



napac

The National Association for
People Abused in Childhood

Disability and abuse

Supporting recovery from childhood abuse



Disability and abuse

NAPAC exists to support all adult survivors of any type of abuse or neglect in childhood, be it sexual, physical or emotional abuse.

This booklet has been written for anyone with a physical or mental health condition that impacts their day-to-day life. We understand that you may not be comfortable identifying as disabled, especially if the word has been used to tell you what you cannot do, and we use the term meaning to be as inclusive as possible.

Abuse can happen in any relationship where there is a power imbalance. Adults have power over children because they are bigger and stronger, but these power imbalances can also occur in a child's relationship with their peers. Some children develop faster or further than others, creating a power imbalance due to physical size or cognitive ability.

Abuse is always the fault of the abuser. It is never the child's fault.





NAPAC hears from people who have suffered abuse in many different contexts and types of relationship, including disabled people and people living with medical conditions and impairments. We generally hear most from people who experienced sexual abuse, irrespective of age or who was the perpetrator.

Although the long-term effects of childhood sexual abuse are often reported across the media, physical abuse, emotional abuse, and neglect can also have a very long-lasting impact.

At NAPAC we see all of this as part of the same problem of the abuse of power in relationships. And whilst not widely publicised, it is often the emotional impact of any type of abuse that has the most difficult long-term consequences.

We want you to know you are not alone.



What abuse do children with disabilities experience?

At NAPAC we know from listening to survivors that children with any type of physical or mental disability are more vulnerable to abuse, and up to four times more likely to experience abuse than children without disabilities. Despite this, there is only limited research into the intersection of disability and abuse, especially research involving disabled survivors.

We know from what survivors have told us that disabled children experience the same types of abuse as any other children, but it can go on for longer because the perpetrator exercises more control and can be very manipulative towards the child and other adults.

Here are some of the types of abuse survivors with disabilities have disclosed to us:

- Physical abuse - such as the inappropriate use of restraints with a child who has seizures, hitting, pinching, biting, spitting on them or in their food.
- Emotional abuse - being told they are a burden or worthless, that they are not worth the trouble, bullying, name-calling.
- Sexual abuse - being touched inappropriately whilst being helped with bathing or dressing, being made to touch the abusers' or another child's genitals, being raped.
- Neglect – being denied food or medication, being locked alone in a room for long periods, not being allowed to use communication or mobility aids.
- Financial abuse – having another person take control of their money, not being allowed to access their money, having another person accepting money for things that the survivor needs and spending it on something for themselves.

We understand that not all disabilities are visible, and physical and mental disabilities may be treated very differently. If you had a disability in childhood, you may have been routinely excluded from group activities at school or been accompanied by an adult most of the time. This could have made it harder to form friendships with other children. This, and the many negative and cruel stereotypes about living with a disability are very isolating, making it difficult to find someone you trust enough to talk to.

Abusers take advantage of the innocent and trusting nature of children. They manipulate other adults and create situations where they can carry out abuse. It can be really upsetting for other adults if they were not able to protect you, but it is important to remember that it is the abuser who is at fault. It is only them who is to blame.



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Betrayal trauma

When abuse is perpetrated by an adult with caring responsibilities, there is often betrayal trauma.

This can be a parent, sibling, friend of the family, or a professional care provider.

There may have been other people your family trusted to help with your care and education, both adults and other children. If a trusted person abuses you, it can be particularly hurtful, and more difficult to tell someone, especially if this trusted person is praised for being helpful. It is like being hurt twice - first for the abuse and then for telling people that their trust has been betrayed.

It is not fair, and it is not right that this happened to you. You deserve to have care without abuse.

It is deeply upsetting when people are betrayed. It can be painful for a family or whole community to find out someone manipulated them to abuse you.

Abuse is always the fault of the perpetrator. Listening to survivors has taught us that it is possible to recover and heal if you can find the right type of support for as long as you need it. Talking with others is an important first step but it might take a few attempts to find the right type of support for you, so keep trying if it does not work the first time.





Institutions and child protection

Growing up with a disability could have put you in contact with a lot of different adults. There may have been medical visits, care appointments, and possibly visits by child protection services too. A lot of appointments, waiting rooms and corridors.

We also hear from survivors of abuse in institutions. Institutionalisation of children with physical and mental disabilities was very common until late last century. Unfortunately, many children were abused whilst in care. The use of physical restraints, withholding medications and tormenting children were common, often justified as ways to control unwanted behaviours. This is now recognised for what it was - abuse. If this happened to you, it was a form of abuse.

This is important historical context, and we appreciate you may have very real and valid reasons to be wary about trusting professionals.



*Abuse is always the fault
of the perpetrator.*



Benefits and assessments

We regularly hear from people who are concerned about disability assessments for benefits such as personal independence payments, income support, employment and support allowance, and other forms of benefits and income support.

We understand these assessments can be very stressful, and sometimes triggering.

It is important to remember that you can talk about your mental health needs as well as physical health needs, and you are entitled to do this and should be empowered to have those conversations.

If you are concerned about experiencing extreme distress or flashbacks you can talk to your GP about this, and have it recorded. We know from other survivors that a letter from your GP to the assessor about your mental health concerns and needs can help. You can also ask for support during these meetings to help with your mental health, as well as for your physical health needs.

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Work and reasonable adjustments

You have the right to reasonable adjustments being made at school or in a work environment. These adjustments should enable you to study or work in a more comfortable and effective manner.

A 'reasonable adjustment' is a change to remove or reduce the effect of your disability so you can perform a job. This includes removing physical barriers or providing additional support. Physical barriers can be removed by widening a doorway, adding a ramp, or adding high contrast decoration. Additional support includes sharing some tasks with a colleague, having a support worker accompany you for off-site visits, or allowing private phone calls to a support worker during the day.

If you experience mental distress related to a disability or what happened to you in childhood, this counts as a mental health condition, and you can ask for it to be accommodated.

You may have to ask for reasonable adjustments, and each school and employer will have a different approach, especially if some of your needs are hidden. It can be easier for an employer to see a ramp will help if you use a wheelchair but may not understand about needing to call a support worker during the day to help manage trauma or distress.

You do not need to disclose the cause of the symptoms, but it can help to talk this through with your GP or someone compassionate and understanding. It may help to have a letter from your GP outlining how adjustments will benefit you, especially if you need to ask for the adjustments, or have a support worker accompany you to a meeting so they can lend their professional opinion on your behalf.



Making a disclosure

At NAPAC we have heard from many disabled people who suffered abuse in childhood. These survivors often tell us that they have only recently been able to talk about what happened because they can see with an adult perspective that what they experienced was wrong.

Survivors with disabilities have told us how difficult it was for them to make a disclosure. This has been for a wide range of reasons. Sometimes there were no trusted adults they could communicate with in the right way. Many felt isolated or were not asked why they were upset or angry when they were trying to express their frustration and pain.

Sometimes adult carers do not respond appropriately, finding it easier to minimise the seriousness of the problem. This can be by saying that nothing serious happened, that the child misunderstood an act of care as abusive, or believing a perpetrator's lies and denial.

You may feel revictimised by disbelief even many years later, in adulthood. It hurts when people cannot accept the truth. The disbelief is their failure and not your fault.

Some survivors did tell someone whilst the abuse was happening, such as another child or a parent or carer, and even if this resulted in the abuse stopping, they have still needed support as adults. There is no time limit on needing support. You may find it helps to re-read this booklet several times before disclosing to someone or contacting NAPAC. It is ok to need time, and it is ok to need support.





Communication tools and interpreters

If you had a condition that influenced the way you communicate, such as being deaf, you might have learnt Makaton and British Sign Language. Sometimes this is taught instead of spoken and written English. You may also have used communication aids, like a hearing aid, picture boards, or a voice output device.

An independent, registered interpreter being available for deaf survivors is important for making a disclosure or reporting abuse to the police, and if reporting to the police they can provide an interpreter service.

Not having a professional interpreter can be a significant risk and barrier to making a disclosure. For example, if a child were to be interpreted by their parents but the parents were the abusers. A professional interpreter will be familiar with the legal terminology used and be able to interpret for you more accurately.

It is important when accessing support services that they can work at your pace and are willing to use the tools that enable you to communicate independently. Unfortunately, not all professionals are disability-aware, or trauma-informed, and it may take a few tries to find someone able to provide appropriate support in the right way.



It hurts when people cannot accept the truth.

Social and medical models

You may have often encountered services that are based on either the medical model or social model of disability. These models are generalised ways of looking at disability and impact how you are thought of and treated.

The medical model focuses on a person's diagnosis and what treatment is needed.

The social model focuses on a community and what adaptations can be made.

Neither model is ideal, and at different times you will have different priorities, sometimes about your individual medical needs, and other times about accessing services, sports, or work.

These models often work better together, for example, if you use a wheelchair to get about (medical model) and use ramps to enter a building (social model).

If you have relied on people who believe strongly in the medical model you may have heard "what is wrong with you" over and over. It can be exhausting repeating diagnoses and feel very dehumanising, as though the only thing they want to know about is the disability and not the person. Being a survivor can feel like that too, especially if you are asked to keep retelling your story. We understand that sometimes you need to talk about how you feel, not just what happened.

If you have worked with people who believe in the social model this may be similarly exhausting because of the extra effort required to have your individual needs recognised. They might point out all the things you can use but be too shy to ask if the equipment is appropriate for you. Perhaps they are more comfortable ignoring that you have a disability, which can be dehumanising too.

Disclosing abuse is very personal, and it can help to be treated as your whole self. Talking with someone who is independent but caring, who is both disability-aware and trauma-informed can be a huge relief. It can be the start of recovery.

Impact of abuse

From the point of view of the child, if it felt like abuse then it was abuse. If what happened to you feels like abuse, we believe it was abuse.

You might remember having strong reactions to well-meaning and appropriate boundary setting that was not done with malice when you were a child, and these reactions might have been because you had been hurt by someone acting inappropriately in a similar setting. Those were times someone might have asked what had happened to upset you.

The emotional impact is more important than the intent when the actions cause feelings of harm. Abuse that lasts months or years can impact our emotional and cognitive development. One isolated incident of abuse can also have a serious and long-lasting impact too.

All abuse is serious.

Feeling very angry or very sad is a normal reaction to abuse. It can be difficult to explain why you are feeling that way, especially if you need to use a communication aid. It is ok to ask for what you need, and to be supported by someone who will work at your pace.

It is always possible to work through what happened and recover with the right support.

A collection of various seashells and smooth stones in shades of red, yellow, purple, green, and white, arranged on a light-colored wooden surface. The shells vary in size and shape, including scallop shells and spiral shells. The stones are smooth and rounded.

Abuse that lasts months or years can impact our emotional and cognitive development.

Gender and sexuality

In general, women and girls suffer more instances of sexual abuse than men and boys. But for disabled children, it is almost as common for boys to be abused as girls.

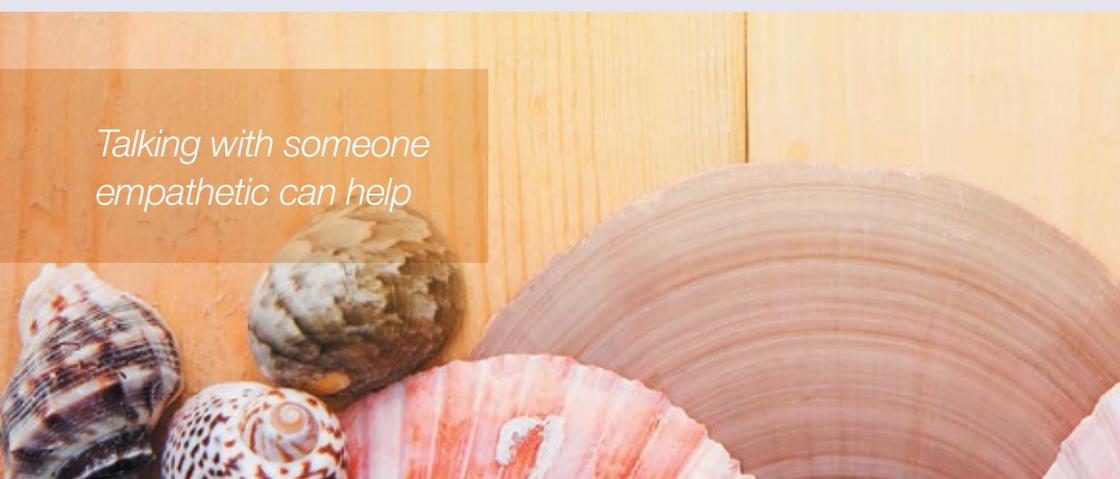
The perpetrators of abuse can be men or women or boys or girls. Assumptions about who is a perpetrator and who is abused can minimise the complexities of the situation, downplaying the harm caused by the abuse and obscuring what really happened.

We should not make assumptions based on gender. Instead, we can look at what happened in the context of power dynamics, which can help us see things as they really are, and how they really were in our childhood.

It is important to know that however others treat us does not change our gender identity or sexuality but can make it harder to feel comfortable with ourselves and others, especially before having access to support.

Talking with someone empathetic can help make sense of why some things have affected us so deeply, for however long, and help us in our recovery.

NAPAC is here for all survivors of abuse; men, women, cis, trans, nonbinary, and agender people. You do not have to disclose your gender, sexuality, or disability status to access our services, but you can tell us if there is anything that will help us support you more effectively.

A photograph of several seashells of various colors and patterns, including a large pink and white striped shell, resting on a light-colored wooden surface. The shells are arranged in the bottom right corner of the page.

*Talking with someone
empathetic can help*

Recovery and healing

The first step to finding the right support to achieve healing and recovery is talking it all through with a trusted person. This can be a medical professional, social worker, therapist, or simply someone who is compassionate. The NAPAC support line (telephone and email) is available for these conversations and our staff are fully trained to listen and suggest options.

Working through any type of trauma history is hard work. It can take a long time if the childhood circumstances were complicated, which they often are, and may challenge our self-image and beliefs. As adults we learn to be less vulnerable than we were as children, but we must acknowledge our past vulnerabilities to work through traumatic memories towards a resolution.

NAPAC is here to support all adults who have been affected by abuse in childhood, regardless of gender, race, religious beliefs, sexual orientation or age. We are trauma-informed and disability aware.

You are not alone.



NAPAC is here for all adults affected by abuse.



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Charity No 1069802

Scottish charity No SC049296

Company No 3565696