



# **Domestic Abuse, Sexual Violence & Women with Learning Disabilities, Autism or Both**

*A Guide for Social Care Services*

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# Introduction

People with learning disabilities are three times more likely to experience domestic abuse, and in the last year alone it has happened to nearly 1 in every 5 people. [ONS, 2021]

A survey by the Us Too project carried out amongst girls and women with learning disabilities, autism or both found that:

- 17% think it is OK if their partner assaults them, but then says sorry and buys them chocolates.
- 18% think it is OK if their partner tells them what to do the whole time.
- 31% have never heard of domestic abuse.
- 100% don't know how to contact their local domestic abuse services.

The Us Too team was a group of women with learning disabilities, autism or both who had experienced domestic abuse and/or sexual violence. Their key messages for their peers and professionals are:

- Know the warning signs.
- Know where you can get help.
- Make sure you are heard.
- It might make you feel guilty, ashamed, or dirty, but . . .
- **It is not your fault and . . .**
- **You are not alone!**

Us Too was run by ARC England, funded by Comic Relief in March 2019 – 2021, and supported by the Women's Centre Cornwall (<https://www.womenscentrecornwall.org.uk>).

**ARC (Association for Real Change) is a leading umbrella body** representing service providers in the learning disability sector – our purpose is to improve the quality of life for people who have a learning disability by supporting anyone who is involved in the planning or delivery of support and services.

**We provide a range of services** such as high quality information, networking opportunities, learning disability training, qualifications, publications, and Disclosure checks.

**ARC is committed to promoting best practice** within the learning disability sector and we work with others such as the Department of Health, Skills for Care, Big Lottery Fund and Comic Relief through a range of projects.

## US TOO BUILT ON PREVIOUS ARC PROJECTS LED BY PEOPLE WITH LEARNING DISABILITIES:

- **Safety Net**, a project on mate crime (<https://arcengland.org.uk/project-resources/safety-net-project-resources/>)
- **Helping Each Other**, a project on sexual exploitation (<https://arcengland.org.uk/project-resources/helping-each-other-project-resources/>)
- **Get SMART**, a project on online radicalisation (<https://arcengland.org.uk/project-resources/get-smart-project-resources/>)

## THIS GUIDE HAS:

- A short introduction to the Us Too project and what we learned.
- An introduction to domestic abuse.
- How domestic abuse impacts on women with learning disabilities, autism or both, and what makes it more likely.
- Approaches to reduce domestic abuse.
- Information on what to do if it is happening.
- A model policy for learning disability, autism or both and Adult Social Care (ASC) services on domestic abuse.
- Sources of support and other resources.

**A note on terminology:** *The project mostly worked with women, but also delivered training to girls as young as 12. For the sake of brevity the term 'women' is used to include girls.*

# The Us Too Project

Us Too followed work developed with the Women's Centre Cornwall, which resulted in the 'Divas' peer-led project, in which women with learning disabilities, autism or both trained Police officers in Cornwall and Devon about domestic abuse/sexual violence (DA/SV), largely drawing on their own experiences.

The Us Too project recruited a team of women with learning disabilities, autism or both, most of whom were survivors of various forms of DA/SV. The team were supported to share their experiences and use them as a basis for devising learning packages for:

- Girls and women with learning disabilities, autism or both on how to stay safe in relationships.
- Social care and social work professionals on how to keep women safe.
- DA/SV services on how to improve accessibility of their services to women with learning disabilities, autism or both.

## WORKSHOPS WERE DELIVERED TO:

- 133 girls and women with learning disabilities, autism or both in schools, colleges, employment projects and day services.
- 178 social work and social care professionals working for local authorities and the independent sector.
- 89 DA/SV professionals in services across Cornwall and Devon.

These were mostly face to face, but after the intervention of coronavirus, the team adapted its training for online purposes and completed a number of webinars and recorded sessions. There were significant challenges in delivering peer education workshops online, and a separate report covering that part of the project is available on the ARC website: <https://arcengland.org.uk/project-resources/the-us-too-project/online-peer-education/>

Teaching plans, materials, and resources used in these workshops can be found on the ARC website: <https://arcengland.org.uk/project-resources/the-us-too-project/us-too-project-resources/>



# Domestic Abuse & Sexual Violence

## WHAT IS DOMESTIC ABUSE?

**The Government definition runs:** Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

*Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.*

This is very comprehensive, but daunting for most people, especially those with learning disabilities. One sentence alone runs to 47 words.

In order to make it comprehensible for other women with learning disabilities the team devised this easier-read definition - If someone very close to you keeps doing any of these things:

- Hurts you
- Is cruel to you
- Threatens you
- Tells you what to do all the time
- Takes your money
- Makes you have sex when you don't want to . . .

. . . it might be Domestic Abuse.

This omits some of the concepts and subtleties, especially the 'how' and the 'why' in the Home Office definition. However, the team felt as though it gave us a starting point for discussion in workshops, which could be further elaborated on an opportunistic basis.

## WHAT WE KNOW ABOUT DOMESTIC ABUSE

**Key statistics about domestic abuse in England and Wales. Extract from Safe Lives website <https://safelives.org.uk/policy-evidence/about-domestic-abuse>:**

- Each year nearly 2 million people in the UK suffer some form of domestic abuse - 1.3 million female victims (8.2% of the population) and 600,000 male victims (4%)
- Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse
- Women are much more likely than men to be the victims of **high risk or severe** domestic abuse.
- On average victims at high risk of serious harm or murder live with domestic abuse for 2-3 years before getting help.
- 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse.

Public Health England (2015) also report that **disabled people:**

- experience disproportionately higher rates of domestic abuse.
- experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people.
- encounter differing dynamics of domestic abuse, which may include more severe coercion and control, or abuse from carers.

The Office for National Statistics (2021) found that:

- Around 1 in 7 (14.3%) disabled people aged 16 to 59 years in England and Wales experienced domestic abuse in the last 12 months, compared with about 1 in 20 (5.1%) non-disabled people.
- Disabled women (17.5%) were more than twice as likely to experience domestic abuse in the last year than non-disabled women (6.7%) (year ending March 2020).
- People with learning disabilities are amongst the groups having the highest rates at 19.1%

**In other words, people with learning disabilities are three times more likely to experience domestic abuse, and in the last year alone it has happened to nearly 1 in every 5 people.**

## INDICATORS OF ABUSE (HOW DO WE KNOW IT IS HAPPENING?)

The Us Too team discussed their own experiences. They were asked, “How do you think other people could have known what was happening to you?” They said:

- ➔ “I wasn’t behaving like myself.”
- ➔ “I stopped doing what I normally do.”
- ➔ “I was very protective of him.”
- ➔ “I isolated myself from my family. Missing family occasions.”
- ➔ “My flat was a mess, which isn’t me.”
- ➔ “I changed my appearance and clothes.”
- ➔ “I was doing anything to keep him happy.”
- ➔ “I stopped eating.”
- ➔ “I told someone at church.”

The team also asked professionals about the indicators they looked for, and their answers were very similar. These were the top ten:

- 1) Changes: to people’s eating habits; appearance; social group; behaviour; personality; hygiene.
- 2) Bruising/physical injuries.
- 3) Lack of money.
- 4) Withdrawal.
- 5) Social isolation.
- 6) Depression/anxiety.
- 7) Poor hygiene.
- 8) Eating habits (weight loss or gain).
- 9) Baggy clothing.
- 10) Pregnancies and miscarriages or terminations.



# Domestic Abuse & Women/Girls with Learning Disabilities, Autism or Both

Public Health England [2015] reports that:

“ . . . disabled people face specific risks. They are often in particularly vulnerable circumstances that may reduce their ability to defend themselves, or to recognise, report and escape abuse. Impairment can create social isolation, which, along with the need for assistance with health and care and the potential increased situational vulnerabilities, raises the risk of domestic abuse for disabled people.

“Physical and environment inaccessibility, stigma and discrimination can also exclude and isolate them. Their reliance on care increases the situational vulnerability to other people’s controlling behaviour and can exacerbate difficulties in leaving an abusive situation.”

“Not only do disabled people experience higher rates of domestic abuse, they also experience more barriers to accessing support, such as health and social care services and domestic abuse services.”

## WHAT MAKES IT MORE LIKELY?

The Us Too team talked about their own life experiences and why they thought having a learning disability, autism or both makes it more likely that domestic abuse will happen to you. They said:

### ‘We have had poor sex education’

Team members said they have received little or no sex and relationship education during formal education. Any they had received was poor and confusing. It had not continued into adulthood.

### ‘We are often overprotected’

Women often continued to be treated as children well into adulthood. This included being sheltered from opportunities to learn from experience and from ‘difficult’ subjects like sex and abuse.

### ‘We may not know it is wrong’

Owing to the lack of education and experience women had little knowledge of what to expect in a relationship and what the ‘rules’ were.

### ‘We may not know how to report’

As indicated in the introduction, the experience of the project was that women had no idea how to contact DA/SV

services independently. When asked about local services a frequent response was, “I didn’t know there were any.” Most recognised a need to report to the Police if they felt in danger, but many local Police stations are now either closed to the public or operating restricted hours. Furthermore, online reporting is now encouraged widely, but inaccessible to many people with learning disabilities, autism or both owing to the ‘digital deficit’ and/or websites that demand significant literacy and online navigation skills.

## ‘We are not listened to’

When women did manage to report (often to family or carers) they were frequently ignored, or the abuse was minimised.

## ‘Our disclosures (verbal and non-verbal) can be thought of as part of disability’

This was particularly true for women with more significant disabilities, whose disclosures may come in the form of what is then interpreted as ‘challenging behaviour’ rather than communication about abuse and trauma.

## ‘We don’t bother reporting’

All of the above then lead to a feeling of ‘why bother?’ on future occasions. Low reporting figures then mean that the issue continues to be unrecognised and under-resourced.

## ‘We can be reliant on the perpetrators’

Many of the women were financially and practically dependent on their partner and at a pre-existing disadvantage in a power relationship.

## ‘We don’t have the words for it’

Women lacked the language to describe their experiences, couldn’t use or access a phone, or didn’t have the language skills to read literature from services or make a report.

## ‘Our supporters have not been trained’

Whilst safeguarding training was very common for front line staff we found very little evidence of specific training about domestic abuse.

## ‘The Police don’t think it happens to us’

Historically the Police response to Domestic Abuse has been poor, and the response to survivors with learning disabilities even worse. Amongst the group only one woman had a positive experience of interaction with the Police, and even then no criminal charges were forthcoming even though that was her desired outcome.

People with learning disabilities are still often viewed as being unreliable witnesses (by both the Police and the Crown Prosecution Service), with their cases rarely taken seriously and vigorously prosecuted.

## ‘DA/SV services don’t meet our needs’

Our experience of working with a majority of DA/SV services in the far south west was that only one had had any specialist training concerning the needs of women with learning disabilities and/or autism.

Few DA/SV services have High St premises where people can drop in and report face to face, and (even if they did) some lack the relevant verbal communication skills.

## ‘We may lack the confidence’

Even when women had the skills and knowledge of how to report they still frequently lacked the confidence to go through with disclosure.

## ‘Abuse is ‘normal’ to us’

Everyday abuses are so common for people (especially women) with learning disabilities, autism or both that it has become normalised. People’s boundaries regarding what constitutes cause for comment or complaint have shifted far beyond what most people would consider acceptable.

## ‘Many of us have ‘learned compliance’

Society and services, historically, have conditioned people with learning disabilities to be acquiescent and to do what is expected of them. The result of this is that people have become eager to please in order to avoid ‘punishment’.

## ‘Some of us have difficulties making relationships’

Very few people with learning disabilities, autism or both have others in their life who are not family or paid to be with them. The human drive towards relationships means that often people will accept any offer rather than being alone.

## ‘Some of us can miss the social signals’

It can be hard, particularly for people on the autistic spectrum, to ‘read’ others intentions, and to distinguish between what a person says and what they do or how they act in different settings (e.g. with friends in the pub and a partner at home). Perpetrators of abuse frequently exploit this gap to ‘moonlight’ their victims.

## ‘We may have low self esteem’

Owing to many of the issues outlined above, people with learning disabilities, autism or both may feel that an abusive relationship is the best they can hope for, and even what they ‘deserve’.

Through their training workshops, the Us Too team also asked professionals for their thoughts. Again, there was a large degree of overlap. These were their top ten:

- 1) Limited communication skills.
- 2) People are more trusting/naïve.
- 3) People with learning disabilities, autism or both are specifically targeted.
- 4) Abuse is normalised.
- 5) Lack of education, especially about domestic abuse.
- 6) Desire to be ‘normal’ (be in love, have a relationship)
- 7) Understanding of what is OK/not OK in a relationship.
- 8) Isolation and loneliness.
- 9) Compliance.
- 10) Any relationship is better than no relationship



# Tackling Domestic Abuse and Sexual Violence

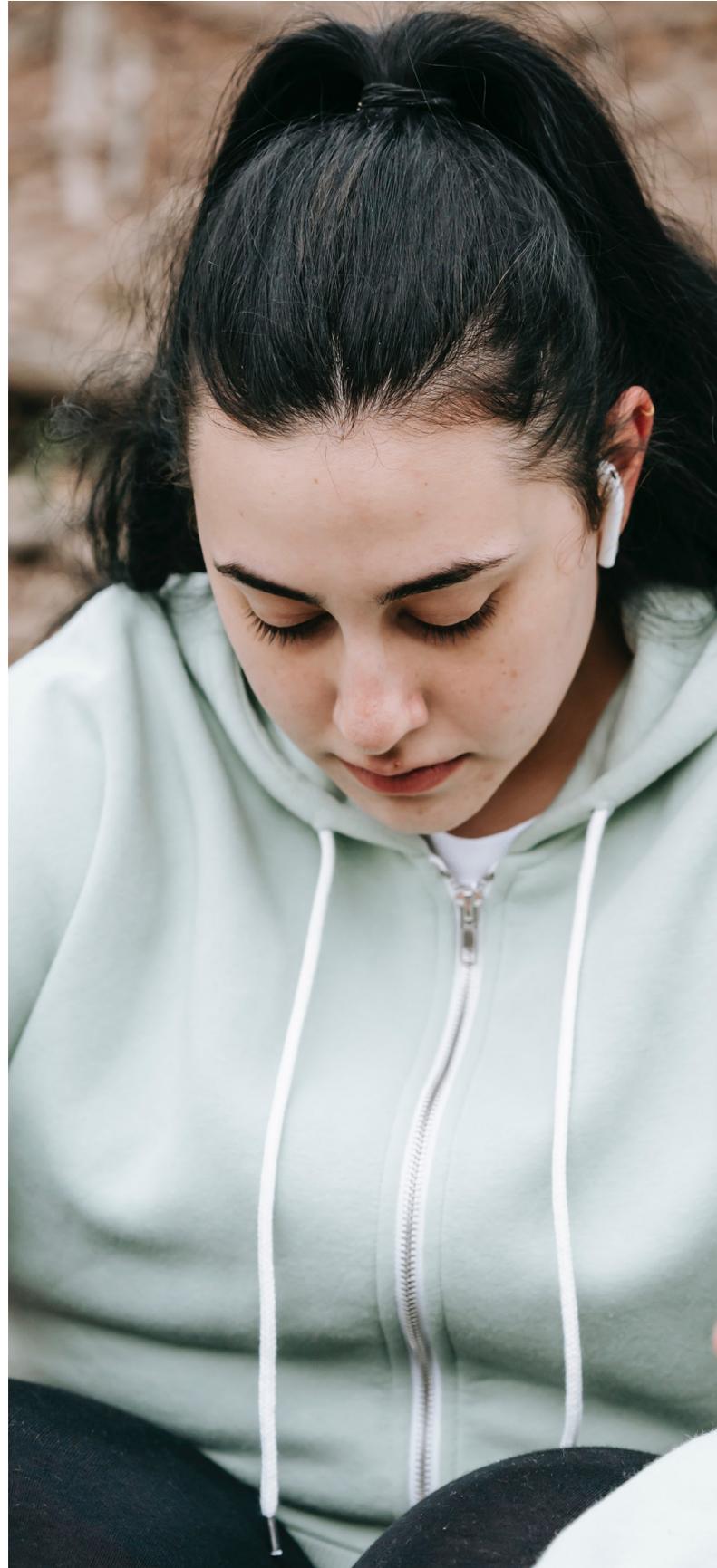
## PRINCIPLES OF APPROACH TO DOMESTIC ABUSE

Us Too believes that social care providers' approach to the prevention and handling of abuse should be informed by our common core principles of care:

- Person-centred
- Confidentiality
- Choice
- Control
- Respect
- Equality of treatment
- Empowerment

## USE THESE PRINCIPLES TO ADDRESS THE CONCERNS RAISED BY WOMEN IN THE US TOO TEAM ABOVE (PAGES 8 – 10):

- 1) Provide sex and relationships education throughout people's lives, including about domestic abuse, sexual violence and how to report it.
- 2) Support people to take control of their own lives.
- 3) Enable positive risk taking so that people gain experience in evaluating risk and learning from it.
- 4) Believe that domestic abuse happens widely, is often normalised in the lives of people with learning disabilities, autism or both and act on your suspicions.
- 5) Believe people when they tell you they are being, or have been, abused.
- 6) Work with people on their confidence and self-esteem.
- 7) Develop your awareness and address the power dynamics in people's relationships.
- 8) Be wary of perpetuating learned compliance.



# Approaches That Make It Less Likely

At the Us Too workshops for professionals we discussed how to develop a preventative service in which domestic abuse would be less likely to happen.

## THE SUGGESTIONS WE GENERATED WERE:

- Encourage, support and enable positive relationships for people who use your services
- Learning about and developing positive intimate relationships is a basic human right and makes abusive relationships far less likely.

There are many good resources, advice, guidance and an invaluable network here: <https://www.choicesupport.org.uk/about-us/what-we-do/supported-loving>

Us Too recommend joining the Facebook group.

## SERVICE CULTURE

- Have an open service culture. No 'secrets', no taboos.
- Talk about Domestic Abuse. Acknowledge that it happens; it happens a lot, and that if you have a learning disability, autism or both you are at particular risk.
- Raise awareness across the service: amongst people who use services, staff, carers/families, other agencies and professionals.
- Encourage the reporting of suspicions and act on them. The history of abuse scandals teaches that when people have suspicions their instinct is to wait for the final, incontrovertible piece of evidence that never comes.

## RELATIONSHIPS WITH INDIVIDUALS

- Don't be afraid to ask direct questions, and have the difficult conversations, about people's relationships if you have suspicions. Ask 'How are things at home?' to prompt reveals. You don't need to and shouldn't prompt any more than that, but asking that simple question every so often can make a difference.
- Build trust so that people feel able to talk freely about difficult and painful situations.
- Be available and make time. People's disclosure decisions are unlikely to fit your shift pattern. Disclosures take time and demand patience.
- Be constantly vigilant about power dynamics and learned compliance. Think about how people can be empowered. Foreground and discuss the power relationship within your team and with individuals.

## TAKE PERSONAL RESPONSIBILITY

- Know where you can get help and where to signpost (helplines etc.).
- Act on disclosures and suspicions, and follow through if no action is taken.
- Whistleblow if necessary. Escalate through higher tier management in your organisation, or step outside to CQC or Safeguarding.

## PROVIDE RESOURCES

- Have an abuse champion in your service. Someone who has had further training, has access to resources, and who has built relationships with specialist services.
- Provide safe and comfortable places to talk.
- Encourage the use of personal alarms/apps.

## APPLY CORE PRINCIPLES

- Support people to have as much control in their lives as possible, and that they are comfortable with.
- Explain people's choices, and respect those choices (assuming they have capacity) or act in their best interests.
- Be person-centred.

## BUILD RELATIONSHIPS WITH LOCAL DOMESTIC ABUSE & SEXUAL VIOLENCE SERVICES

- In our experience they will be delighted to hear from you. They are aware of the higher degree of risk for people with learning disabilities, autism or both, and want to help but often feel unskilled.
- Be a resource to each other.
- Support them on accessibility issues.
- Help them build a case for more work, and tailored work, with people with learning disabilities, autism or both, built on reasonable adjustments.

There is further useful advice in this report from the USA:

<https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>



# What To Do If It Is Already Happening or May Be Happening

Zero tolerance. An acceptance of apparently low-level abuse from a partner will ultimately, if allowed to continue, lead to a damaging culture and complicity in abuse. It is important that all abuse is recognised and addressed.

## RECOGNISING SIGNS OF ABUSE

Think about the indicators listed on page 7. Being alert to abuse means:

- Thinking about what you see and hear, analysing it in the context of domestic abuse/sexual violence, and judging whether it is acceptable conduct.
- Taking seriously what you are told and acting promptly.
- Taking the time to explore the issues behind frequent requests for help or other presenting problems.
- Being alert to signals or non-verbal communication or challenging behaviour, and aware this could indicate whether domestic abuse is being hidden or denied.

## MANY INCIDENTS OF ABUSE ARE IDENTIFIED WHEN THE ABUSED PERSON DISCLOSES THE INFORMATION THEMSELVES.

The abused person may not understand that they are being abused and so do not realise the significance of what they are telling you. Some disclosures happen many years after the abuse. There may be good reasons for this, e.g. the person they were afraid of is no longer in contact or part of their daily life.

## WHEN SOMEONE DISCLOSES TO YOU, REMEMBER YOU ARE NOT INVESTIGATING:

### DO:

- Stay calm and try not to react in such a way as to cause anxiety to the individual, i.e. shocked, appalled, hesitant
- Tell the person that:
  - They did a good / right thing in telling you
  - You are treating the information seriously
  - It was not their fault
- Listen very carefully
- Be empathetic
- Be **aware** of the possibility that medical evidence might be needed
- Explain that you must tell your Manager and that Safeguarding and the Police may be involved.

### DO NOT:

- Press the person for more details
- Promise to keep secrets (you can never keep this kind of information confidential)
- Pass on the information to anyone other than those with a legitimate “need to know”, most likely to be your Line Manager
- Make promises you cannot keep (such as I will never let this happen to you again)
- Contact the alleged abuser
- Be judgmental (e.g. “Why didn’t you run away?”)
- Gossip about abuse
- Stop someone when they are telling you what has happened to them as they may never tell you again.

## YOU MUST:

- Tell your manager regardless of what the person says
- Note what the person actually said using their own words and phrases
- Describe the circumstances in which the disclosure came about
- Note the setting and anyone else who was there at the time
- When appropriate use a body map to indicate the location of cuts, bruises and abrasions, noting in particular the colour of any bruising
- Make sure the information you write is factual. You may wish to indicate your own opinion or a third party's information. If you do, ensure the separation is made very clear
- Use a pen or biro with black ink so that the report can be photocopied and try to keep your writing clear
- Sign and date the report, noting the time and location. Be aware that your report may be needed later as part of a legal action or disciplinary procedure.

Your manager will contact the Department for Adult Social Care, or the local Primary Care or Acute Trust for Health and / or the police.

If you are unhappy reporting this to your manager, report to another appropriate person.



# The Mental Capacity Act and Domestic Abuse

Under the terms of the Mental Capacity Act (MCA) anyone with a learning disability, and many with autism, may need to have their capacity assessed for any major decisions they may need to make. This could include choosing to leave, or stay in, an abusive relationship or whether to report abuse to the Police.

A critical aspect of the MCA is that it dispenses with any notion of blanket assessments of capacity (i.e. you either have capacity as a whole, or you don't), and replaces it with capacity for specific decisions. That is to say that you may have capacity for some decisions but lack it for others. For example:

- you can have capacity to choose your own carpets, wall-paper and furniture, but lack capacity to sign a mortgage or tenancy agreement.
- you might be able choose to enter into a relationship, but lack capacity to stay in it if it becomes abusive.

The MCA also introduces the idea of decisions being time specific. This may mean that there are better times of the day, week or month for you when you have capacity, whilst you lack it at others. It also means that you can change your mind about a decision in the light of new information or changing circumstances. The MCA says that if a decision can reasonably wait until the person has capacity then we should wait.

## THE FIVE KEY PRINCIPLES OF THE MCA ARE:

### 1) ASSUMPTION OF CAPACITY

The starting point of the MCA is that everyone has capacity. The burden of proof is on demonstrating a lack of capacity if you believe that to be the case. Just because someone has a learning disability this does not mean they cannot make many (if not all) decisions in their lives, You will have to assess their capacity for each significant decision.

**Example:** *'Jay' is in an abusive relationship but shows no interest in leaving it. This does not mean Jay lacks capacity for that choice. However, we do need to be confident that she understands what abuse is, what the consequences are, and what choices she has.*

### 2) SUPPORTED DECISION-MAKING

A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success. For people with learning disabilities this may mean giving them information in an accessible format, and support to understand that.

**Example:** If we think that Jay does not understand the implications of staying in an abusive relationship our duty is to support her to think it through. This might mean explaining what abuse is and what can happen to people in abusive relationships. Practical steps might include accessible leaflets and videos, and plenty of time to process the information, talk to others and ask questions.

### 3) UNWISE DECISIONS

If people have capacity they are entitled to make choices that others would consider to be poor, as we all do. These are known 'unwise decisions'. We must be confident that the person had capacity for this decision, and it is free from coercion.

**Example:** *If we have done the work above and Jay decides to stay in the relationship that is her choice, even if we think it is an 'unwise decision'. However, that decision must be free from coercion from her partner, which takes skilled questioning and enquiry.*

If people appear to be ‘choosing’ an abusive relationship, good practice says we should:

- Ask: are we certain they have capacity for *that* decision at *that* time?
- Ask: is it free from coercion?
- Don't abandon them! Be sure they know how to contact you as and when they change their mind.
- Continue to make them aware of the risks, impact and mitigation strategies.
- We should agree a plan with them, including an escape plan if they arrive at a decision to leave.
- Review, record and report that plan.
- Help build their confidence and self esteem so they feel they are worth, and can do, better.

#### 4) BEST INTERESTS

If people lack capacity (and that has been demonstrated) then our duty is to act in their best interests.

**Example:** *If at any point it is deemed that Jay lacks or loses capacity to choose an abusive relationship then we can step in. Determining Jay's best interests would involve consulting with her (even though she lacks capacity), talking to others who know her well, and taking into account everything we know about Jay. Any best interests decision would mean ensuring the abuse stops.*

#### 5) LEAST RESTRICTIVE OPTION

When we act in people's interests, we must use the least restrictive option available.

**Example:** *Even though Jay is in an abusive relationship a best interests decision may not be for her to leave that relationship. If it was thought that Jay enjoyed the relationship, just not the abuse, and that suitable interventions with her partner meant that the abuse would stop, then this would be the least restrictive option.*

## ASSESSING FOR CAPACITY

In order for someone to make a lawful decision under the MCA we must know that the person can:

- 1) Understand the information given to them.
- 2) Retain the information long enough to make a decision.
- 3) Weigh up the information and the choice to be made.
- 4) Communicate their decision. This does not have to be in writing or even verbally, just in a format that is known to be reliable, which can mean as little as blinking for people lacking the physical capacity to talk.

Crucially, people must be able to attain all 4 steps to make a lawful decision.

## WHO CAN ASSESS CAPACITY?

The MCA Code of Practice says the person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made. This means that different people will be involved in assessing someone's capacity to make different decisions at different times.

## THE MCA CODE OF PRACTICE (NOW UNDER REVISION)

This is an excellent and accessible guide to the Act and can be found here: <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

## MENTAL CAPACITY AND COERCION

There is a good paper on the law on Mental Capacity and coercive control here: [https://coercivecontrol.ripfa.org.uk/wp-content/uploads/Guidance\\_sheet\\_two\\_Mental\\_capacity\\_and\\_coercion.pdf](https://coercivecontrol.ripfa.org.uk/wp-content/uploads/Guidance_sheet_two_Mental_capacity_and_coercion.pdf)

## EQUALITY ACT: 'REASONABLE ADJUSTMENTS'

Under the Equality Act 2010, organisations must make changes in their approach or provision to ensure that services are accessible to disabled people as well as everybody else. Social Care services could have a role in working in partnership with local domestic abuse/sexual violence services, supporting them to become more accessible to people with learning disabilities, autism or both.

## TRAINING FOR PEOPLE WITH LEARNING DISABILITIES, AUTISM OR BOTH

Training materials from the Us Too project can be found on the ARC website <https://arcengland.org.uk/project-resources/the-us-too-project/us-too-project-resources/>.

This now includes resources for delivering training online developed as part of the team's response to the Covid pandemic.

When thinking about training (especially if it is to be peer led) consider these issues:

## IS IT OK TO TALK ABOUT DOMESTIC ABUSE?

Early experience in the project suggested that this remains an issue for learning disability services. In our first wave of publicity offering free peer education workshops we received almost no response.

We subsequently issued a second round of publicity in which we removed the term 'domestic abuse' and instead talked about 'bad relationships', and the uptake increased dramatically.

There is a clear necessity to address this 'ostrich-position' reluctance and a need to ensure that people have the language to describe their experience to others, but we may also need to acknowledge that the terms 'domestic abuse' and 'sexual violence' can be frightening and may lead to denial. Hence, there may be a need to use softer approaches and introduce troubling terminology at a later stage. For example, the Us Too team described their mission as being:

**'How to get out of a bad relationship and have a happy life.'**

## WHEN IS A PEER A PEER?

A number of our early peer workshops were delivered to women with significant learning disabilities. Almost the whole of the Us Too team comprised women with milder learning disabilities, autism or both. In these cases the training team often struggled with communication.

The term 'peer' literally means 'equal', and peer education theory states the importance of commonalities. In this instance the commonalities were restricted to the label 'learning disability' and gender. Beyond this other critical commonalities around, for example, life experience were absent.

## GOOD SUPPORT FROM HOST ORGANISATIONS WAS CRITICAL

Before each peer education workshop the host organisation signed an agreement which included:

**'Each learner will have their own physical and communication needs. These will need to be met by the hosts.'**

In early workshops this was not always adhered to, so additional emails were sent in later stages.

Our experience was that, second only to the skills of the training team, the most important factor in the success of workshops was the quality of support offered by host organisations, which varied widely. The most important qualities demonstrated by the best staff were 'The 3 E's':

- ➔ Enthusiasm for the project and the learning,
- ➔ Empathy
- ➔ Energy.

## DISCLOSURES WERE FREQUENT IN ALL WORKSHOPS

... and went to team members, even in workshops for professionals. You need to be prepared for disclosures. Know your policy and ensure that support is in place for learners and trainers.

## HOW WE ENSURED TEAM MEMBERS WERE PROTECTED

Team members frequently shared their own experiences of abuse and its aftermath as part of the training. Every time this happened the women ran the risk of re-traumatisation. We developed extensive protocols to reduce the risk of this happening, and to ensure that a safety net was in place if it did. These included:

- 1) During our initial meetings we asked each team member to name at least two specific sources of support (e.g. family, partner, support staff, friend) and a means of contacting them so that we knew they had at least one person they could speak to 24/7.
- 2) Team members were in complete control about what was shared and when.

Staff training sessions involved semi-structured interviews with team members about their experiences. This did not involve people being asked details of the abuse, but sought to draw out the learning that professionals would find useful (e.g. how to encourage and react to disclosures). These interviews were planned, with questions agreed in advance, and rehearsed so that each woman knew roughly what she was going to say, and that the interviewer could prompt if necessary. During the set-up for each training session team members were reminded that the interviews would be happening, but that if they didn't want to share on that day that was their decision, and that would not be challenged. Immediately before each interview this was reiterated: "I am now going to ask you about what happened to you, is that OK? You do not have to answer any of my questions, and you can stop at any point. Is that OK?"

These semi-structured interviews were followed by questions from learners. Again, before that happened team members were asked if it was OK for people to ask questions, and that they did not have to answer any they didn't want to, and could stop at any moment.

At the end of each session team members were checked on, and asked who they were able to call if they got upset later, ensuring that there were at least two named supporters.

- 3) The team were also given free and unlimited access to independent supervision and counselling. Named supporters for team members were often family, care staff or project staff, all of whom could potentially have had vested interests, and/or were in a power relationship with team members. For that reason we paid a supervisor/counsellor who had no relationship to the project or any team members' support organisations, who was paid on an ad hoc basis as a recourse for any team member wanting to offload or discuss any issues arising from their project work, particularly in relationship to disclosures or their trauma.

See free resources on ARC website here:

<https://arcengland.org.uk/project-resources/the-us-too-project/us-too-project-resources/>

# Staff Training

## TRAINING

A minimum of (at least) basic training on Domestic Abuse/ Sexual Violence is recommended for **all** staff. People making disclosures will choose the person whom they most trust. This may well not be who you think it will be.

### TRAINING SHOULD COVER:

- Definitions and statistics
- Indicators
- Effects
- Learning disability and autism factors
- Action to take if you think it is happening
- Roles and responsibilities in a preventative service
- Where to get help (including local DA/SV services and national helplines)
- Your organisational policy

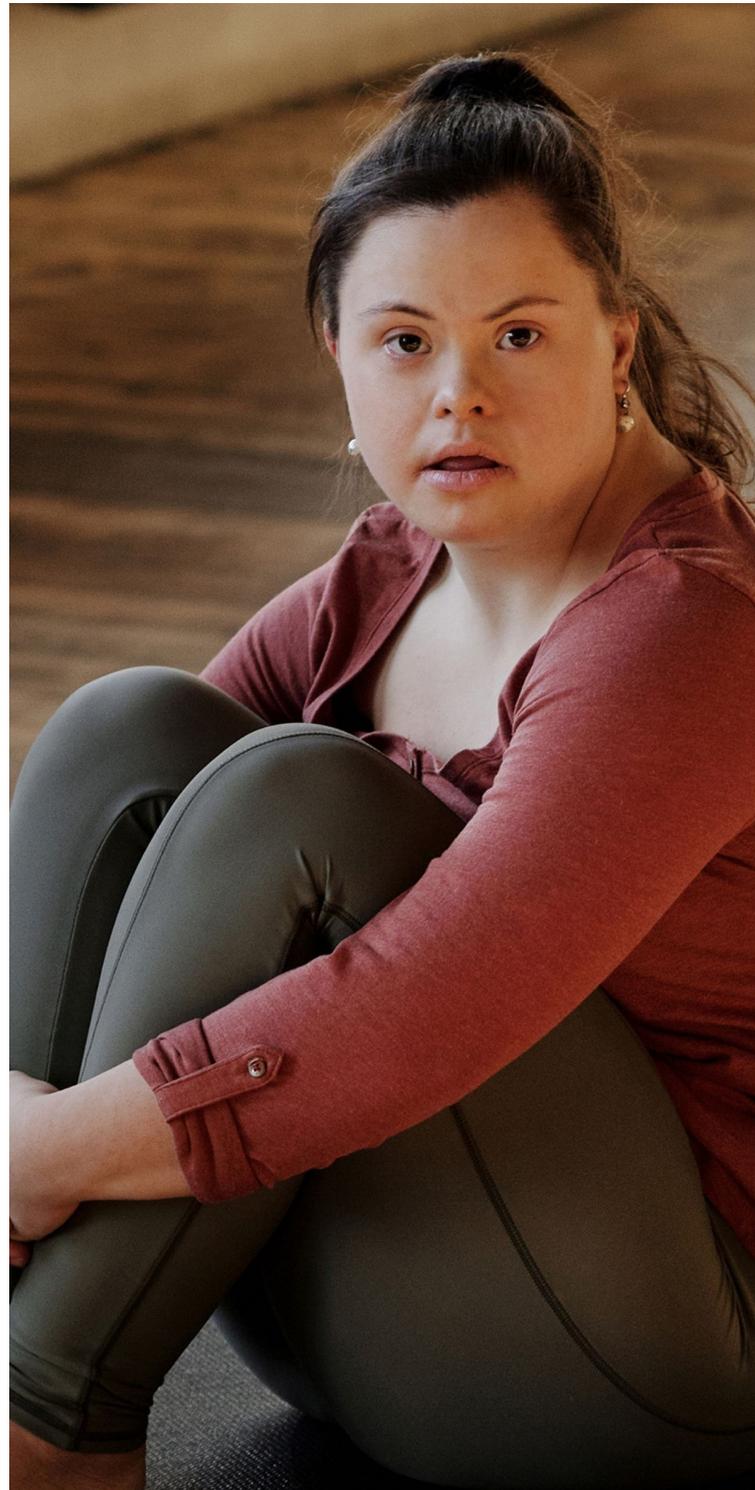
### IN PARTICULAR:

- Describe coercion
- Emphasise it can happen to anyone
- Promote local domestic abuse/sexual violence services
- Take care of your participants – it will have happened to some of them
- Include people with learning disabilities, autism or both as trainers.

Please see the free ARC staff training resources at <https://arcengland.org.uk/project-resources/the-us-too-project/us-too-project-resources/us-too-project-resources>

### MODEL POLICY

A model policy on Domestic Abuse & Sexual Violence was developed as part of the Us Too project, in partnership with Talkback UK, and can be found at : <https://arcengland.org.uk/wp-content/uploads/2021/06/Model-policy-on-Domestic-Abuse-Sexual-Violence-for-Learning-Disability-and-Autism-Services-June-2021-Final.docx>



# Sources of Help, Information and Further Reading

**Easy Read Self Help Guide** for people who have experienced sexual abuse.

SARSAS (Bristol): [www.sarsas.org.uk/wp-content/uploads/2020/03/SARSAS-Self-Help-Guide\\_Easy-Read20.pdf](http://www.sarsas.org.uk/wp-content/uploads/2020/03/SARSAS-Self-Help-Guide_Easy-Read20.pdf)

**Easy Read Guide to Sexual Consent.** SARSAS: [www.sarsas.org.uk/wp-content/uploads/2020/09/What-is-sexual-consent-Draft-23.11.17.pdf](http://www.sarsas.org.uk/wp-content/uploads/2020/09/What-is-sexual-consent-Draft-23.11.17.pdf)

**The SARSAS Youtube channel** includes films on:

- Sex and Relationships for People with Learning Disabilities and Autism by Dr Claire Bates: [www.youtube.com/watch?v=LcnjXqzhQeY](http://www.youtube.com/watch?v=LcnjXqzhQeY)
- Dr Rabiya Majeed-Ariss talks on 'Intersectionality in Relation to Learning Disability' for the SARSAS Learning Disabilities and Autism digital event: [www.youtube.com/watch?v=Z8Gi4D9GAK8](http://www.youtube.com/watch?v=Z8Gi4D9GAK8)
- SARSAS is completing a toolkit for professionals working with sexual violence with people with learning disabilities, autism or both, and plan to release it on their website.

**Easy Read Self Help Guide** for people who have experienced sexual abuse. Cambridgeshire & Peterborough Domestic Abuse & Sexual Violence Partnership: [www.cambsdasv.org.uk/website/getting\\_support/84212](http://www.cambsdasv.org.uk/website/getting_support/84212)

- Cambs DASVP are happy to send Word versions out if you want to add your own details as long as you credit Cambs DASVP. Please contact: [Amanda.Warburton@cambridgeshire.gov.uk](mailto:Amanda.Warburton@cambridgeshire.gov.uk)

**Opening Closed Doors:** an Easy Read Guide to Domestic Abuse and how you can help someone. Cambs DASVP: [www.cambsdasv.org.uk/website/disabilities/90460](http://www.cambsdasv.org.uk/website/disabilities/90460)

**'Understanding domestic violence and abuse':** teaching pack for people with learning disabilities: <https://www.bava.org.uk/wp-content/uploads/LD-teaching-pack-Aug-2014.pdf>

**'Domestic Violence & Women with Learning Disabilities'** research project. Tizard Centre: <https://research.kent.ac.uk/tizard/domestic-violence/>

**'Don't put up with it.'** A video made with and for women with learning disabilities in the UK: it describes what domestic violence is and tells women how they can get help. <https://vimeo.com/116967832>

**'All I wanted was a happy life':** the struggles of women with learning disabilities<sup>1</sup> to raise their children while also experiencing domestic violence. Article by Michelle McCarthy, Tizard Centre (2019) <https://www.ingentaconnect.com/content/tpp/jgbv/2019/00000003/00000001/art00007#>

**'Disability & Domestic Abuse'**. Public Health England report (2015): [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/480942/Disability\\_and\\_domestic\\_abuse\\_topic\\_overview\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf)

**DIVAS Project** (Women's Centre, Cornwall). The DIVAS are a group of women with learning disabilities and autism who fight for their rights against discrimination and abuse and get their voices heard: [www.womenscentrecornwall.org.uk/about-us/divas/](http://www.womenscentrecornwall.org.uk/about-us/divas/)

**'Reaching Out'** toolkit and report for professionals and individuals to communicate about domestic abuse more effectively. CARMDAS:

<https://www.carmdas.org/pages/category/reaching-out-toolkit>

**'Gender based violence & learning disability: guidance for practitioners'** Health Scotland (2019): <http://www.healthscotland.scot/media/2846/gender-based-violence-and-learning-disability.pdf>

**'Keeping Safe'** A Talking Mats communication aid: <https://www.talkingmats.com/keeping-safe-a-new-talking-mats-resource-available-to-purchase/>

**'Supported Loving Network'**. A human rights-based campaign, with associated network meetings, hosted by Choice Support. "We believe people with learning disabilities and/or autism should be able to enjoy the same sexual and romantic freedoms as everyone else." <https://www.choicesupport.org.uk/about-us/what-we-do/supported-loving>

**'We Matter Too:** Disabled young people's experiences of services and responses when they experience domestic abuse.' Ann Craft Trust research: <https://www.anncrafttrust.org/research/we-matter-too/>

**Easy Read Guide to Clare's Law.** Devon & Cornwall Police/ Home Office: [https://www.devon-cornwall.police.uk/media/912742/clares-law\\_easy\\_read\\_final.pdf](https://www.devon-cornwall.police.uk/media/912742/clares-law_easy_read_final.pdf)

**'Hidden Hurts':** a study into the relationship between DVA and learning disabilities and/or autism (2020). Talkback UK: <https://talkback-uk.com/our-services/supporting-professionals>

**Shared Lives guidance for supporting survivors of domestic abuse (2020).** Includes a section on supporting survivors who have learning disabilities. Guides are on the members section of the Shared Lives website, or can be accessed via the ARC website at <https://arcengland.org.uk/project-resources/the-us-too-project/us-too-project-resources>

## CREDITS

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**Rod Landman, ARC Us Too project, June 2021**



