COVER PAGE

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TITLE

"Put bluntly, they are targeted by the worst creeps society has to offer": Police and

professionals' views and actions relating to domestic violence and women with intellectual

disabilities.

ABSTRACT

Background

Little is known about the attitudes and practices of key personnel towards the domestic violence experienced by women with intellectual disabilities.

Method

An online survey was conducted of Police officers and health and social care professionals. A total of 717 Police and other professionals across a wide variety of UK sites responded. Research questions were focussed on direct experience, attitudes and responses.

Results

Approximately half of all respondents had direct experience of working with a woman with intellectual disabilities who had been through domestic violence. Professionals were more likely than the Police to see women with intellectual disabilities as being especially vulnerable. The majority of both professionals and Police believed women with intellectual disabilities were deliberately targeted by violent and abusive men.

Conclusions

More training is needed for both the Police and health and social care professionals specifically in domestic violence as it affects women with intellectual disabilities.

"Put bluntly, they are targeted by the worst creeps society has to offer": Police and professionals' views and actions relating to domestic violence and women with intellectual disabilities

Introduction

Domestic violence (also referred to as domestic abuse or intimate partner violence) constitutes a universal social and health problem, occurring across all countries, cultures and religions and resulting in long term consequences for both the individual and society (World Health Organisation 2012). In the UK, domestic violence is defined as 'any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass but is not limited to: psychological, physical, sexual, financial [or] emotional' (Home Office 2013). Although men can experience domestic violence, it is typically gender specific, perpetrated by men against women (Home Office 2013) and it is estimated that one in four women will experience domestic violence in their lifetime (Lombard and McMillan 2013). There is extensive evidence to demonstrate the prevalence and negative impact of domestic violence within the general population (Mullender et al. 2002, Walby and Allen 2004). National and international research indicates that disabled women face an increased risk of domestic violence (Brownridge 2006, Thiara et al. 2012).

There is limited research which examines domestic violence in relation to women with intellectual disabilities. That which does exist indicates that they experience high levels of domestic violence from partners, resulting in profound emotional and psychological distress (Walter-Brice et al. 2012, McCarthy et al. 2015). These studies highlight how women experience severe and frequent violence from partners, including brutal physical assaults, sometimes involving weapons and occasionally resulting in life-threatening injuries

(McCarthy et al. 2015). Abuse typically escalates during pregnancy (McCarthy et al. 2015), which is reflective of the general population (Mezey and Bewley 1997). Sexual violence is common, including instances of rape (McCarthy et al. 2015). Perpetrators are frequently identified as having drug and alcohol dependency issues and being unemployed, contributing to high levels of financial abuse towards the women (McCarthy et al. 2015). The women also experience high levels of psychological and emotional abuse, with perpetrators often using the woman's disability to taunt her (McCarthy et al. 2015, Douglas and Hurpur 2016). Coercive control featured strongly in McCarthy et al's (2015) sample, where almost all participants had experience of a partner who made unreasonable and non-negotiable demands, including threats, intimidation and isolating the women from her support and social networks. Many professionals appeared to be aware of the abuse, especially healthcare workers, yet participants reported minimal intervention (McCarthy et al. 2015). The authors attributed this to the fact that the women did not specifically request their assistance. When abuse was reported, participants were generally disappointed as they considered the responses from professionals as inappropriate or unhelpful and the lack of action perpetuated and normalised the abuse (see also Walter-Brice et al. 2012).

Literature Review

A review of the literature examining the attitudes of UK professionals towards domestic violence and women with intellectual disabilities was conducted. Multiple databases were utilised and search terms included: "domestic violence", "domestic abuse" and "intimate partner violence" combined with professional groups such as: social work*, Police, criminal justice system, health, nurs*, psycholog* AND views, beliefs, perspectives, attitudes, opinions and thoughts. The search focused on UK research within the past ten years. A total of 14 articles were identified; however, none were related to attitudes of professionals regarding domestic violence and women with intellectual disabilities. In the absence of literature relating to women with intellectual disabilities, the literature review below focuses on the attitudes of

key health and social care professionals and the Police in relation to domestic violence in the general population.

Social Workers

UK research involving social workers' attitudes to domestic violence is minimal and no studies could be identified which specifically focused on social workers' attitudes regarding domestic violence and women with intellectual disabilities. UK research involving social workers typically indicated supportive attitudes towards women experiencing domestic violence (Trotter et al. 2007, Heffernan et al. 2014). However, poor knowledge of their organisations' domestic violence policy was reported (Heffernan et al. 2014). Social workers' estimation regarding the prevalence of domestic violence was also poor (Trotter et al. 2007), and at times contradictory, reporting high prevalence rates generally, but believing it was not affecting *their* clients (Heffernan et al. 2014). Whilst not looking at attitudes towards domestic violence and women with intellectual disabilities in a broad sense, Dixon and Robb (2016) specifically explored competing definitions of risk when working with women with intellectual disabilities who are experiencing domestic violence. Their findings indicated that social workers' safeguarding practices regarding domestic violence are largely based on unstructured professional knowledge. Dixon and Robb (2016) claim this results in paternalistic responses that attempt to protect women, but also limit their capacity to make choices. This contradicts research in the general population which cites protection as frequently absent due to the reluctance of some social workers to enquire about abuse, because it was considered too difficult. Social workers also reported feeling unprepared, possibly due to insufficient training or organisational guidance (Trotter et al. 2007, Heffernan et al. 2014).

Health Professionals

In the literature regarding attitudes towards domestic violence, health professionals featured most prominently, particularly midwifery staff/students, probably due to the link between domestic violence beginning or intensifying during pregnancy (Mezey and Bewley 1997). Like

social workers, healthcare staff reported feeling uncomfortable discussing the issue of domestic violence (Ramsey et al. 2012, Taylor et al. 2013), potentially resulting in victims not receiving the assistance they require. Ramsey et al. (2012) reported that just 29% of clinicians (GP's or practice nurses) felt prepared to ask appropriate questions about domestic violence and 40% never/seldom asked, even when their patients presented with an injury. Similarly, 46% of community midwives and 78% of hospital midwives claimed they did not want to enquire about domestic violence or were unsure how to approach it (Lazenbatt et al. 2009). Taylor et al. (2013) also identified negative beliefs in 24% of interviews where health professionals believed that the 'women themselves had a role in the onset of domestic violence by choosing the wrong partners or contributed to an atmosphere of tension and violence' (p.494).

Domestic violence is a distressing topic and disclosure can be unsettling for student nurses (Bradbury-Jones and Broadhurst 2015). Bradbury-Jones and Taylor (2013) argued that some nurses may fail to respond appropriately to domestic violence due to feelings of horror, resulting in distancing or trivialising to avoid anxiety and that they experience an emotional toll when dealing with domestic violence. Health professionals appeared to lack confidence in handling domestic violence situations (Lazenbatt et al. 2009). Taylor et al. (2013) interviewed a range of healthcare professionals (nurses, GP's, midwives and health visitors) and highlighted a fear of 'opening a can of worms' and a lack of ability to cope, especially in complex situations, where mental health issues or pregnancy were considered compounding factors. However, staff did appear to be more willing to intervene if children were involved (Ramsey et al. 2012). Low confidence levels were related to poor or insufficient training (Buck and Collins 2007, Ramsey et al. 2012), particularly among nursing students who were typically removed from a case when domestic violence was identified (Bradbury-Jones and Broadhurst 2015).

Police

Limited academic literature exists within the UK that explores the attitudes of the Police towards domestic violence, therefore the literature search was expanded to include grey literature. Applegate (2006) suggests that changes in the law (specifically since the introduction of the 1976 Domestic Violence and Matrimonial Proceedings Act) had resulted in changes of attitude amongst Police generally. The biggest change in attitude was a move away from seeing domestic violence as a purely private matter, to becoming an legitimate policing concern. However, a report by Her Majesty's Inspectorate of Constabulary (2015), highlighted that while domestic violence may now be a priority in *policies*, this is not always reflected in *practice* (HMIC 2015):

'From the broad range of evidence collected by HMIC, it is clear that the attitudes of responding officers are, on occasions, unacceptable. There is still work to be done before the Police service routinely displays acceptable attitudes in respect of victims of domestic abuse' (HMIC, 2015, p. 50).

Issues related to poor attitude included feelings of frustration, a lack of empathy towards victims and desensitisation to abuse. Officers often felt frustrated when the victim either failed to leave the abuser (which they found hard to understand) or when victims felt unable to support Police action. Some officers expressed frustration at the complexity of the cases, for example due to drug and alcohol issues, and felt unable to help victims. A lack of appropriate training and supervision was blamed for poor attitudes not being challenged (HMIC 2015).

As a result of the attitudes exposed above, not all victims of domestic violence have a positive experience when engaging with the Police. Myhill and Johnson (2016) argue that Police officers used considerable discretion when responding to incidents of domestic violence, that cases were potentially downplayed in terms of seriousness, and the option to make an incident 'disappear' from records was dependent on officers' discretion. Police demonstrated poor

knowledge of domestic violence and were overtly focused on physical abuse (Myhill and Johnson 2016). Lea and Lynn (2012) identified the poor use of Police language in reports, often discrediting the victims and colluding with the alleged abuser. In Police interviews blame and responsibility was often shifted to the alleged victim, speculation was presented as fact and the voice of the victim remained unheard (Lea and Lynn 2012). There is evidence to suggest that women with intellectual disabilities also experience poor outcomes, with Walter-Brice et al. (2012) and McCarthy et al. (2015) reporting minimal Police response and a lack of prompt, positive action.

The review of the literature regarding professional and Police attitudes towards domestic violence indicates an overall desire to help women in this situation. However, it appears that relatively few feel sufficiently confident or equipped to do so appropriately. All groups of professionals and the Police indicated a lack of training and guidance for staff working with women who are affected by domestic violence. A lack of confidence and understanding appears to negatively impact on their willingness to even raise concerns with women and provide appropriate support when confronted by someone in this situation. Additionally, whilst domestic violence is clearly an issue for women with intellectual disabilities, this is not reflected in the broader research literature.

Method

The data reported in this paper come from a cross sectional survey conducted with 717 Police and other professionals across a wide variety of UK sites.

As no previously validated questionnaire was available that was suitable, one was designed specifically for this study by the authors[1]. Participants were asked about their experiences, their attitudes and practices when supporting women with intellectual disabilities with domestic violence issues.

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[1] Copies of the survey questionnaire are available from the first author on request.

It was a detailed survey questionnaire, conducted online, which took on average 30-40 minutes to complete. An email invitation containing a hyperlink to a web-based electronic version of the survey (*Qualtrics*® online survey software) was sent out to senior managers, who then distributed the surveys to staff members and encouraged its completion. Although this method proved highly effective, it meant it was not possible to establish a response rate for the survey, as the number of surveys forwarded by managers could not be controlled. No incentives were offered to participants for completion.

Descriptive statistical analysis was performed using SPSS version 21and the free text answers were coded and analysed for key themes.

Ethical approval was gained from Social Care Research Ethics Committee (SCREC) and research governance approvals were obtained from all participating authorities.

Participants

Professionals and Police were asked to complete the survey if they had provided any kind of service to a woman with intellectual disabilities who may have experienced domestic violence. Intellectual disability was defined as:

- A significant impairment of intellectual functioning
- A significant impairment of adaptive/social functioning
- Age of onset before adulthood

Participants were advised that all three criteria must be met for a person to be considered to have an intellectual disability. However, as Police and professionals may not have been aware of a woman's formal diagnosis, the authors prompted them to consider that the women would probably have been in contact with specialist intellectual disability services at some point in their lives. The researchers also provided the terms mental handicap, learning disabilities or intellectual impairment, in case current terminology was not familiar.

INSERT TABLE 1 HERE

As Table 1 shows, 62.2% of Police respondents were women. This means that female Police officers were over-represented in our sample, as nationally only 28% of Police officers are women (Home Office 2015). Most Police respondents were White British, which is

representative of all Police in the UK (Home Office 2015). Most professional respondents were female, reflecting the predominance of women employed in health and social care jobs (Kings Fund 2015), whilst the percentage of white British professionals is marginally higher than the UK adult social care sector (Skills for Care 2016).

INSERT TABLE 2 HERE

As Table 2 shows, most Police respondents were constables i.e. those on the front line of responding to domestic violence cases. Within the professional sample, there was a wider variety of roles and levels of seniority represented.

Results

Direct Experience

Approximately half of both the Police and professionals had some direct experience of supporting a woman with intellectual disabilities who had been through domestic violence (53% of Police and 46% of professionals). If these figures seem high, it is worth noting that 65% of Police had particular responsibilities for vulnerable victims or those experiencing domestic violence e.g. in a Public Protection Unit or similar. Professionals with the most experience of supporting a woman with intellectual disabilities to report domestic violence to the Police were, as might be expected, those with senior, specialist or social work roles: Senior Managers (58%), Social Workers (60%) and those in Domestic Violence / Safeguarding roles (72%).

As Graph 1 shows, professionals reported receiving higher levels of training regarding intellectual disability issues compared to the Police.

INSERT GRAPH 1 HERE

Participants were specifically asked about any training they may have had in *communicating* with people with intellectual disabilities. The rational for this question was that establishing

good communication is a prerequisite for assisting any woman with intellectual disabilities with domestic violence issues.

INSERT GRAPH 2 HERE

As graph 2 shows, Police also received less training in the communication difficulties faced by people with intellectual disabilities compared to professionals. The qualitative comments provided insights into the types of training made available. Professionals stated that their lengthy academic and professional training had included a mix of in-house and external courses and service placements with specific training on Intellectual Disability and Autism Spectrum Disorders. Police Officers, on the other hand predominately spoke only of short (half day or one day) courses on working with vulnerable victims generally, with some specific training on Autism awareness. The Achieving Best Evidence (ABE) training was commonly cited by the Police and this includes training on child protection, as well as vulnerable adults. The Police also frequently mentioned short (e.g. 2 hour) training from e-learning packages from the National Centre for Applied Learning Technologies (NCALT).

Police Confidence in Identifying a Woman with Intellectual Disabilities

Unlike most professionals, Police officers may often be unaware that they are communicating with a woman with a intellectual disability unless she is already known to them. Police were asked to rate their confidence in identifying a woman with a intellectual disability. Despite limited training either in general intellectual disability awareness or communication issues, the Police generally did not lack confidence in their ability to identify whether a victim or witness had a intellectual disability. 87% of Police were moderately, very or extremely confident that they could identify someone with a intellectual disability.

Some based this on their past work experience or personal experience:

"One of my Aunts had Down's syndrome, my brother has dyslexia and some of my friends and acquaintances are on the autism scale, so I have grown up with personal awareness."

Some Police officers said they would ask pertinent questions to establish whether a person had an intellectual disability e.g. where they lived, where they had gone to school, whether they could read or write. This suggests they may miss women with mild intellectual disabilities, who may live independently, may not have been to special school, may not admit to having problems with literacy. Most Police respondents cited the presence of communication difficulties or comprehension abilities as an indicator:

"*Communication difficulties, lack of understanding of the question being asked. She may inform you she has a learning difficulty. Poor concentration*"

The use of cues such as facial characteristics or visual indicators that the woman receives support (such as the presence of care files/ support rota etc.) were also frequently cited. If the woman lived in supported accommodation or herself confirmed that she receives support, these were taken as clear indicators by the Police e.g.:

"*There might be aids in the home, they might discuss mental/physical problems, discussing any support agencies they currently receive*".

When asked whether and how they would make any changes to their response to an incident if they suspected a woman had a intellectual disability, Police typically responded that they would: modify their communication (simpler / no jargon), allow the woman more time and request support from another professional (social worker /care professional/ appropriate adult).

The above indicates that most of the factors which the Police relied on to help them identify the presence of an intellectual disability, are those which relate to those with a significant intellectual disability, who receive support. However, evidence suggests that most women with intellectual disabilities who experience domestic violence live independently and do not have any care staff (Walter Brice et al 2012, Pestka and Wendt 2014, McCarthy et al 2015).

Attitudes and Understanding of Vulnerability

Professionals more readily considered that women with intellectual disabilities were especially vulnerable to domestic violence, over and above other women ie 78% of professionals believed this compared to 46% of Police. The qualitative comments of the Police frequently cited how <u>all</u> women are vulnerable to domestic violence, regardless of race, level of education and social status. The message that any woman can experience domestic violence is widely discussed in the media to raise awareness and is strongly reinforced in Police training. Those Police who did feel women with intellectual disabilities were more vulnerable to abuse cited reasons such as ease of manipulation, limited support networks, social isolation and a possible lack of awareness of what constitutes an abusive relationship:

"People with LD are easily manipulated and less likely to have an adequate support network of friends and families around them"

"Any woman with a learning disability is at a far greater disadvantage and can be targeted for this very reason as she may be perceived as easier to control".

Professionals' responses echoed those of the Police in highlighting factors which increase their vulnerability to domestic violence, including issues such as communication difficulties, poor ability to assess risk and a lack of understanding that the perpetrator's behaviour is wrong:

"Reduced literacy and numeracy skills make them more vulnerable to control and financial abuse. Also reduced ability to assess risk and confidence in knowing where to help seek".

"It's a generalisation, but people with learning disabilities tend to be more socially isolated, less able to speak up for themselves and less aware of when someone may be taking advantage of them".

Reasons why women experience and remain in abusive relationships

Respondents were asked for their views on why they thought women with intellectual disabilities might be in, and stay in, abusive relationships. Most Police (84%) and

professionals (92%) believed that the main reason women with intellectual disabilities were in abusive relationships is that they are sought out by violent/abusive partners as easy targets, coupled with social isolation (78% of Police and 89% of professionals):

"Put bluntly, they are targeted by the worst creeps society has to offer."

More professionals (54.5%) than Police (33.5%) believed that an unhappy family background played a role, possibly due to having additional knowledge of the family and greater awareness of the lives of many people with intellectual disabilities.

Only 7% of Police and 5% of professionals believed that women with intellectual disabilities permanently leave abusive relationships. The view that women with intellectual disabilities who leave an abusive partner will typically return was found among both the Police (45%) and professionals (40%).   The qualitative comments provide insights as to why they feel women do not permanently leave abusive relationships. Both groups recognised a desire to prevent loneliness, claiming that, to these women, being in an abusive relationship appears preferable to being alone:

Police: *"My favourite saying is a bad friend is better than no friends. Social isolation at any time is never nice, but with the added difficulty of a learning disability, someone you can rely on, be it good or bad, it is someone there".*

Professional: *"They are vulnerable, socially isolated, may not recognise it as an abusive relationship. They may feel lonely and anyone in their life is preferable to them being on their own".*

Various Police responses suggested a belief that women with intellectual disabilities may not leave abusive relationships because of their reliance on their partners for support, both practical and financial. Professionals did not overtly discuss this, highlighting that the Police may have access to a group of women with intellectual disabilities experiencing domestic

violence who are outside of professional circles (as they do not meet support eligibility criteria).

Police: *"In many situations the victim will leave the perpetrator, but where there are support needs they sometimes resume the relationship, as they have no appropriate support from other agencies and so rely on the perpetrator in lieu of appropriate care from social services."*

Having no alternative accommodation was cited as the key deciding factor inhibiting women with intellectual disabilities from leaving abusive relationships, by both Police (71.3%) and professionals (79.2%). Other main factors were a desire to stay in their own home (see discussion section for the importance of this) and a belief that the women were reluctant to abandon the perpetrator, as, due to addiction, mental or physical health needs, he needed someone to care for him.

INSERT TABLE 3 HERE

As Table 3 shows, receiving professional advice was cited as the main deciding factor in women leaving the relationships by both the Police (68.1%) and professionals (73.2%). This highlights the importance of pro-actively offering advice to women experiencing this form of abuse. However, it is clear from the studies in the literature review above that this is not routinely done for the general public, nor is it for women with intellectual disabilities. Both professionals and Police were asked if they felt they personally could influence the outcome of whether a woman leaves an abusive relationship. More Police felt they had held influence over a woman's decision to leave an abusive relationship (57%) than the number of professionals who thought they did (40%). This could perhaps reflect the overall confidence of the Police and/or their lack of on-going contact with the victims, unlike professionals who may be working with the victims on a longer-term basis.

Acting on domestic violence

Both Police and professionals maintained that they acted upon domestic violence against women with intellectual disabilities wherever possible. Police were asked how many calls regarding domestic violence involving the same couple they would consider necessary for them to act to protect the woman and 62% stated it would be just one call. Qualitative responses by the Police demonstrated that judgements are made based on the perceived nature and severity of the case. Verbal arguments were most commonly cited as instances where no action would be taken. 69% of Police reported that the only evidence required to act in domestic violence cases were victim accounts. Almost 99% of professionals in this study said they would report any unexplained injuries on women with intellectual disabilities to social services or directly to Adult Safeguarding. However, only 29% of professionals have supported a woman with intellectual disabilities to report domestic violence to the Police. Of those who did report, 69% claimed to receive a good or very good response, 25% reported a fair response and only 6% reported a poor or very poor response. Whilst both Police and professionals report that they actively respond to women with intellectual disabilities affected by domestic violence, this contradicts research where women with intellectual disabilities themselves report a lack of action (Walter-Brice et al. 2012, McCarthy et al. 2015).

All participants were asked whether they had raised concerns with Adult Safeguarding Teams when they felt a woman with intellectual disabilities was at risk from domestic violence and 65% of Police and 67% of professionals said they had done this, with just 7% of Police and 10% of professionals reported a poor response to their referral.

Only a small minority of Police and professionals had supported women with intellectual disabilities to access a mainstream domestic violence refuge. As there is only one specialist refuge in the UK specifically for women with intellectual disabilities[2], this is reflected in the low numbers of respondents who knew about it: only 13% of Police and 8% of professionals had knowledge of this specialist service.

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[2] Beverley Lewis House in London

Past and anticipated future changes

Organisations are not static, but rather continually develop due to changes in both policy and practice. Respondents were therefore asked about changes within their services.

Police officers' views of past and expected future changes

INSERT TABLE 4 HERE

Police were asked whether their service had changed in the previous 10 years and whether they expected any further changes in the next 10 years. They were asked this in relation to domestic violence generally and specifically in how they served people with intellectual disabilities. They felt strongly that there had been a change in response to women experiencing domestic violence (such as better training, better attitudes towards victims) within the past 10 years and that further changes would occur in the next 10 years. Overall Police respondents thought that there had been changes in the way they responded to people with intellectual disabilities and that further changes would occur in the next 10 years. Qualitative responses from Police officers attribute the changes in responses to people with intellectual disabilities to an increase in awareness and training. However, as Graphs 1 and 2 above demonstrate, such training is not universally provided. Other initiatives which were attributed to the change in response to people with intellectual disabilities included: the introduction of the Achieving Best Evidence (ABE) interview, Community Safety Units (CSU), the use of intermediaries and closer working relationships with adult social care:

"Over the last 10 years, systems have been in place … with clear instructions on how to deal with instances where LD victims and perpetrators were involved".

In terms of expected future changes with regards to how Police respond to domestic violence, some officers felt there would be positive changes in the next ten years building on what they have already accomplished. They felt this could be achieved through increasing public awareness, better treatment and attitudes towards victims in the criminal justice

system, continued access to training for officers and securing more prosecutions even if the victims remove their complaint:

"I still think there is some way to go in relation to DV. We continually see complainants withdrawing their statements and complaints. The Police service is attempting to take this out of their hands and progress with prosecutions."

However, not all Police shared this view, with some officers fearing their responses to domestic violence would not improve because of funding cuts and increased workloads:

"Police forces are suffering significant budget cuts, the provision of services have declined over the last year, lack of PPU alarms, no mobile phones to help victims any longer. I don't see this improving".

Expected future changes with regards to how Police will respond to people with intellectual disabilities focussed on the need for more training in this area and specialist input from other agencies where appropriate.

Professionals' views of past and expected future changes

Asking professionals about changes in response to working with people with intellectual disabilities was considered too general, therefore professionals were specifically asked about past and anticipated changes in service provision for relationship support to women with intellectual disabilities (see Table 4).

Almost half of professionals felt that their service had changed the ways women with intellectual disabilities were supported over the past decade and just over half anticipated ongoing and future changes. Their qualitative responses cited a wide range of factors which had led to changes in how women with intellectual disabilities were supported in relationships such as: a better understanding of capacity and consent, better interagency working, better support for victims of domestic violence and an increased understanding of sexual and relationships needs of women with intellectual disabilities.

Discussion

A proactive approach

Police and professionals in this study were very aware of the vulnerability of women with intellectual disabilities, to the point where domestic violence was seen as common enough to be almost inevitable. However, they were pessimistic regarding the repetitive pattern of abusive relationships and a woman's ability to escape it. This echoed Walter-Brice's et al's (2012) finding where domestic abuse was seen almost normal for women with intellectual disabilities, highlighting the need for a pro-active approach in terms of preventing women from becoming involved in abusive relationships. The findings presented above clearly indicate that both Police and professionals believe that the abusers targeted these women because of their vulnerability, and yet it was unclear what, if anything, was being done to tackle this.

The findings from this and other studies suggest that direct information needs to be given to women with intellectual disabilities themselves to alert them to the dangers of abusive relationships, potential indicators of abuse, and how they can get help. This information needs to be delivered proactively, preferably when they are young and not yet in relationships. Both health and social care professionals and the Police (in their crime prevention roles) have an active part to play in such education.

As indicated above by some participants in this study, there are women with mild intellectual disabilities, with no social care support (because they do not meet the eligibility criteria) and the first indicator that they are in an abusive relationship can be Police involvement. Vulnerable women relying on support from abusive men to survive, because of a lack of social care provision is a serious issue which needs addressing. Professionals and support staff (and indeed wider society), need to keep a watchful eye and respond *proactively* if they are concerned that a woman may be at risk from domestic violence. The education advocated for young women in the previous paragraph should be extended to all women with intellectual disabilities, especially those who are not in contact with statutory support

services. This could include sessions at advocacy groups, employment projects, women's groups, drop-in services or family centres. Women need to know that domestic violence is not acceptable and that help is available if they need it. Whilst families and friends may be able to impart this information, there is a clear professional role too.

Managing complexity

The majority of professionals in this study reported a good response when supporting a woman to report domestic violence to the Police. However, this is not supported in the literature when women with intellectual disabilities are questioned (Walter-Brice et al. 2012, McCarthy et al. 2015). This suggests that professionals may not be aware of what the women themselves consider to be a good response.

The literature review suggests that professionals and Police lacked confidence in dealing with complex cases of domestic violence (HMIC 2015, Heffernan 2014, Taylor et al. 2013) and this was borne out by this study. Police and professionals were aware of the complexity of the cases as a consequence of the women having intellectual disabilities, as well as additional needs such as mental health issues and cases involving children. McCarthy et al. (2015) and Walter-Brice et al. (2012) found that women with intellectual disabilities were not routinely offered advice by professionals and when it was provided, it was often simplistic and thus unhelpful. A classic example of simplistic advice given to women experiencing domestic violence is to 'just leave' (Murray 2008) and this is widely discussed within domestic violence services (Women's Aid 2017). This study found that professional advice was cited as a key factor in women with intellectual disabilities leaving an abusive relationship. This places pressure on both professionals and the Police to be confident in working constructively with women with intellectual disabilities who are experiencing domestic violence and giving advice which the women feel they can act on. Whilst leaving a violent relationship is obviously a good thing, sometimes it comes at such a high price (leaving their homes, all possessions, pets, friends, family, neighbours, community) that the women themselves question it. For many adults with intellectual disabilities, having your own

home is often seen as big achievement. In domestic violence cases, it is often the woman's home that the perpetrator moves into (McCarthy et al 2015) and refuses to leave when asked. Thus, to be safe, the onus is on the woman to leave the safety and security of her own home, ie the main tangible signifier of her independence. It is not surprising then, that many women are reluctant to do this, wanting instead for the perpetrators to be forced to leave. Approximately half of Police (54.3%) and professionals (57.1%) in this study recognised the strong desire of women with intellectual disabilities to remain in their own home, and almost two thirds of all participants acknowledged that the women often have no alternative options for accommodation. Although Domestic Violence Protection Notices and Domestic Violence Protection Orders[3] can be issued by Police in the UK, there was little discussion of these by our research participants, suggesting that their use is not widespread.

As stated earlier, the HMIC (2015) reports that there is a lack of appropriate training for the Police in domestic violence. The Police in this study echoed the frustrations reported in HMIC (2015) when women do not leave an abusive partner. Police and Professional frustration could perhaps be tempered by training them to understand that leaving, or preparing to leave, is the most dangerous time for victims in violent relationships (Refuge 2017) and that, in any event, leaving often does not result in the cessation of the abuse (McCarthy et al 2015, Walter Brice et al 2012) . In addition, specialist training for the Police could improve their understanding regarding the complexities faced by women with intellectual disabilities attempting to leave a violent relationship e.g. that compared to other women, they tend to lack the means and knowledge about how to leave, where to go and how to find alternative accommodation.

Whilst professionals in this study reported receiving training with regards to intellectual disability generally and in regards to supporting relationships, they are unlikely to have received much, if any, training on which enables them to feel confident in dealing with domestic violence cases and this research suggests it is clearly needed. General domestic

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[3] Domestic Violence Protection Notices and Domestic Violence Protection Orders can be issued by the Police and allow for the temporary removal of a domestic violence perpetrator from the family home.

violence training will not be able to cover all the complexities associated with people with intellectual disabilities and general intellectual disability training will not be able to cover all the complexities of domestic violence. The solution therefore may be specialised training, with a direct focus on the ordinary and special needs of women with intellectual disabilities when they are abused by intimate partners. As budgets in both adult social care and the Police decrease, it is tempting for services to provide short, online training courses for their staff. Whilst these are certainly better than no training at all, evidence suggests that in relation to domestic violence, online training is poor at helping people to develop the skills they need, particularly in asking difficult questions (Sharp-Jeffs 2016). Therefore caution is needed with this approach.

When professionals were asked what they thought had changed in terms of supporting women with intellectual disabilities around relationships, the majority of responses in the free text answers were with regards to an *increased understanding* of abuse and violence. It was not known if all organisations provided clear training to staff on *acting* on domestic violence as opposed to just *identifying* it. However, this increased understanding has not translated into an increase in specialist support provision for women with intellectual disabilities experiencing domestic violence, as this remains very sparse indeed. Clearly, professionals or Police cannot signpost women with intellectual disabilities to appropriate specialist support services where they do not exist. Therefore, it is imperative that the existing network of mainstream refuges take steps to ensure they are accessible to all women, including women with intellectual disabilities, as they are effectively the only option for vast majority.

Limitations

Like any research study, this one has its limitations. The main limitation is that is that, although the sample was large, it was self-report data from a self-selected sample and may therefore have been biased i.e. those with a particular interest or experience may have opted to participate. Women were also over-represented in the Police sample.

Another limitation is that in the survey, we used a broad definition of intellectual disabilities (see above) which may have been interpreted differently by participants.

Also, because the survey was anonymous, we were not able to see where respondents belonged to the same service; however, this concern is minimised by the large number of services and variety of organisations represented in our sample

Conclusion

Police and professionals are aware that many women with intellectual disabilities experience multiple forms of domestic violence, sometimes over many years. There appears to be a feeling of frustration among both groups that women often fail to leave the relationship and that it is not possible to stop women with intellectual disabilities from being vulnerable to such relationships in the first place, as a result of societal issues such as isolation and poverty. Substantial input is required in this area focusing on support to prevent women with intellectual disabilities from becoming entangled in such harmful relationships. Interventions need to focus on increasing awareness of domestic violence within this population, including all the varied forms of domestic violence, the warning signs of a potentially abusive partner and how to access support if a relationship becomes violent.

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