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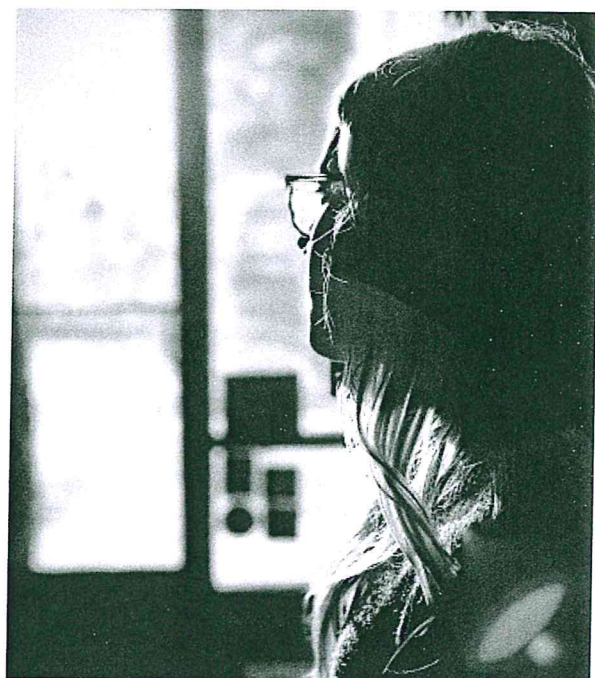
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Learning disabilities and domestic abuse: an unspoken barrier

There is a notable absence of research into the experiences of women with learning disabilities¹ who are victims of domestic abuse, and their access to support. Dr Michelle McCarthy reports on her study, which adds to the limited evidence base indicating that survivors are not getting appropriate support. She calls for greater partnership between support services to improve understanding, awareness, and, in turn, their approach to support.



There is a huge body of evidence regarding the prevalence and effects of domestic violence against women in the general population, and a much smaller body of research on domestic violence against women with physical and sensory impairments. The latter is mostly from Canada and the US (for example McNamara and Brooker 2000, Yoshida et al 2009), but also more recently in the UK (Thiara et al 2012). It suggests women with physical and sensory impairments are at greater risk of domestic violence than able-bodied women, but that they have less access to specialist and general domestic violence services (Thiara et al 2012).

Studies looking specifically at domestic violence against women with learning disabilities are rare, both nationally and internationally; however, there are a few. Walter-Brice et al (2012) conducted a small qualitative study in the UK, interviewing five women

with learning disabilities. The study found that: the women experienced multiple forms of abuse from their partners, much of it severe, including the use of weapons; the abuse, harassment and threats continued after the end of the relationship; responses from the police and social services were minimal and the women were left unprotected (although children were removed from their mothers). Similarly, Pestka and Wendt (2014) also conducted a small qualitative study interviewing five women with learning disabilities in Australia. They found the women in their study had all experienced rejection in their childhoods and sought a sense of belonging in adult intimate relationships, even if they were abusive, and that the women's low social status increased their vulnerability. They conclude that women with learning disabilities "settle with or accept abuse in their lives to gain social value that

¹ Learning disabilities is the accepted term in the UK for people who have a reduced intellectual ability and difficulty with everyday activities. It is also sometimes called intellectual disabilities. It does not refer to people of ordinary intelligence who have specific learning difficulties e.g. dyslexia.

has often been missing throughout their life course" (p.12). Douglas and Harpur (2016) interviewed six women with learning disabilities, also in Australia, and found that physical violence was common "often to a level requiring hospitalisation" (p.310) and that financial abuse was also very common, as well as perpetrator-induced social and physical isolation.

Findings from all three of these studies strongly resonate with the findings of the study reported here, which can be read in detail in McCarthy et al 2015, McCarthy 2017.

Method

This was a qualitative study involving interviews with 15 women with learning disabilities who had experienced domestic violence. Although the numbers are small, the study is three times bigger than others on the topic and the amount of data we collected was substantial: interviews were very lengthy, typically lasting two hours or more and transcripts were, on average, 75 pages long.

The nature of the topic meant that the interviews were often distressing for the women, but none of them wanted to stop, or shorten, the interviews. Many of the women commented on the fact that it was the first time they had been able to speak at length about

what had happened to them, that they found the interviews helpful, that they wanted to talk, and that they wanted people to hear their accounts. Some of the women had keyworkers or other supporters with them during the interview, although most were interviewed alone.

Participants

We recruited a purposive sample of women with mild learning disabilities who had experienced domestic violence. No formal assessments of learning disabilities were conducted, but all participants were recruited from professional contacts in a variety of learning disability organisations in London and the South East.

Eligibility criteria were for women who:

- had learning disabilities who were willing and able to speak about their experiences;
- were aged over 18;
- were no longer in the violent relationship (as we did not receive ethical approval to include women still in violent relationships); and
- had experienced domestic violence that occurred no more than 5 years previously.

Women in same sex relationships were eligible to participate in the research, but none were referred to it.

Table 1: Participants

Participant	Age	Ethnicity	Relationship status at time of domestic violence	Had children
1	46	White British	Had been married	No
2	23	White British	Never married	Yes
3	28	White British	Never married	No
4	30	White British	Never married	No
5	67	White British	Never married	Yes
6	49	White British	Had been married	No
7	23	Bangladeshi	Had been married	Yes
8	31	White British	Never married	No
9	25	White British	Never married	No
10	39	White British	Had been married	Yes
11	27	Indian	Never married	No
12	36	White British	Never married	Yes
13	20	White British	Never married	No
14	41	White British	Had been married	Yes
15	33	Bangladeshi	Had been married	Yes

Summary of findings

These can be summed up in two stark sentences:

There is nothing about having a learning disability which protects women from extreme domestic violence.

The full range of mental, physical and sexual cruelty which is inflicted on other women is also inflicted on women with learning disabilities.

Physical violence

Many women reported very serious assaults and, in some cases, potentially life-threatening injuries: for example, a head injury from being pushed downstairs; being strangled; and being stabbed. The use of weapons including knives, bottles and heavy objects was also reported.

"He would normally like push me against the wall, grabbed my neck, I couldn't breathe... the worst thing was the strangling."

"I felt really scared of him. I thought one day I'm gonna end up in a coffin."

As well as being serious, the violence was often frequent and happened over long periods of time; in some cases, for many years. In common with many other women, the women with learning disabilities found that the violence, abuse and harassment often did not end when the relationship did. As some of the women in our study described, it often got worse:

"It got worse towards the end ... after we split it got even worse. He would say he would kill me."

"Leaving don't make no difference ... they still come back for you"

Physical violence during pregnancy was found to be common within our sample. In fact, all of the women who had been pregnant whilst with an abusive partner reported experiencing physical assault whilst pregnant.

Sexual violence

Sexual violence was common amongst our sample and in some of the more extreme cases, happened in front of children or when children were present in the home. It was generally harder for the women to talk about than physical or other forms of abuse and was usually not mentioned in the early stages of the interviews, but was revealed later, presumably after a level of rapport and trust had been established.

Financial abuse

Financial abuse was very common and the perpetrators used the women's money, both their regular income as well as savings, as a matter of course, using force where necessary and leaving the women with debts to be repaid long after the relationship had ended.

Verbal, psychological and emotional abuse

This was extremely common, with the women being sworn at, insulted and humiliated, often in front of their children and other people:

"He called me a bitch, a bastard and a liar."

"He called me a fat bitch, ugly and a slag."

As sometimes happens to women with physical and sensory impairments (Ballin and Fryer 2012), the women's disability itself was sometimes used to taunt her:

"Because I had learning disabilities and needed support, he used to drive that in my face."

Coercive control

Coercive control featured strongly in our sample. All but one of our participants experienced having their freedoms curtailed through unreasonable and non-negotiable demands, threats and intimidation. As part of this, the women were deliberately isolated from their friends and family. The women reported that the perpetrators did this in two main ways:

either intimidating the women into ceasing contact with their family and friends, or using various tactics of manipulation or aggression to ensure the family and friends stopped seeing the women.

Who were the perpetrators?

We did not speak with any perpetrators in this study, so any information we have comes from the women with learning disabilities, although much of it was corroborated by the professionals who referred them to the research project or by keyworkers who supported women during the interviews.

From this information, it was clear that, mostly, the violent partners did not have learning disabilities themselves. However, they did tend to:

- have mental health problems, and/or drug and alcohol dependency (a minority had serious physical health problems too);
- be jealous and manipulative;
- make threats of self-harm/suicide/murder (inc. of children);
- have a history of abusing previous partners/children;
- be cruel to animals;
- have criminal records/be known to police already.

Seeking and receiving help

An important general point to make here is that a lot of police and health and social care professionals were aware of the abuse the women were experiencing. However, because the knowledge was gained in indirect ways and because the women with learning disabilities did not specifically ask for help in escaping from the relationship, there was little or nothing done to proactively help them. This seems to be a common phenomenon with the general population (SafeLives 2015) and with women with physical and sensory impairments (Hague et al 2011). It seemed to be the case that the women had to report domestic violence, as opposed to indirectly letting it be known there was a problem. This may not seem unreasonable, except that the women with learning disabilities were not generally aware of this. Also, professionals rarely, if ever, asked the women if they were experiencing domestic violence, something which may have helped them open up about it and understand that it was a subject that could be spoken about.

Once they did ask for help, some women found support was forthcoming and they praised the police or social workers for helping them in practical ways. Few women got any counselling or emotional support, however, and this had adverse effects on their mental health, leading some to harm themselves:

“Self-harming is absolutely bad, because you get into the habit of doing it. I do do it, but it’s bad cos you actually injure yourself so much.”

“I wasn’t getting no help or anything during my court proceedings... I took an overdose, a very small one.”

Other women were offered limited counselling, but were frustrated either by the small amount on offer: “If you get counselling they’re only six sessions and that’s for a normal person as well as a disability person...and that’s not long enough for a disability person,” or because they were unable to organise themselves to be able to take up the offer: “I was supposed to get counselling from the doctor, but I’ve lost the number...I seem to lose receipts and numbers very quickly.”

It was the women with children who had the worst experiences when it came to seeking help. This lack of support for women with learning disabilities who are trying to be good mothers to their children is a common theme running through the literature on parents with learning disabilities. This is the case whilst the women still have care of their children:

“When we ask for help, no one’s there to help us. They seem to take your children away instead of helping you [sobs].”

“I did need some help with my kids. If they could show us how to do things, we’d do it right... things like discipline and that and how to play with children. I don’t know how to because I was never taught that at school.”

But it is also the case that after their children have been taken away from them, they are left bereft and unsupported: “After my kids were taken away, I wasn’t sure if I still had a social worker or what... I

phoned up and they said I was on a duty team." This lack of support after children have been removed from their mothers with learning disabilities is frequently noted in the literature (Baum and Burns 2007, Gould and Dodd 2012, Mayes and Llewellyn 2012).

Accessible information

We specifically asked our participants what information they had which might have helped them leave their relationship, i.e. about domestic violence services, and women's refuges in particular. Their levels of knowledge were low, with 11 out of 15 women unaware of what a women's refuge was, for example. This indicates that they had not been able to access information in a form that was easily understandable to them. This is therefore one of the things we have sought to rectify, by producing some accessible materials².

What can professionals do?

It is essential that all professionals involved with women with learning disabilities become more aware of the problem of domestic violence. Indeed National Institute for Health and Care Excellence (NICE) guidelines (2014) state that they should all receive training in this area, though that is far from routine. If such training were available, they may be more inclined to ask women whether they have experienced domestic violence and abuse: "This should be a routine part of good clinical practice, even where there are no indicators of such violence and abuse." (NICE 2014:12)

Those who work in domestic violence services are rarely also experts in learning disability. Those who work in learning disability services are rarely experts in domestic violence. Therefore learning from each other and working in partnership is the only way to ensure that women with learning disabilities get the help they need.

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DISCLAIMER

This paper presents independent research commissioned/funded by the NIHR School for Social Care Research. The views expressed in it are those of the author(s) and not necessarily those of the NIHR School for Social Care Research. An accessible leaflet and DVD for women with learning disabilities are available on request from the author. Email M.McCarthy@kent.ac.uk