Contextualising disabled children and child protection through Goffman's frame analysis

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Presentation content

- Abuse/protection of disabled children
- Goffman’s frame analysis
- Ways of framing disability
- Scottish Government study
- Ways of framing disabled children and implications for child protection
- Other aspects of framing
- Conclusion
Abuse of disabled children

- 3–4 times higher than non-disabled children (Jones et al 2012, Schenkel et al 2014, Duan et al 2015, Reiter et al. 2007)

- Those with communication impairments, intellectual disabilities or ‘behavioural disorders’ at increased risk (Stalker & McArthur 2012)

- 27% disabled children experience more than one form (Jones et al 2012)

- Evidence of under-reporting (Franklin 2015, Brandon 2012, Hershkowitz 2007)
Abuse of disabled children

- Differs from abuse of non-disabled children
  - age
  - gender
  - perpetrators (Sullivan & Knutson 1990, Miller & Brown 2014)

Vulnerable to abuse in care settings (Biehal 2014; Sullivan 2009, Lerpiniere et al 2013).
Goffman’s Frame Analysis (1974)

- *What is it that is going on here?* How people make sense of what goes on around them

- ‘Strips’ of activity (snapshots)

- Drew on Schutz’s ‘ideal types’ (1967)

- Keying’ –transforms activity into something based on original but different
Goffman’s Frame Analysis (1974)

- Misframings – errors, ambiguities
  - frame disputes

- Fabrication – deception, delusion, illusion
Framing disability

- Individual (medical) model
- Social model (Oliver 1990, Oliver and Barnes 2012)
A quick recap

- Higher prevalence of abuse of disabled children
- Frames are ‘definitions of a situation by which we organise our knowledge and perceptions of goings-on around us’ (Burns 1992)
- Different models of disability
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Aim – to examine how public services identify/support disabled children at risk of abuse or neglect.

In-depth interviews with 21 professionals in six local authorities

Focus groups with CPCs in five of these LAs (40 participants)
Disabled children framed as different/other

- Focus on impairment, losing sight of child
- Communication seen as problematic
- Disabled children not our responsibility
- Over empathising with parents > higher thresholds applied than for other children
- Low priority, inadequate resources
  >>> all leading to risk of less protection
Disabled children framed as different /other

“... If you can’t open a dialogue with a child then you just kind of give up”
(Social worker)
“And I think sometimes there are children that come in, I can think of them in wheelchairs and stuff, who've got bruises and things, and actually at the end of the day when we've explored it further, they probably have been slapped and roughly handled, but I think it’s difficult and I think there's always this emotional thing with people about you don't want to accuse carers because they have a difficult time looking after their children who've got gross disabilities”

(Hospital consultant).
Disabled children framed as the same as any others

- Child–centred, inclusive frame
- Loses sight of impairment effects
- Same threshold applied as for other children
- Generic child protection training provided

>>> all leading to risk of less protection
“Communication impairment?”
I don't know what that is, don't recognise it. I think people have difficulty communicating within a bigger spectrum of [factors]”
(CPC member)
Disabled children framed as equal and different

- Child-centred and rights frames, taking account of impairment effects, material barriers and psycho-emotional disablism (Thomas 2007)

- Professionals' responsibility to address barriers and provide ‘reasonable adjustments’

- Time needed to build rapport and communication adapted to seek child’s views

- Staff need specific training and skills

- Lower thresholds applied

>>> should all lead to better protection
Disabled children framed as equal and different

“If you start off from a position where communication is problematic, then I think there are people who are going to be subject to abuse that we are not aware of and that worries me a great deal”.

(Social Worker)
Disabled children framed as equal and different

“Just seeing the child for who he is... engaging with the child and relating to him as a wee person in his own right... I just tried to enter his wee world and took the lead from him.”

(Third sector worker)
Case example of Tom, aged 11

- Living with dad and brother > some concerns
- Difficulties with eating, impulse control
- Neighbours’ complaints > threat of eviction
- Different framings of Tom by community/housing officer (‘different/other’), Dad (‘the same’) and third sector worker (‘equal and different’).
Other aspects of framing

- **Misframings**
  - Error – eg: no conclusive evidence about abuse of disabled children
  - Ambiguity – eg: uncertainty re risks facing disabled children
  - eg: Misidentification – eg: focus on parents' need at expense of child’s

- **Fabrication**
  - Delusion: eg: telling oneself disabled children well protected through using services
  - Deception: parents talking down a child’s ability or inventing school phobia
Conclusions

- The way practitioners frame disabled children can lead to more or less awareness of risk and level of protection.

- Social relational model provides the most useful disability frame for protecting disabled children.

- Abuse of disabled children may often go undetected.

- Where it is detected, children may not be referred to child protection services.

- If they are referred, they may be relatively invisible in terms of voice and professional priority – in Scotland and elsewhere.

- Some good work going on but considerable development is required for services to fully meet disabled children’s needs.

- Child protection must be informed by international rights conventions and national equality legislation.
Find out more...

Our literature review
- http://strathprints.strath.ac.uk/27452

Our full research report
- http://www.scotland.gov.uk/Publications/2014/04/4363/0

Our NSPCC report of children’s experiences