



# Supporting children with special educational needs and disabilities

## Why is this important?

Disabled children are at least twice as likely to be sexually abused as those who are not disabled. Yet professionals often struggle to conceive that disabled children may be victims of sexual abuse, and signs and indicators of that abuse often go unrecognised or are dismissed as being a result of the child's condition.

These barriers are compounded by communication challenges, limited access to relationship and sex education, and increased dependence on adults for intimate care. Children with intellectual disabilities or poor mental health, and those with complex communication needs, face particularly significant barriers to telling someone what is happening to them and to accessing support when abuse is identified.

Effective safeguarding requires you to understand these barriers and to adapt your practice so that all children receive the same quality of response.

## 1. What barriers may these children face?

**Communication difficulties:** Some disabled children have challenges with social communication, speech, or having the vocabulary to describe their experiences. The same issues that make them more vulnerable to abuse also restrict their ability to disclose it. Non-verbal children face particular barriers, and their attempts to express distress may be misunderstood or overlooked.

**Dependence on others:** Many disabled children depend on adults for intimate care; this can normalise physical touch and make it harder to recognise inappropriate contact. Those who spend long periods in institutions or are exposed to multiple professional carers are at increased risk of sexual abuse.

**Limited education about relationships and boundaries:** Disabled children may have been removed from PSHE/RSHE lessons, or the content may not have been adapted to their learning style. Without this knowledge, they may not understand that what they are experiencing is abuse, or have the language to describe it.

**Reaching developmental milestones at a different pace:** A child's age may not reflect their level of understanding or their ability to communicate. If professionals are confused about a child's impairment and their developmental stage, they may fail to recognise signs of sexual abuse.

**Isolation and reduced autonomy:** Disabled children may have fewer opportunities to develop friendships or to confide in peers. They may have limited access to trusted adults outside their immediate circle of carers. This isolation can be exploited by people who want to abuse them.

**Memory and processing challenges:** Some disabled children have issues with their memory or need longer to process information and formulate responses. Standard approaches to conversations about safeguarding may not work for them.

## 2. Avoid making assumptions

- **Don't** assume that a disabled child will not be targeted for sexual abuse, or cannot be damaged by it.
- **Don't** assume that disabled children are already protected because they have high levels of supervision and support.
- **Don't** assume that a child's behaviour or presentation is solely attributable to their disability/condition, without exploring other possibilities.
- **Don't** assume that a child's challenging behaviour must be related to their disability/condition, rather than exploring whether they may be communicating distress.
- **Don't** assume that, if a child is unable to communicate verbally, they cannot tell you that something is wrong.
- **Don't** make assumptions about a child's capacity to understand their experiences or participate in conversations about those experiences.
- **Don't** assume that a disabled parent lacks the ability to understand or engage with safeguarding processes.

## 3. Communicating with disabled children

- **Find out how the child communicates.** Ask people who know the child well, check their communication passport if they have one, and use tools and aids familiar to them; these may include sign language, Makaton, symbols, pictures, social stories, or technology-assisted devices.
- **Use the child's name** when you want to speak to them, and speak slowly using ordinary words. Avoid jargon, figurative language, idioms and rhetorical questions, as the child may take these literally.
- **Break information into manageable chunks** and pause between words and phrases. Give the child time to process what you have said, and to formulate a response. They may need longer to process a traumatic memory.
- **Do not rely on non-verbal communication** such as eye contact, facial expressions or body language. The child may not maintain eye contact or acknowledge what you are saying, but this does not mean they are not listening.
- **Check the child's understanding as you go** by asking them to explain back what they think you have said. Be prepared to repeat yourself. If the child is stressed, they may find it difficult to engage.
- **Consider the environment.** If the child lip-reads, think about the position of lights in the room. If they have a visual impairment or reduced mobility, consider where you position yourself.
- **If you use an intermediary,** this should ideally not be a member of the child's family. Have a preparatory discussion with the intermediary before your conversation with the child.

## 4. Recognising signs and indicators of possible sexual abuse

If a disabled child is displaying behaviour which may indicate that they are being sexually abused, it is essential not to assume that the behaviour is solely a result of their disability/condition. Ask yourself:

- Have there been any *changes* in their usual patterns of behaviour or responses?
- Are they showing *new or increased signs* of anxiety or distress?
- Have you properly explored whether their presentation may indicate something other than their disability/condition?

Take time to understand what the child's disability means for their day-to-day functioning, learning style and communication. What are their usual patterns of behaviour?

## 5. Important reminders

- Disabled children are sexually abused at higher rates than their non-disabled peers. Any assumption that disability provides protection is mistaken and dangerous.
- Communication challenges are not a reason to avoid conversations. With preparation and the right support, disabled children can tell you about their experiences.
- Where a child displays new or increased signs of anxiety, consider whether they are communicating distress – don't assume that it is 'challenging behaviour'.
- Disabled children deserve the same curiosity, concern and quality of response as any other child. Do not let uncertainty about communication or disability prevent you from safeguarding a child.
- If you have concerns, act on them. Seek advice from colleagues with specialist knowledge, such as your education setting's SENCo or speech and language therapist, but do not delay safeguarding action while waiting for this input.
- When working with disabled parents, understand what the disability means for them and their communication needs. Having a learning disability does not mean that a parent cannot understand things, but explanation may take longer. Make reasonable adjustments and work positively with their strengths.