participant's perception of events.

To ensure inclusion, our aim was to recruit as wide-ranging a sample as possible, including boys/men and girls/women, with different types of impairment and ethnic backgrounds, from across the four nations of the UK.

7.1.2 Recruitment

Recruiting vulnerable people is challenging for most researchers especially where the research topic is sensitive. A recent inquiry report into child sexual exploitation in gangs and groups, disabled people were found to be largely out of sight or '*hidden*' (Berelowitz et al 2013). This was also the case for this study.

Establishing contact and building relationships is central to working with groups who find services less accessible and who may be hidden within marginalised populations, including deaf people and disabled people. Considerable effort was put into finding ways of reaching them.

Flyers, information sheets and consent forms were created in different formats for potential participants and practitioners. A dedicated webpage (Child Protection Research Centre) was also created with the following:

- a. Mailchimp 'sign up' form (which also asks for location information and contact preferences to enable interviewer allocation) <http://bit.ly/1jv9nBK>
- b. Video clips explaining the project in BSL and spoken language.
- c. Dialogic film - showing two Deaf people having a conversation about the project
- d. Copies of information sheets and consent forms.

Numerous organisations were contacted either by letter, email and telephone or all three. NSPCC used their contacts to try and boost recruitment. NSPCC's CASPAR notified members on their database about the study on three occasions. On the recommendation of our Young Advisors, we used social media to reach more people - Twitter - @NSPCC CASPAR, @ChildProtectRes and individual team accounts. A dedicated Facebook page was set up with links to NSPCC and ChildLine - <http://on.fb.me/1qW2Ctl>. NSPCC also advertised the study on their Facebook page twice and LinkedIn twice and used their contacts to pass on information to many organisations.

The research team discussed the study with colleagues at meetings and conferences. Contact was made with the media and a member of the research team took part in a radio programme. Adverts were placed on a number of online forums. Many organisations advertised the study on their websites and Facebook pages.

Members of the Child Protection Research Centre's Advisory Group, Study Advisory Group and Young Advisory Group also helped the project to reach people.

This research study was originally set to run over a period of 10 months. However, given the recruitment challenges, it was agreed with NSPCC that the study should be extended for a further six months, (making a total duration of February 2013 - October 2014). The original age range for the study was 11 to 26 years, but people over 26 approached the team and wanted to tell their stories. The upper age limit was then lifted in an effort to recruit more people.

While a total 17 people indicated a willingness to participate in this study, six were not interviewed for the following reasons. One participant wanted to take part in the study but concerns were expressed about this young person's capacity to consent to the interview. Two decided that they were not emotionally ready to talk about their experiences because they were still going through the

process of disclosure with the police and social services. Three more did not proceed because of concerns expressed by services about possible negative implications for their mental health. Ultimately 11 deaf and disabled people took part in this study. They were recruited by one of the following two methods:

1. Referrals from key workers in the child protection system (n=1), education system (n=1) and through voluntary organisations (n=2) (36%),
2. Self-referral from a deaf or disabled adult who had learned of the study, through either online forum (n=1), CPRC Facebook page (n=3), advert on an organisation's webpage (n=2) and a research team member's personal contact (n= 1) (64%).

7.1.3 Data Collection

Data were collected from participants using semi-structured interviews in the form of guided conversations. To ensure accessibility for participants with a wide range of communication needs, the following data collection techniques were utilised as and when appropriate:

- Oral guided conversations using the two-part meeting guide.
- BSL guided conversation using the two-part meeting guide. A BSL/English interpreter worked with Audrey Cameron, a Deaf researcher, to facilitate communication with the participant if they were neither deaf nor a BSL user. Interpreters received training on how to facilitate communication during these meetings with the participants.

In order to prepare for the meetings, the interviewer ascertained either from participants themselves or the referrer, which data collection approach was most appropriate for them.

Interviewer training was delivered by Deborah Fry and Julie Taylor in December 2013 for all interviewers and BSL/ English interpreters to ensure consistency in approach and quality across the interviews, including sensitivity to participants' needs.

This bespoke one-day interviewer training covered the following areas:

1. Overview of Child Protection and disability issues.
2. Overview of Child Protection systems in the 4 nations.
3. Background on the purpose of study and on data collection and design.
4. A participatory review of the meeting guides and practice interview techniques including role-playing.
5. The study's safeguarding and referral pathways including discussion of scenarios.
6. The procedures for and importance of maintaining confidentiality.
7. Information on interviewing techniques and access for deaf and disabled children.
8. The importance of securing and maintaining privacy during the interview, referral services and checking-in with participants throughout the guided conversations.
9. Avoidance of personal and social harm to participants and researchers.

10. The impact of vicarious trauma for interviewers, self-care, team debriefings, referral services and procedures for the interviewers.
11. Logistics of scheduling and coordinating interviews, quality assurance and quality control of data.
12. Data protection procedures in the design, conduct, analysis and dissemination of findings.

7.1.4 Data Analysis

With the participants' consent, the meetings were either audio or video recorded. All recordings were made using a mini iPad (SIM-free), as this was more discrete and non-intrusive than a camcorder. The audio recordings were fully transcribed by the interviewer or the Deaf researcher's interpreter. Video recordings were translated from BSL to written English by the Deaf researcher. These were combined with interviewer notes to ensure that written narratives reflected participants' stories and experiences as authentically as was possible.

Data were analysed using inductive coding methods (Ritchie & Spencer, 1994) and interrogated both cross-sectionally and narratively (Mason 2002). The research team's extensive experience of qualitative research was drawn upon during data analysis. Each member of the team identified emerging themes from the data and these were refined and developed further.

Only the research team had access to the raw data. Data files, audio and video files will be retained for five years, encrypted on a secure University server as in keeping with the University of Edinburgh's Records Management Policy.

Due to the small sample of participants, there is a concern that they could be identified by readers of the report: thus identifying information is not included in the transcripts and reports. For all data generated, the identifiers were removed and replaced by a code. Those handling the data subsequently used these codes.

7.1.5 Ethical Approval

The following ethical guidelines informed this project:

1. British Sociological Association Statement of Ethical Practice (2005)
2. The Medical Research Council Principles and Guidelines on Good Research Practice (2012)
3. The UK Research Integrity Office's Code of Practice for Research (2009)

The research project received ethical approval from two Research Ethics Committees:

1. NSPCC Research Ethics Committee
2. Moray House School of Education, University of Edinburgh, Ethics Sub-Committee

7.2 Appendix B: Study Advisory Group & Young Advisors Group

The research team received guidance on various aspects of the study, including development of data collection instruments, from a study advisory group and several young advisors.

This study advisory group consisted of a wide range of professionals who work with disabled children, young people and adults. This group met twice and gave helpful guidance on making the information accessible for all disabled people and also with recruitment.

With help from the National Deaf Children's Society and the NSPCC Participation Unit, three young disabled people were recruited to act as Young Advisors. They discussed and advised the research team on developing and evaluating the research instruments for this project. We will work with the young advisors to disseminate the findings.

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