EVALUATION OF THE SAFETY OF CHILDREN IN COEDUCATIONAL RESIDENTIAL SPECIAL SCHOOLS

A LITERATURE REVIEW

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STANDARDS AND MONITORING SERVICES
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COEDUCATIONAL SPECIAL RESIDENTIAL SCHOOLS

Most New Zealand children start school in a coeducational environment. The Ministry of Education website lists twenty-eight special day schools currently located in New Zealand to support students in Years 1-13 with high needs. All are coeducational. Eight residential special schools are listed for students who are hearing or vision impaired, have severe behaviour needs, or have educational, social and emotional needs together with a slow rate of learning. Of these, only Halswell Residential College and Salisbury School are single sex schools. Westbridge and McKenzie Residential Schools for children in Years 3-8 with severe behavioural difficulties are both coeducational.

Most residential special schools for children in the UK with severe and multiple disabilities are managed by voluntary and independent agencies. Single-sex special residential schools appear to be the exception rather than the norm. Of the 49 UK private and state residential schools for children aged 11+ with learning disabilities listed on a site for parents, 46 are coeducational. One is a single-sex school for boys, one for girls and one further school caters for both sexes separately. Fifteen of the eighteen independent special schools in Scotland are coeducational.

DEFINITIONS OF ABUSE AND DISABILITY

In the USA McEachern (2012) notes that child sexual abuse has been defined as:

’a type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities’.

In addition, each state has a definition for child abuse and neglect based on federal definitions cited in the Child Abuse Prevention and Treatment Act and the Keeping Children and Families Safe Act. This however will form the definition of child abuse for the purpose of this review.

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3 Which school for special needs? Guide retrieved from: http://www.specialneedsguide.co.uk/


5 US Department of Health & Human Services [USDHHS], Administration for Children, Families Administration on Children, Youth and Families, Children’s Bureau, 2010, p. 133

6 US Child Abuse and Protection Act, accessed at: CAPTA; 1996
Intellectual disability and intellectual impairment are terms in common use in New Zealand. British studies refer to learning disability and learning impairment. Mental retardation is a term occasionally in use in the USA. All terms are considered synonymous for purposes of this review.

RESEARCH INTO SEXUAL ABUSE AMONG YOUNG PEOPLE WITH A LEARNING DISABILITY

The prevalence and incidence of sexual abuse among young people with learning disabilities is difficult to establish, for a number of reasons:

- Official statistics on child sexual abuse do not distinguish the rate for people with disabilities from that of the general population.
- Many people with disability will not disclose abuse because they think they will not be believed.
- Some cannot disclose abuse because of the physical or emotional limitations imposed by their disability.\(^7\)
- Many studies report on incidence (the rate at which events occur in a population\(^8\)) rather than prevalence (which gives a figure for a factor at a single point in time\(^9\)\(^10\)\(^11\)\(^12\)\(^13\)\(^14\)).
- Research studies on incidence and prevalence do not use comparable variables. For example they use different definitions of abuse, data collection methodology, populations studied, settings in which the abuse occurs, ages, and sample sizes.

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- Some studies have small numbers of participants (less than 100)\textsuperscript{15} and are of short duration, making it difficult to know how long the abuse has been occurring\textsuperscript{16,17}. Few longitudinal studies have been undertaken\textsuperscript{18}.

Research into the safety of children in coeducational residential special schools has been particularly sparse. When Paul et al began their 2004 study they found that despite the fact that it had been widely acknowledged that disabled children are likely to be particularly vulnerable, there had been virtually no research studies in the UK into the issue of the abuse of disabled children living in residential settings\textsuperscript{19}.

Cooke (2000) points out that studies of abuse tend to be based on reported cases. One of the features of sexual abuse is that it is covert and that coercing a child or young person into keeping the abuse secret is a common feature of the abusive relationship. Attempts to quantify the additional vulnerability of disabled children can only be ‘guestimates’ due to the lack of available and comprehensive information. Abuse of disabled children is not often visible in the information gathered by mainstream child-care agencies or by the criminal justice system\textsuperscript{20}.

Brown (2010) notes that much abuse occurs in closed systems where boundaries are enforced and rigid (such as in families, residential homes, church groups and sporting clubs). This works against prompt or consistent reporting of all child sexual abuse, but it particularly affects children with disabilities. Studies of incidence are therefore best thought of as studies of reporting behaviour rather than as a litmus test of actual abuse. More accurate information about childhood sexual abuse tends to be garnered from retrospective disclosures in adulthood but by then it cannot be corroborated or substantiated. Hence much of this information remains informal and is vulnerable to being discredited\textsuperscript{21}.

\begin{thebibliography}{9}
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BARRIERS TO DISCLOSURE OF ABUSE

Brown (2010) notes that disclosure of abuse may be particularly difficult. People with disabilities in a position of care dependency may find it difficult to disclose abuse, particularly if they do not see they have any realistic care alternatives. The NDA expert seminars noted that people with disabilities may feel disempowered from making complaints, may have little contact with the outside world, may find it more difficult to communicate, or to be taken seriously if they do complain. So people with disabilities may be easier for abusers to victimise.

Definitions of sexual abuse are also problematic. Some are limited to abuse of children perpetrated by adults, while others include abuse by peers, and some register only penetrative sex while others include any unwanted and/or coerced sexual activity.

The capacity of the criminal justice system to hear and respond to complaints from people with disabilities is another factor affecting disclosure. The symptoms of abuse may be attributed to a person’s disability, and thus discounted22.

BARRIERS TO REPORTING ABUSE

The Irish National Disability Authority identifies the following barriers to reporting of abuse by children with learning disability:

- The child being unable to name and recognise abuse due to a lack of experience, awareness or knowledge
- Past experience of care or medical practices that undermined or transgressed personal boundaries and bodily integrity
- Disempowerment and low-esteem
- Isolation (including physical, communication, social)
- Having one’s credibility questioned, particularly persons with intellectual and mental health disabilities
- The capacity of staff with whom they are in contact to detect and respond to abuse
- The capacity of the justice system and other redress mechanisms to provide an accessible system to deal with complaints from people with disabilities
- The absence of a system of independent advocacy particularly in closed environments
- Negative attitudes
- Failure to of staff to identify where abuse is occurring within intimate relationships

- Fear of consequences of disclosure including retaliation, rejection or being moved from home or service environment. These fears are likely to be particularly significant if the person is reliant on the abuser for the activities of daily living.  

Lack of appropriate support services has also been identified as a factor by Paul et al (2004). They found UK coeducational residential special schools reported they did not always get the degree of support and awareness of child protection issues and disability that they should have been able to expect from external services, including child protection services. Paul et al were also told that child protection concerns were much harder to address because of child protection services and legal system attitudes to disabled children and particularly to children whose communication was non verbal.

Andrews and Veronen (1993) has listed four requirements they see as enabling effective abuse victim services for women with disabilities which are equally valid for children in residential services:

- Service providers need to provide adequate assessment of survivors, including questions about disability-related issues
- Abuse service providers should be trained to recognize and effectively respond to needs related to the disability, and disability service providers should be trained in recognizing and responding to physical and sexual trauma
- Barriers to services should be eliminated by providing barrier-free information and referral services, by ensuring physical accessibility to facilities, by providing 24-hour access to transportation, to interpreters, and to communication assistance, and by providing trained personnel to monitor risks and respond to victims receiving services through disability programs
- People with disabilities who are dependent on caregivers, either at home or in institutions, may need special legal protection against abuse.

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**SEXUAL ABUSE AMONG YOUNG PEOPLE WITH A LEARNING DISABILITY**

**VULNERABILITY OF YOUNG PEOPLE WITH LEARNING DISABILITIES TO ABUSE**

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Many studies have been conducted that document the extent of sexual abuse with this population. Stalker and McArthur (2012) reviewed research studies about child abuse, child protection and disabled children published in academic journals between 1996 and 2009. They note that several studies revealed a strong association between disability and child maltreatment, indicating that disabled children are significantly more likely to experience abuse than their non-disabled peers. Those with particular impairments are at increased risk. They also found that very few studies have sought disabled children’s own accounts of abuse or safeguarding.

Brown and Craft (1992) note that children have an increased vulnerability to sexual abuse because of their dependence on other people for personal care, the consequent imbalance of power between a carer and a person being cared for, difficulties in communicating, a lack of sexual knowledge and assertiveness, and guilt and shame about the abuse. People with learning disability have an increased vulnerability to abuse for many of the same reasons. Children with learning disability are therefore even more vulnerable and at greater risk to abuse because of their dependence on others and the trust they place in their caregivers.

Brown (2010) notes that disabled children and young people who have a negative self-image may also be particularly susceptible to grooming and deception, and to ‘tricks or treats’. Reiter at al (2007) found that that Israeli students with intellectual and other disabilities suffered from abuse more frequently than their peers and the abuse was repeated over time.

Garbarino (1987) suggested that children with disabilities may be particularly vulnerable to sexual abuse because of institutional living, communication problems, physical limitations, and a lack of general information and understanding of sexuality. Andrews and Veronen (1993) identified eight reasons for the increased vulnerability to abuse of people with disabilities:

- increased dependency on others for long-term care
- powerlessness as a result of denial of human rights
- less risk of discovery as perceived by the perpetrator

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- difficulty in being believed
- less education about appropriate and inappropriate sexuality
- social isolation and increased risk of manipulation
- helplessness and vulnerability in public places
- practices of mainstreaming without consideration for each person’s capacity for self-protection.

Young women and girls with disability may be even more vulnerable to abuse. Rosen (2006) has suggested this may be because they are not educated about their rights and responsibilities, and professionals involved in their care are uneducated and insensitive to their needs.

Brownlie et al (2007) point out that women and girls are disproportionately the victims of sexual assault in both disabled and nondisabled populations. They note that communication difficulties have been identified as a factor that may increase the vulnerability of individuals with disabilities to sexual assault. They report on a community sample of children with speech or language impairment, followed to age 25. Sexual assault history was assessed based on two questions from the Composite International Diagnostic Interview Posttraumatic Stress Disorder module. Women with language impairment (n = 33) were more likely than women with unimpaired language (n = 59) to report sexual abuse/assault, controlled for socioeconomic status. Sexual assault was associated with higher rates of psychiatric disorders and poorer functioning. Women with neither language impairment nor a history of sexual assault had fewer psychiatric disorders and higher functioning than women with language impairment and/or a history of sexual assault.

Ryan et al (2010) noted the abusive nature of the sexual behaviours of young people with disabilities was sometimes minimized, misconstrued, or overreacted to. Chenoweth (1996) in a study of Australian women with disabilities noted that they are particularly vulnerable as they typically occupy positions of extreme marginalization and exclusion that make them more vulnerable to violence and abuse than other women. She also says that many of our social practices appear to be based on contradictory assumptions, such as the view that young women with disabilities are simultaneously asexual and promiscuous. She asserts that practices

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such as overprotection, segregation and the training of young women with disabilities to comply with requests from staff all increase the incidence of abuse and violence rather than prevent it.

VULNERABILITY OF CHILDREN IN RESIDENTIAL SPECIAL SCHOOLS TO ABUSE

There are also vulnerabilities specific to children in residential special schools. Paul et al (2004) note these children:

... can encounter a wide range of care staff, outside professionals, volunteers and other adults. This brings advantages but also presents risks. The Utting review cites one study of a school for children with multiple disabilities in which some children had over 40 carers and few had less than eight (Marchant, cited in Utting 1997). In addition, disabled children living in residential special schools will often be placed a long distance from families, who may visit infrequently: physical and social isolation brings with it certain dangers.

The UK Support Force for Children’s Residential Care, set up to address some of the staff recruitment and training issues identified in several enquiries into children’s homes also addressed the issue of isolation:

The context in which abuse occurred usually involved an exclusion or absence of outside contact and a lack of effective scrutiny by external managers. In addition, the accepted pattern of relationships and behaviour within the home often contributed to an environment in which abuse could pass undetected or unreported or be accepted as ‘normal’ behaviour.

Utting (1997) studied two residential special schools for disabled children and reported that the children mostly felt safe, were in contact with their parents and saw living away from home as a positive option. But Paul et al (2004) warn that this review and a Scottish Children’s Safeguards Review (Scottish Office 1997) endorse the view that the particular circumstances and the extra vulnerability of disabled children mean that we need to be especially vigilant. They note that:

The Utting review stresses the importance of residential services having ‘an explicit commitment to child protection together with very clear definitions of good practice’. The children interviewed for the review made their own suggestions for child protection, including a choice of adults to approach.

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Paul et al conclude that:

The review of the relevant literature has shown that firstly, although no systematic figures are available estimations have indicated that thousands of disabled children experience many different forms of out of home placement, the main one being residential special schools. However, we know very little about these children’s experiences of the care they receive. The limited research and practice literature available does suggest that disabled children are especially vulnerable to institutional abuse. Disabled children experience a diverse range of out of home provision. How they are protected from abuse by both procedural and practice safeguards contained within these different settings, and how adequate these are, is unknown. The nature of a child’s disability may mean they are especially vulnerable to particular forms of abuse and certain targeting strategies, however little research exists to inform our knowledge of this.\footnote{Westcott, H., and Jones, D. (1999) The abuse of disabled children. \textit{Journal of Child Psychology and Psychiatry}, 40: 497-506}

The only comparative material Paul et al (2004) found for their study of coeducational residential special schools was from a small study by Westcott (1993) looking at the National Society for Prevention of Cruelty to Children (NSPCC) experience of working with children who had been abused in an institutional setting.\footnote{Westcott, H. (1993) \textit{The Abuse of Children and Adults with Disabilities}. London: NSPCC.} Westcott and Cross (1996) later took data from this study relating specifically to disabled children. The majority of the 31 disabled children (68\%) had been abused whilst in their school placements or in residential homes (29\%). Twenty four were male and seven were female. Although the small sample size here makes it difficult to generalise from this study, Westcott and Cross do point out that different forms of abuse have different contexts. Sexual abuse commonly results from deliberate targeting of vulnerable children, while other forms may have more to do with inadequate resourcing or staff training, leading to the recruitment of unsuitable staff, to staff being under pressure, or to insensitive, institutionalised care practice which becomes abusive.\footnote{Westcott, H. (1999) The abuse of disabled children. \textit{Journal of Child Psychology and Psychiatry}, 40: 497-506}

\section*{VULNERABILITY OF CHILDREN IN SPECIAL SCHOOLS TO ABUSE BY STAFF OR VOLUNTEERS}

Children in residential special schools are most vulnerable to abuse by staff and volunteers working with them. An early but comprehensive study in the USA found that of the 163 reported allegations of institutional abuse
in their mental retardation facilities (their terminology), between 1986 and 1989, 62% related to physical abuse, 13% related to adult to child sexual abuse and 3% to child to child sexual ‘contact’\textsuperscript{45}. Sobsey (1994) hypothesises that exposure to multiple carers as in a residential setting may increase vulnerability by increasing the statistical risk of the child encountering a paedophile. She found that two-thirds of offenders against children with disabilities gained access to them through special services for disabled people, with more than half the offenders being paid staff or volunteers\textsuperscript{46}.

Colton (2002) notes that confidence in the public care system in the United Kingdom (UK) was shaken by numerous and widespread scandals in the 1980s and 1990s surrounding the abuse of children and young people, particularly those in residential child care institutions (see for example Brannan et al, 1993\textsuperscript{47}). Colton examines factors associated with such abuse, identifying them as:

- Failings in relation to staff recruitment, training, and supervision
- Ineffective management and systems of accountability
- The development of inappropriate institutional cultures
- Public ambivalence towards children in care
- The slow footed response to the threat posed to children and young people by dangerous men and other youngsters in care
- Long-term policy failure to develop coherent and integrated systems of child welfare in the UK\textsuperscript{48}.

Gallagher (2000) notes that abuse in institutional care is relatively uncommon, constituting a small proportion of all child protection referrals in the UK. But some cases involve large numbers of victims and abusers. Institutional abuse cases he studied shared some characteristics with the majority of abuse cases, but he also noted important differences, such as the proportion of male victims and the extent to which abusers used techniques of targeting and entrapment. He also found institutional abuse occurred in a wide variety of settings and sectors and was perpetrated by a range of occupational groups.

In the UK a number of inquiries were undertaken into incidents of abuse of children in institutional care\textsuperscript{49}. These culminated in the launch of the Every Child Matters framework\textsuperscript{50}, constituting an important UK policy

\textsuperscript{45} New York State Commission report on Quality of Care for the Mentally Disabled (1992) in Paul 2004

\textsuperscript{46} Sobsey, R (1994) Violence and abuse in the lives of people with disabilities, Baltimore: Paul H Brookes


\textsuperscript{50} HM Government (2004) Every child matters
initiative in relation to children and services provided for them. The framework outlined the value of programmes providing services for children and young people in order to minimise risk.

Sobsey (1994) found that two thirds of offenders who had abuse children with disabilities contacted their victims through special services for the disabled, with more than half of them being paid staff or volunteers. Sobsey concludes that much of the risk of sexual abuse for those with disabilities may result from their exposure to the support systems they use.51

Much work has been done in recent years in the UK in response to the inquiries into the abuse of children in residential care. The National Society for Prevention of Cruelty to Children (NSPCC) has addressed the issue of staff abusing children in some detail. They propose:

- Recruitment and selection procedures for staff and volunteers to help screen out and discourage those who are unsuitable to work with children
- That Boards of trustees have training in and comply with safe recruitment practices for staff, volunteers and others who come into contact with children in their schools
- Use of Value Based Interviewing as part of the selection process which would help to identify those candidates who have positive safeguarding attitudes and values and who are therefore more likely to identify and address safeguarding issues at work, creating a safer environment for children

The NSPCC also points out that such rigorous selection processes make it clear to all applicants at the outset that the school is proactive in creating a culture of safeguarding within the school. In the UK, the NSPCC offer Value Based Interviewing training to schools on request.

NSPCC further notes that safeguarding policies and procedures create a positive and safe environment for children. They say it is vital for service providers to have:

- An understanding that the safety and welfare of the child is the priority and that any concern about the behaviour of others must be reported immediately
- Clear guidelines or a code of conduct for all those involved: staff, volunteers, pupils and parents/carers
- Everyone involved in their school community knowing what behaviour is acceptable and what is not
- Individuals who are not adhering to these clear expectations being challenged
- Clear procedures in place for dealing with child protection concerns, disclosures or allegations in order to support staff/volunteers, young people and parents through the process of reporting any concerns
- Accurate records kept of all incidents and concerns arising in relation to members of staff or volunteers.

- All staff, volunteers and parents aware of the appropriate avenues for pursuing complaints when they are unsatisfied with the internal response to their concern

The UK Department for Children, Schools and Families issued *Guidance for Safer Working Practices for Adults who Work with Children and Young People in Educational Settings* in March 2009 to promote safer working practices for adults who work with children and young people in education settings. They propose safeguarding training to ensure that staff in schools have:

- A good understanding of safeguarding issues including the causes of abuse, neglect or harm

- Knowledge of the signs/indicators that should alert them to the possibility of abuse including grooming behaviour

- A clear understanding of how to effectively respond when they have concerns or receive a disclosure including appropriate communication with children and record keeping requirements

- A good understanding of the schools reporting procedures including the role of the Designated Senior Person (in Northern Ireland these roles are the Designated and Deputy Designated Teachers), the role of the Local Authority Designated Officer (LADO) (or the Child Protection Support Service for Schools (CPSSS) in Northern Ireland) and the roles of external agencies that may need to become involved during the process

- Opportunities to explore issues such as professional practice and individual staff responsibilities, the use of whistle-blowing procedures and dealing with confidentiality.

The UK NSPCC proposes that preventative education in schools should work to:

- Help children and young people understand what constitutes abuse and to raise awareness of behaviours that are of concern or unacceptable

- Teach children and parents how to seek help appropriately

- Not avoid the potentially sensitive area of sexual abuse as research indicates that there are gaps in children’s knowledge with regard to keeping themselves safe from sexual abuse

- Include a comprehensive e-safety education programme

- Promote a culture of openness and transparency which in turn encourages vigilance and a sense of shared responsibility for the safeguarding of pupils

- Promote listening and open communication where all are facilitated to communicate about worries, are listened to and their concerns are taken seriously

- Provide. Contact names and numbers for internal and external support services should be made available to ensure that pupils and their families know who they can talk to if they are worried. Those
who work in schools should be assured that they can share any concerns about the conduct of colleagues and that these will be received in a sensitive manner.  

INCIDENCE OF ABUSE AMONG YOUNG PEOPLE WITH LEARNING DISABILITIES

McEachern (2012) reports that many states in the US do not capture statistics on sexual abuse of children with disabilities. Therefore statistics on victims with disabilities of sexual abuse are either not reported or are under-reported.

Reports of the incidence of abuse of young people with disabilities vary. Brown (2006) cites international evidence that puts the risk of all types of abuse for children with disabilities at 1.7 times higher than that for children without disabilities. A UK NSPCC report in 2003 estimated that children with disability are 3.1 times more likely to suffer sexual abuse than non-disabled children. Rosen (2006) estimates that violence and exploitation against women and girls with disability occurs in the US at a rate 50% higher than in the rest of society. Sobsey and Mansell’s (1990) Canadian research suggests that risk of sexual violence was 2-4 times higher for those housed in institutional settings.

Shakeshaft (2004) used data tables from Sobsey’s report and calculated that 8.8 percent of students with disabilities vs. 2.8 percent of students without disabilities were sexually abused. Students with behaviour disorders were more than five times as likely as non-disabled students to be sexually abused, with mentally retarded students more than three times as likely.

Balogh et al (2001) found that 13 of 43 cases (patients aged 9 to 21 years) they reviewed depicted sexual abuse with the abuse being identified after admission to the hospital. 50% of the victims had been abused by someone in their immediate or extended family. Sixty-two percent of these cases were adolescents. Fifty per

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52 NSPCC. Safeguarding in Education Service (2012) The role of schools, colleges and academies in protecting children from grooming and entrapment. [London]: NSPCC


cent of the victims had been abused by a member of their close or extended family. Most cases (62%) were adolescents.\(^{59}\)

Sequiera and Howlin (2003) studied 54 adults with learning disability living in residential care for whom sexual abuse was probable or had been proven. They found the median age at which abuse was first known to have taken place was 15, with a range from 4 to 39 years of age. Following the abuse, 61% of these people received no formal psychological therapy. The abuse led to a successful court conviction in only 15% of cases.\(^{60}\)

Brown, Stein and Turk (1995) reported a large-scale study carried out across the south east of England of sexual abuse of people with learning disabilities. About a sixth of these cases were perpetrated by family members, a sixth by service workers or volunteers and the other sixth by known and trusted people within the community, often occupying "pillar of the community" roles. Very few cases of abuse by strangers were reported. The remaining cases were perpetrated by other service users.\(^{61}\)

Sullivan and Knutson (2000) were able to document the proportion of all children by disability status with substantiated reports of sexual abuse. This is one of the few studies conducted with a large sample. Merging the electronic data base of 50,278 students in the Omaha, Nebraska, schools system with the records from the Central Registry of the Nebraska Department of Social Services, the Nebraska Foster Care Review Board records, and the victimization records from the county sheriff and Omaha police, Sullivan and Knutson (2000) were able to to identify 4,503 children who had experienced abuse.\(^{62}\)

Their sample included 1,012 children who had disabilities. Comparing the children with disabilities to their nondisabled peers, the findings indicated that the overall rate of maltreatment for nondisabled children was 11%, whereas the rate of maltreatment for those with disabilities was 31%. Children with disabilities were 3.4 times more likely to have experienced neglect, physical, emotional, and sexual abuse. The study further compared victimization within disability groups. The findings indicated that children diagnosed with behavioural disorders had the highest risk for abuse, 7 times higher for physical and emotional abuse and 5.5 times higher for sexual abuse than their nondisabled peers. They postulate that sexual abuse may have exacerbated the behavioural symptoms, thus increasing the risk for these children.\(^{63}\) Developmentally delayed


children, in this study, had 4 times the risk for all four types of maltreatment; children with speech and language disabilities had 3 times the risk for sexual abuse\textsuperscript{64}.

**INCIDENCE OF SEXUAL ABUSE IN RESIDENTIAL SPECIAL SCHOOLS**

Few studies have looked specifically at the risks in coeducational schools. Fyson (2009) surveyed 40 state and independent schools for children with learning disability in four local authorities in England to explore the extent to which special schools were aware of pupils engaging in sexually inappropriate or abusive behaviours. Her sample did include both day and residential schools but, unfortunately, to preserve anonymity for the relatively small sample of 26 who responded, survey respondents were not asked identifying questions about their school. Results for residential and day schools are therefore not presented separately\textsuperscript{65}. Fyson examined:

1. The nature and frequency of such behaviour and the locations in which it may arise;
2. Staff responses to these behaviours, including adherence to any available policy guidelines;
3. How decisions are made about whether and when to request help from outside agencies and the barriers to seeking such support. Her questionnaire asked about school policy with regard to sexually inappropriate behaviour; the type, frequency and location of inappropriate or abusive behaviour known to have occurred between pupils; and whether, and from what source, schools had sought help in responding to these behaviours.

Fyson found that most special schools (88\%) were aware of incidents of sexually inappropriate or abusive behaviour occurring between their pupils during the school day. In most schools, such incidents were known to happen on a regular basis. Two-thirds of schools reported sexually inappropriate or abusive behaviours occurring between pupils at least once per term, and almost one-fifth reported incidents occurring at least once a week. Only a small minority of schools (12\%; n = 3) asserted that sexually inappropriate or abusive behaviour never occurred and, of these, one was careful to explain that this was simply because the profound nature of their pupils’ disabilities precluded them from independent physical interactions.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>% of schools</th>
<th>Cumulative % of schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>19 (n = 5)</td>
<td>19 (n = 5)</td>
</tr>
<tr>
<td>Monthly</td>
<td>27 (n = 7)</td>
<td>46 (n = 12)</td>
</tr>
<tr>
<td>Termly</td>
<td>19 (n = 5)</td>
<td>65 (n = 17)</td>
</tr>
<tr>
<td>Yearly</td>
<td>8 (n = 2)</td>
<td>73 (n = 19)</td>
</tr>
<tr>
<td>Less often</td>
<td>15 (n = 4)</td>
<td>88 (n = 23)</td>
</tr>
</tbody>
</table>


\textsuperscript{65} Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, British Journal of Special Education, Vol 36 (2) pp 85-94
Incidents happened at all times of the school day and in a variety of locations. Although incidents were most often identified as occurring within school buildings (77%), they also occurred in over half of school playgrounds (54%) and around a third (35%) of school transport. Most other incidents arose during school trips. Schools reported a variety of different types of sexually inappropriate or abusive behaviour. The most frequently recorded category, ‘inappropriate touch’, was reported in 85% (n = 22) of schools. However, this term could be used as a catch-all for a wide variety of actual incidents, ranging from very minor or even accidental physical contact through to aggressive sexual groping. In general, behaviours that might be classified as sexually inappropriate such as verbal sexual harassment and ‘flashing’ were more likely to be reported than incidents which were unequivocally abusive. However, some very serious acts of abuse – including rape – had occurred in a small proportion (15%; 4 of the schools surveyed).

<table>
<thead>
<tr>
<th>Table 2: Nature of incidents reported</th>
<th>% of schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal sexual harassment</td>
<td>50 (n = 13)</td>
</tr>
<tr>
<td>Exposure (flashing)</td>
<td>54 (n = 14)</td>
</tr>
<tr>
<td>Masturbation</td>
<td>58 (n = 15)</td>
</tr>
<tr>
<td>Inappropriate touch</td>
<td>85 (n = 22)</td>
</tr>
<tr>
<td>Actual or attempted anal or vaginal penetration</td>
<td>15 (n = 4)</td>
</tr>
</tbody>
</table>

Fyson found that despite the high frequency of incidence of abuse, only 19% of schools had a specific policy on sexual behaviour.

NEW ZEALAND RESEARCH INTO SEXUAL ABUSE OF CHILDREN WITH INTELLECTUAL IMPAIRMENT

The major New Zealand research in this area has been that conducted by Professor Freda Briggs. In 1991 together with Associate Professor Russell Hawkins she initially reviewed the Keeping Ourselves Safe (KOS) programme in New Zealand. They interviewed 255 Intermediate School students aged 10-12 years and their parents in eight schools in both the North and South Islands. They found that 80% of girls identified as having learning problems had already been sexually abused more than once:

All of these cases had been substantiated. The abusers of children with developmental delay and learning difficulties were local youths (pack rapists), close male relatives and brothers’ ‘best mates’.

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66 Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, British Journal of Special Education, Vol 36 (2) p 87

67 Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, British Journal of Special Education, Vol 36 (2) p 88
International research findings, especially from Canada and the UK, confirm that from 70-80% of children with disabilities suffer from sexual abuse\(^68\).

Briggs and Hawkins (1991) found that New Zealand parents had unrealistic expectations relating to children’s abilities to protect themselves:

For example, despite giving children no information about sexual misbehaviour, they expected children to know intuitively that it was wrong and reportable. Secondly, despite relating goodness to obedience, they expected children to disobey sex offenders regardless of their age, relationship or position of authority. In addition, despite teaching children to keep secrets, they expected them to break the rule when secrecy involved not-previously-mentioned sexual abuse. And although parents became angry when children talked about genitals, they expected their children to break the taboos and immediately report sexual misbehaviour to them. And of course, children will not do that unless they know, from past experience, that the adults can cope with the information and will not become angry and blame them. Some children never tell\(^69\).

This is consistent with Australian evidence they found in the general population that few people talk about their experiences of sexual coercion and fewer still talk to a professional such as a teacher, social worker or doctor\(^70\). Briggs and Hawkins found that of 198 Australian male victims of sexual abuse only 26 reports were made, 25 by mothers and one reported to a teacher. Of those, ‘only one boy was believed and the rest were punished’\(^71\).

In a US study Balogh et al (2001) had found that in 30% of the cases of sexual abuse they found in young people with an intellectual disability referred to a child and adolescent psychiatric hospital, the abuse had only been identified after admission\(^72\).

Briggs and Hawkins go on to say:

Eight percent [of parents of intermediate school children] informed us that their children had stopped attempted sexual abuse and reported this to them. Only half of the parents reported this to the

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authorities. Too many parents reported that principals tried to “cover up” sexual abuse that happened on school premises, irrespective of whether offenders were employees or students. A parent complained that sexual abuse by a school caretaker had been ignored73.

Briggs and Hawkins reported that the children of Police Education Officers, who provide the KOS programme in schools, and child protection workers were no better informed than others:

Their parents admitted that they had never discussed child protection issues at home. They assumed (wrongly) that their work would “rub off” on their children. It hadn’t74!

Briggs and Hawkins say international research shows that victims with disabilities are less likely to be believed than non-disabled children when they report abuse (for a variety of reasons). They said a weakness of the KOS programme was that it instructed children to report abuse to people they trusted. Initially, they found, children only told their mothers, none of whom believed or supported them75.

Briggs and Hawkins noted that more severe forms of abuse (e.g. involving penetration) were associated with greater severity of disturbance, a finding that is also reported in studies of child abuse in the general population. In addition, they say the finding from their study that repeated occurrence of abuse is associated with increased severity of disturbance has also been reported in studies in the general population, such as for example Rodriguez et al (1996)76.

INCIDENCE OF SEX OFFENDING BY YOUNG PEOPLE WITH A LEARNING DISABILITY

Briggs and Hawkins conclude that the incidence of sexual abuse of young people with an intellectual disability is alarming, not the least because there is clear evidence that people who are abused go on to abuse.

Balogh et al (2001) demonstrated this relationship in their review of young people with intellectual disabilities admitted to a child and adolescent psychiatric hospital over a five-year period. They found 14% had been a


victim or a perpetrator of sexual abuse. Victimization alone occurred in 49% of these 43 cases, perpetration alone in 14%, and both victimization and perpetration in 37%. 65% of the 17 male perpetrators had been victims. There was only one instance of a victim being abused by a female but there were five girls who had been perpetrators. All had previously been victims77.

McCormack et al (2005) analysed all of the 250 allegations of sexual abuse involving intellectual disability service users as victims or perpetrators of sexual abuse over a 15-year period in a large Irish community-based service. Following multidisciplinary investigation, almost half (47%) of all allegations of sexual abuse were confirmed (n = 118). In confirmed episodes, more than half the perpetrators were adolescents and adults with intellectual disabilities, while almost a quarter were relatives. The most common type of abuse was sexual touch, although 31% of episodes involved penetration or attempted penetration. The most common location was the family home, followed by the day service and public places78.

Read and Read (2009) also found that people with learning disabilities are over-represented in sex offences. But they point out that sexual offences carried out by people with a learning disability are likely to be offences such as exhibitionism or indecent assault, rather than more serious crimes such as rape. And in their research concerned with murder and arson they have found that the predominant diagnoses of people with an intellectual disability who sexually offend are Disruptive Behaviour Disorders. They warn however that this overrepresentation should be treated with some caution as there may be methodological problems within studies that support this finding79.

Fyson (2009) also says reports, overviews and commentaries about young people who sexually harm others have repeatedly noted that young people with learning disabilities are significantly over-represented within this group. She notes that most of the studies upon which these assertions are founded have focused on young people who have been referred to specialist services because of their sexually harmful behaviour. They have found that somewhere between one-fifth and one-half of young people referred to such services are identified as having some degree of learning disability. Although the precise reasons for this over-representation remain uncertain, Fyson identified a number of factors which she believes contribute towards this imbalance80:

Firstly, children with any type of disability are more likely than non-disabled children to have been abused (Sullivan & Knutson, 199881 & 200082; Westcott & Jones, 199983). This holds true for all

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80 Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, British Journal of Special Education, Vol 36 (2) p 85

categories of abuse: physical abuse, sexual abuse, emotional abuse and neglect. It is also known that children with disabilities who experience abuse are likely to be abused for longer than their non-disabled peers (Westcott & Jones, 1999^84), and that, once abuse is discovered, interventions from statutory services are less decisive (Cooke, 2000^85). There is no direct causal relationship between experiencing abuse and becoming a sexual abuser, but high rates of previous victimisation are noted among populations of young people who sexually harm others, and this trend is even stronger for young people with learning disabilities.

Secondly, the lives of young people with learning disabilities tend to be more heavily monitored than those of other youngsters. This may mean that, when they display sexually inappropriate or abusive behaviours, they are more likely than their non-disabled peers to be caught (McCurry et al, 1998^86).^87

Thirdly, young people with learning disabilities may find it harder to understand the complex and fluid boundaries that divide acceptable and unacceptable sexual behaviours, with the result that they may act in ways which are sexually inappropriate, or even abusive, without understanding the impact or consequences of what they are doing. In some cases, this difficulty may be unwittingly exacerbated by parents and carers, some of whom may fail to expect the same standards of behaviour as they would from young people without disabilities.

Finally, there is emerging evidence to suggest that the overrepresentation of young people with learning disabilities among referrals to services of young people who sexually harm others may be a consequence of biased referrals. Two recent studies have suggested that a lack of skills, knowledge and – above all – confidence among professionals leads to a greater tendency to refer young people with learning disabilities to specialist services. Those who work with young people with learning disabilities in educational or social settings may not feel able to work effectively around issues of sexuality. Likewise, professionals working in child protection or youth offending teams may not believe that they have the skills or knowledge to work with a young person with a learning disability.

Fyson says the over-representation of those with learning disabilities within populations of young people who sexually harm is therefore created by a complex interplay between differential rates of child abuse and differences in professional awareness of, and responses to, inappropriate or abusive sexual behaviours

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exhibited by different groups of young people. The disparities noted within treatment populations may or may not reflect actual differences in behaviour between young people with and without learning disabilities, but nevertheless cause concern: ‘One of the key changes in the response to adolescent sexual aggression over the past decade is a rapid increase in the number of young people with learning disabilities being identified and referred for intervention’.

Fyson points out that, during adolescence, many young people will display behaviours that could be regarded as sexually inappropriate; a smaller proportion (mostly male) will behave in ways that are sexually harmful to others; and a small minority of these will go on to engage in lifelong sexual offending. A significant proportion, around one-third, of child sexual abuse is perpetrated by adolescents against younger children. Crime statistics show that young people are responsible for between one-fifth and one-quarter of all sexual offences; but when cautions and reprimands as well as court convictions are taken into account, young people are responsible for almost two-thirds of reported sexual crimes.

Fyson notes that as they grow older and pass through puberty, most young people – including those with learning disabilities – will want to begin exploring their own burgeoning sexuality; many will experience their first sexual relationships. These initial forays into the world of adult sexual relations are seldom easy, and young people with learning disabilities may experience particular social pressures arising from their position in a society which often views people with learning disabilities as, by turns, either asexual or the possessors of monstrous sexual appetites.

However, Fyson says, regardless of its causes, the fact that young people with learning disabilities may exhibit sexually inappropriate or abusive behaviours should be of concern to all parents and professionals. Preventing behaviours which are merely inappropriate from escalating into acts of abuse is important not only because of the harm that such acts cause to others, but also because being labelled a ‘sexual abuser’ will undoubtedly further damage the already limited life opportunities of a young person with a learning disability. It is therefore important that special schools are aware of the possibility that pupils may engage in sexually inappropriate or abusive behaviours. Previous studies have highlighted that children can be at risk of abuse in schools or other institutional settings but have typically limited their scope of inquiry to abuse perpetrated by professionals, rather than considering the risks which pupils may at times pose to one another.

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88 Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, British Journal of Special Education, Vol 36 (2) p 86


90 Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, British Journal of Special Education, Vol 36 (2) p 86

91 Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, British Journal of Special Education, Vol 36 (2) p 86


93 Fyson, R. (2009) Sexually inappropriate or abusive behaviour among pupils in special schools, British Journal of Special Education, Vol 36 (2) p 86
Doyle (2004) however cautions that in reviewing the incidence sexual offending behaviour in people with an intellectual disability we need to differentiate between that and challenging behaviour. He suggests that when clinicians attempt to view sexual offending from within the framework and underpinning philosophy of the challenging behaviour model the magnitude of the mismatch emerges. In his paper he compares the notions of intent, criminal intent and communicative intent. The implications of wrongly interpreting challenging behaviour as sex offending behaviour are highlighted. He also proposes functional behaviour analysis as a technique that may aid in the assessment of sex offending. 

STRATEGIES FOR MINIMISING SEXUAL ABUSE IN COEDUCATIONAL RESIDENTIAL SCHOOLS

Cooke and Sinason (1998) noted that following recognition in the late 1980s that children with disabilities were being abused, guidelines were produced in the UK and voluntary organisations such as the National Association for the Protection from Sexual Abuse of Adults and Children with Learning Disabilities (NAPSAC), the Association for Residential Care (ARC) and Voice UK made efforts to provide more protection for this vulnerable group. However the UK Residential Special Schools National Minimum Standards which came into force on 1 January 2013 address problems of bullying but contain no specific measures for monitoring or preventing inappropriate sexual behaviour.

The American Academy of Pediatrics Committee on Children with Disabilities (1996) advises that to combat the increased risk to children with developmental disabilities they need to be given information about sexuality, sexual abuse and what to do when it happens. Without such education, they say, they remain vulnerable victims. Bambara and Brandtlinger (2002) and Sparks (date unknown) present evidence to suggest that without sexuality education, children and adults with developmental disabilities are at a significantly greater risk of sexual abuse, unwanted pregnancies, sexually transmitted diseases, and poor relationships.

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99 Sparks, S., Sexuality and Individuals with development Disabilities: Disabilities Research Position Papers, Board of Directors of the Council for Exceptional Children – Division on Developmental Disability, USA.
Newman et al (2000) recommend social policy that does not reinforce stigma but provides accurate, respectful, and necessary protections\(^{100}\).

Brown (2002) analysed social issues in terms of the ways in which disabled children are placed at more risk than other children in settings that have not attended to safety, for example in the design of buildings or the recruitment of staff\(^{101}\).

In their ABCD (Abuse and Children who are Disabled) guide to protecting disabled children from abuse, Cross et al (1993) state that an explicit commitment to child protection should be incorporated within the central aims of the institution\(^{102}\). Marchant and Cross (1993) highlighted six steps necessary to make institutions safer for children:

- Commitment to child protection
- Clear definitions of good practice
- Open environment
- Close contact with families, communities and disabled adults
- Respect for ethnicity, religion and the individual
- High internal awareness to abuse\(^{103}\)

Paul et al (2004) undertook an examination of child protection policies and practice in UK coeducational residential special schools for children with severe and multiple physical and learning disabilities. The aim of the project was to identify and describe good practice models for child welfare and protection. These were to be incorporated into practice guidelines to be made available for management, staff training and practice development. Findings were also intended to be used in a guide to inform parents on standards of child protection safeguards they should be able to expect while their children are at a residential school\(^{104}\). They found that schools with high awareness and good practice had explicit whistle-blowing procedures, combined


\(^{101}\) Brown, H. (2002) Vulnerability and protection Unit 23 K202 Community Care School of Health and Social Welfare, Open University, Milton Keynes


with an open 'no blame' culture and good staff support. Where there was a more rigid, hierarchical approach, they said, poor practice could be found\textsuperscript{105}.

Paul et al (2004) also noted that:

Many pupils in the [special] schools exhibited very challenging behaviour. Schools which specialised in providing for these children showed expertise and good practice, having understanding of the causes and triggers for difficult behaviour, with individual behaviour management plans, agreed with appropriate specialist advice, ratified by senior staff, and well communicated between all staff working with the child. Schools where few children displayed such behaviour were much less well prepared\textsuperscript{106}.

They concluded that results from their study strongly endorse conclusions from many public enquiries into residential services that ‘close involvement of senior managers in day to day care, with strong leadership and support, are the best safeguards for good practice\textsuperscript{107}.’

Bowman et al (2010) noted that the largest group of identified perpetrators of sexual abuse of people with developmental disabilities is developmental disability service providers. They developed, implemented, and evaluated the effectiveness of a sexual abuse prevention training programme for disability service staff. Participants were administered a survey assessing knowledge and attitudes before and after the training workshop. Small improvements in knowledge and attitudes about sexual abuse and the sexuality of persons with developmental disabilities were found; however, they report, general attitudes about individuals with developmental disabilities did not change\textsuperscript{108}.

Barron and Topping (2010) studied the effectiveness of school-based child sexual abuse prevention programmes and the implications for the effective delivery of such programmes. Findings included:

- Evidence of a high level of prior knowledge of abuse prevention concepts among students
- Reporting of emotional gains for students who participated in abuse prevention programmes
- Higher levels of disclosure among students who had participated in programmes.


Barron and Topping’s recommendations for effective programmes include:

- Involving parents
- Assessing children's prior knowledge
- Training for teachers that takes their attitudes into account and enables them to notice and respond appropriately to disclosures\(^{109}\).

The Irish National Disability Authority has described the key stages of intervention as:

- Prevention
- Identification and disclosure
- Referral on to appropriate agencies
- Preventing recurrence of abuse
- Treating individuals who have been abused
- Helping victims to recover
- Detection, prosecution, punishment and compensation\(^{110}\)

**BEST PRACTICE GUIDELINES FOR COEDUCATIONAL RESIDENTIAL SPECIAL SCHOOLS**

Paul et al (2004) interviewed managers, staff and parents to evaluate child protection policies and practices at 11 coeducational residential special schools for children with severe learning difficulties in the UK. The project covered emotional, physical and sexual abuse and neglect, as well as system abuse such as for example inappropriate treatment approaches. From this information they explored ways in which schools can deal with risks and developed best practice guidelines.

They found a notable degree of commitment to and concern about the progress, happiness and safety of the students in all schools: ‘Staff were continuously grappling with the need to find a balance between ensuring children’s safety and giving them a flexible and stimulating environment’\(^{111}\).

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They identified the important issues that emerged as those connected with child protection awareness and procedures, staff training, communication with children, the management of children and adolescents' sexuality and need for affection, and behaviour management. Practices they observed are described below:

**CHILD PROTECTION AWARENESS**

Schools with high awareness and good practice had explicit whistle-blowing procedures, combined with an open 'no blame' culture and good staff support. Staff knew to which members of the senior team they should go with any concerns, and they knew the names of external contacts if they felt unable to raise the matter within the school. There was a clear reporting procedure and specific record keeping.

In schools where practice had more problems, there were often poorer communications generally, and the same procedure was used for reporting child protection incidents and other less serious matters. Where there was a more rigid, hierarchical approach, poor practice could be found.

Recording and reporting practice varied considerably within and across schools. Schools differed in the amount of help they received from their local authorities in developing child protection procedures, and there were some grey areas concerning informal enquiries to be made before a formal investigation, with which it could be difficult to deal.

**TRAINING**

All schools offered in-service training and most staff felt that they had generally good training opportunities, but availability of external training varied, and appropriate specialist training for child protection and related topics, suitable for children with severe and multiple disabilities, was rarely available. Schools provided by larger organisations appeared to have better training opportunities than those operating in isolation. It was particularly difficult for schools to provide training in an area where they had relatively few pupils with a particular need. This impacted markedly on schools which had small numbers of children with very challenging behaviour. They found it difficult to provide appropriate training for all staff in managing such behaviour.

**COMMUNICATION**

Staff used a range of imaginative approaches to communication and most worked hard to ensure that they could understand the individual ways that children communicated, and to help them make choices and enjoy school. Many examples of good practice were found in all schools, and staff had developed a wide variety of means of communication with children who had limited or no speech.

Where poorer practice was found, this was usually connected with poor training and monitoring by managers. Some examples of very poor practice (for example staff ignoring children, talking across children, or discussing their behaviour and personal details in front of other children) were also found.

**AFFECTION AND SEXUALITY**

This was the area that schools found most difficult, with both guidance and practice varying considerably within and between schools. Staff often felt ill prepared. They sometimes ignored their own schools' guidance on showing physical affection, because it seemed to them at variance with
common sense, or to deny children’s need for affectionate touch, when they are away from home and may spend most of the year at school.

On the other hand, in several schools little guidance was available to deal with children’s developing sexuality, especially with the older adolescents, leading to age-inappropriate behaviour which made both students and staff vulnerable. The schools’ difficulties reflected wider issues about dealing with the sexuality of people with learning disabilities, and few schools had clear plans for sex education for students.

**BEHAVIOUR MANAGEMENT**

Many pupils in the schools exhibited very challenging behaviour. Staff needed considerable patience and self control to work in some of these situations, and it was common for staff to be physically hurt by pupils, and to have to deal with aggression. Schools which specialised in providing for these children showed expertise and good practice, having understanding of the causes and triggers for difficult behaviour, with individual behaviour management plans, agreed with appropriate specialist advice, ratified by senior staff, and well communicated between all staff working with the child. They provided good support and training for staff.

Schools where few children displayed such behaviour were much less well prepared, and there were some worrying examples of poor practice, especially in the use of physical restraint. There were some specific issues over the use of medical restraints to prevent self injury which caused distress to children and staff.

**HANDS ON MANAGEMENT AND EXTERNAL SUPPORT**

Results from this research strongly endorse the conclusions from the many recent public enquiries and research into residential services, that close involvement of senior managers in day to day care, with strong leadership and support, are the best safeguards for good practice. In schools with good practice, senior staff were visibly present in the classrooms and residential units, and made their presence felt without undermining the autonomy and professional skills of their staff. Seniors were deeply involved in approving and monitoring plans for individual children, and in monitoring practice in dealing with challenging behaviour, child protection concerns and other problems.

External support from community child protection and training services is also important but provision of both were much more variable, and this is one of the major issues for the development of adequate safeguard for children away from home. The need for support was not simply to deal with possible poor or abusive practice by staff, but in working with problems arising between pupils or with concerns about children’s safety when off the school premises, including periods at home with their parents. Many of the most worrying incidents described concerned external services’ reluctance to consider the possibility that children had been abused at home, or to take seriously evidence of abuse from children’s accounts, behaviour or injuries. There was too often an assumption on the part of external professionals that behaviour reflected the child’s disability, or that no case could be pursued because the children would not be able to give evidence. Schools felt that their knowledge of the children, and of the meaning of the children’s behaviours, was often discounted and that abuse of a disabled child was responded to quite differently from that of any other child.

**LIAISON WITH PARENTS.**
Many schools had large catchment areas which meant that children were a long way from home. The schools developed an impressive array of methods to keep children in contact with parents, but there were still some areas of great uncertainty about issues such as when to inform parents about possible difficulties with children, or when school staff and parents had different views on what was best for children. The importance of local placement facilitating regular face to face contact was highlighted by these difficulties, and has implications for the way that the provision of special schools operates. The great importance of adequate information for parents about a school’s regime and programme, and about how to take up any concerns and complaints, was also evident.

In the best situations, contact was two-way, with school staff able to visit children at home and spend time supporting parents as well as the parents visiting the schools. Schools in their turn recorded the problems which occurred when families received little or no support from local services with their very needy and sometimes challenging children during the long school holidays.\textsuperscript{112}

Paul et al (2004) conclude by saying good practice in the protection of disabled children in residential settings requires:

- Suitably trained staff with supervision and accountability
- A positive child oriented ethos promoting consistent communication development
- Consultation with children and provision of choice
- Child/disability specific guidelines for behaviour management
- Medical and therapeutic intervention and personal care; and
- Comprehensive integrated education and social care plans involving parents, staff and pupils.\textsuperscript{113}


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