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Managing risk: social workers' intervention strategies in cases of domestic abuse against people with learning disabilities

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Abstract

Social workers in England are key professionals involved in addressing safeguarding concerns affecting adults with learning disabilities, including the risk of harm from domestic abuse. This article reports the findings from an empirical study conducted with 15 social workers who participated in a 2-stage interview process. The findings and discussion examine social workers' approaches to risk management interventions in cases of domestic abuse against adults with learning disabilities. Informed by Beck's Risk Society theory, our analysis finds that interventions often focus on individuals taking responsibility for managing risk, with either the victim or the social worker becoming the risk decision-maker. Furthermore, in carrying out their work, social workers used bureaucratic tasks to protect the organisation and individual decision-makers from blame. The article concludes with recommendations for practice which explores more holistic understandings of risk and which seeks to promote more collective responses to risk management.

Keywords: Social work; adult safeguarding; learning disabilities; domestic abuse; risk management

Introduction

Domestic abuse is a critical social, cultural and legal problem in the UK and worldwide. In England, the 2021 Domestic Abuse Act defines domestic abuse as any abusive act from a current or former partner or family member towards someone 16 years or older. This definition applies to all, including people with learning disabilities. UK statistics indicate that disabled people of both sexes are 50% more likely to experience domestic abuse than their peers (Office of National Statics, 2019). Whilst statistics about disabled people include people with learning disabilities,[1] no specific data are collected about the prevalence of domestic abuse for this group. However, it is well established in the research literature that people with learning disabilities are at an increased risk of experiencing other forms of abuse, such as sexual abuse (Fenwick, 1994; Peckham, 2007; Wigham et al., 2011), while abuse victims with learning disabilities are less likely to see their perpetrators criminally sanctioned (Chapman, 2020; Quarmby, 2008). It is,

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therefore, essential to consider the impact of domestic abuse on people with learning disabilities, as indications are that they may experience domestic abuse at high rates.

In the UK, people with learning disabilities often have contact with various health and social care professionals during their lifetime. Social workers are likely to be involved in supporting access to social care services. Given the high instances of domestic abuse reported for disabled people (Office of National Statics, 2019), it is likely that social workers will encounter domestic abuse in their practice (Robbins et al., 2016). Accordingly, exploring what is known about the professional experience of carrying out this work is highly relevant to addressing risk of domestic abuse.

Domestic abuse and learning disability

There is a small but growing body of research that has explored the experiences of domestic abuse victims with learning disabilities (see, Douglas & Harpur, 2016; McCarthy, 2019; McCarthy et al., 2019; 2017; Pestka & Wendt, 2014; Walter-Brice et al., 2012). These studies consistently found that when victims had interactions with professionals such as police, judges or (child protection) social workers, they felt unsupported and unjustly treated by practitioners (Douglas & Harpur, 2016; McCarthy et al., 2017; Walter-Brice et al., 2012). Several studies have directly examined professionals' working experiences, attitudes and beliefs towards victims of domestic abuse with learning disabilities (Hickson et al., 2013; McCarthy et al., 2019). These studies indicate that there are often gaps in professionals' ability to identify specific forms of domestic abuse, such as forced marriage (Clawson & Fyson, 2017). Furthermore, Hickson et al. (2013) found that learning disability professionals were less likely to identify indicators of domestic abuse against people with learning disabilities than professionals working in the field of domestic abuse. However, these studies included multi-professional samples, often represented by health, social care and criminal justice professionals. Whilst social workers were amongst those sampled, they did not comprise a large part of the sample in any study. It is, therefore, difficult to ascertain from the existing research how social workers identify, negotiate and develop strategies to manage risk in their practice with people with learning disabilities who experience domestic abuse, or where there are concerns that such abuse may be taking place. To address this gap in the literature, in this paper we present the findings from an empirical study undertaken within three English local authorities. We examine how social workers plan interventions to manage risk in safeguarding domestic abuse cases against people with learning disabilities in intimate partner and familial relationships.

Legal context

The Care Act 2014 is the existing statutory framework in England that legislates responsibilities towards adults with care and support needs due to disability or impairment (Brammer, 2020). Its implementation represented sweeping reforms to social care legislation, amalgamating 60 years of piecemeal duties and powers into one statute (Clements, 2018). One of the changes brought about by the Care Act 2014 was placing processes regarding the safeguarding of adults on a statutory footing for the first time in England, as the previous strategy was one of guidance (Penhale et al., 2017). The Act places a duty on local authorities to undertake enquiries and plan action where an adult at risk – a person with care and support needs, who as a result of these needs, may be

unable to protect themselves – is, or may be, subject to abuse (Section 42). Whilst the statute does not explicitly reference domestic abuse (Robbins et al., 2016), the Care and Support Statutory Guidance, which accompanies the Act, identifies domestic abuse as a form of abuse requiring investigation through the safeguarding process (Department of Health & Social Care (DHSC), 2022). This inclusion is an advancement in social policy as the preceding safeguarding guidance, *No Secrets 2000* (Department of Health, 2000), did not identify domestic abuse as a distinct category for investigation. This inclusion in the guidance firmly positions domestic abuse as an issue for adult social workers, although, as Robbins et al. (2016) point out, only for adults with social care needs. Whilst domestic abuse has been considered an issue in safeguarding children for the past few decades (see, Hester, 2011; Peckover, 2014; Stanley et al., 2011), the practice focus for adult social work is still in its beginning phases (Robbins et al., 2016). Therefore social workers are operating within new areas of practice knowledge.

Whilst the Act and guidance have been critiqued for providing scant direction on how such safeguarding processes should be carried out (Clements, 2018, November 3), the guidance does provide a narrative about social workers' approach to planning and addressing abuse. Responses to adults must seek to 'prevent and stop both the risks and experience of abuse or neglect' (Department of Health & Social Care (DHSC), 2022, para 14.7) whilst also balancing the adult at risk's wellbeing (para 14.7). The guidance further acknowledges that the adult at risk's subjective sense of wellbeing may be intertwined with complex interpersonal relationships and that being safe may be only one of many priorities (para 14.8). The narrative within the guidance establishes the need to protect vulnerable individuals from harm whilst promoting adults' rights to make choices and decisions about their lives and relationships, even where choices may not alleviate harm. The identification and discussion of the tension between protection versus choice and autonomy is well established in the safeguarding literature (see, Braye et al., 2017; Fyson & Kitson, 2007; Mackay, 2017). We explore these tensions in the theory section below.

In addition to the Care Act 2014, a new piece of legislation, the Domestic Abuse Act 2021, will influence practice. The Domestic Abuse Act 2021 was created to ratify the Istanbul Convention on Violence Against Women and Domestic Violence into English law (Home Office, 2021). The statute establishes new processes for all public institutions that may come in contact with victims and perpetrators, including local authorities (Home Office, 2022). The statutory guidance accompanying the Act acknowledges the impact of disability and domestic abuse, identifying that disabled people, including people with learning disabilities, are more likely to experience abuse, particularly abuse from adult family members (Home Office, 2022, p. 61). Concerning social work with adults, the guidance reiterates the importance of following the safeguarding procedures in the Care Act 2014 (Home Office, 2022, pp. 90-91.). However, the section for social work with adults is noticeably shorter than the section guiding practice with children. As the Act is new, there is a dearth of research into its application in safeguarding adults. However, the Act and guidance will be influential in supporting practitioners in negotiating this practice area.

Context- relevant theories of risk

In this article we explore how social workers make decisions about managing risk, it is important to situate these decisions within a theoretical context. Researchers have begun

to apply theories of risk to social work and domestic abuse, particularly concerning practice and policy relating to safeguarding children (see, Peckover, 2014) or in theoretical essays aimed at informing risk assessment practice (Dixon & Robb, 2016). However, to our knowledge, no published empirical research has applied theories of risk to the topic of social work practice with people with learning disabilities experiencing domestic abuse.

Beck (1992) argues that risk has become the primary lens through which individuals in late modernity understand and negotiate their social world. In a pre-modern world, uncertainty and harm were explained through traditional belief structures and institutions (such as 'acts of God'). In modernity, trust in the conventional knowledge systems has broken down (Beck, 1992; 2009) and, correspondingly, managing uncertainty and risk becomes an individual responsibility and process, and citizens must continually evaluate the likelihood that unmitigated harm may befall them (Lupton, 2013). This proliferation of risk thinking extends to the professional world. Increasingly risk is used as the metric through which professionals navigate their role (Horlick-Jones, 2005), with health and social care professionals undertaking risk work as one of their primary functions (Brown & Gale, 2018). Webb (2006) and Beddoe (2014) have argued that Risk Society Theory helps contextualise how the political ideology of neoliberalism has shifted social work practice towards a risk focus. Successive governments have created social policies to change thresholds for intervention away from meeting 'need' to assessing and minimising 'risk'. Such policies were designed to reduce universal access to services, instead targeting those individuals where the likelihood of harm is most significant, therefore increasing the threshold for social work intervention (Beddoe, 2014).

Brown and Gale (2018) theorised that the complexity of risk work is represented by an interaction between three core features: risk knowledge, interventions and social relations. Risk knowledge is the professional understanding of factors which contribute to or indicate harm, intervention is the application of this knowledge to work with individuals, and social relations are the consideration of the dynamics between the professional and the subject of the intervention. Thus professionals undertaking risk work must consider and balance these three features and work with the tensions created through their application (Brown & Gale, 2018).

In safeguarding adults 'at risk', social workers are asked to negotiate risk work within a legal and practice context which both identifies adults with learning disabilities as vulnerable and requiring protection, and as rational actors able to make autonomous decisions regarding harm. The legal concept of 'adult at risk' replaces the term vulnerability used in previous guidance but carries the same connotations of requiring protection (Pritchard-Jones, 2018). The construct of an adult at risk/vulnerable adult suggests an inherent predisposition to abuse based on disability or impairment (Hollomotz, 2009; Pritchard-Jones, 2018). This construct necessitates and legitimises state intervention in matters of this group's private and family life (Dunn et al., 2008) under the justification of protection.

The construct of vulnerability is balanced in policy with an emphasis on personalised responses to all social care interventions, including safeguarding responses (Sims & Cabrita Gulyurtlu, 2014). The focus is on the individual's choice and control over interventions in their life, promoting their wellbeing and empowerment (Sims & Cabrita Gulyurtlu, 2014). Autonomous decision-making is tied to the ability to make such decisions, with the Mental Capacity Act 2005 used as the relevant legal framework for assessing capacity (Braye et al., 2017). However, the emphasis on personalisation as

a policy agenda draws criticism from academics who argue that it has been used to justify restrictions in state expenditure on social care, promoting the concepts of autonomy and choice as a means to responsibilise citizens for managing risk within their own lives (Lymbery, 2012).

However, as others have argued (McDermott, 2011), the concepts of protection and autonomy do not need to be viewed as opposing strategies. To fully actualise autonomous decision-making, there is a recognition that care and support are often required to facilitate choice (Braye et al., 2017; McDermott, 2011). McDermott (2011) has argued that autonomy need not be upholding choice at all costs but can be viewed as an ethical process of interventions whereby building trust and caring professional interventions are facilitators of autonomy. For social workers, risk work entails balancing these processes and finding and negotiating the boundary between the two.

Methods

The issue of risk management within social workers' responses to domestic abuse against people with learning disabilities arose in a study conducted within three local authorities in England. All participating authorities had statutory responsibilities under the Care Act 2014 to investigate safeguarding allegations regarding adults at risk in their local area.[2] In this study we aimed to critically analyse how social workers conceptualise domestic abuse against people with learning disabilities and how these conceptualisations shape their practice in managing such cases. To achieve this aim, we sought to answer four research questions:

1. How do social workers conceptualise domestic abuse when experienced by people with learning disabilities?
2. What do social workers conceptualise as the determinant factors for the presence of domestic abuse in the cases they encounter?
3. What discourses impact social workers' decision making in cases of domestic abuse against people with learning disabilities?
4. What actions, if any, do social workers take when working with this group of victims?

Whilst the initial research questions did not specifically address risk or risk management within practice, themes around risk and professional judgment emerged during the coding and analysis process. In the analysis presented below we focus on the theme of risk management intervention strategies used by social workers when working with adults with learning disabilities who experience domestic abuse.

The participating authorities facilitated the recruitment of participants by disseminating information about the project to social work teams via email. Interested social workers who met the criteria were asked to contact the researcher. The inclusion criteria for the study were to be a social worker practising within a participating authority and to have social work experience working with at least one adult with learning disabilities who had experienced domestic abuse. The lead author was invited to team meetings to discuss the project and attract participants. In total, 15 social workers each participated in 2 interviews. The sample included ten women and five men, ranging from the ages of 28 to 63. All participants identified as either white British or European. The time participants had spent practising social work ranged from 2 to 30 years. The first meeting was

a semi-structured interview to discuss the social worker's current or former case(s) involving domestic abuse against an adult with learning disabilities. A second interview was then arranged where participants were given vignettes and were asked set questions about their interpretations of these case studies. The interviews were recorded and transcribed unless permission was refused, in which case the researcher took detailed notes (as was the case with one participant). Participants were assigned pseudonyms which are used in this article. The data collection took place between July 2015-October 2016. The data within this article come from the first set of interviews, as discussions within this dataset focused more heavily on topics relating to risk and the use of professional judgment.

In our analysis we sought to understand social workers' subjective experiences, mainly how they understood and responded to the domestic abuse they encountered. We adopted an epistemologically constructionist approach, by which we sought to discern how individuals or groups understand their social reality (Burr, 2003). We used thematic analysis to interpret the data as this flexible method fits well with qualitative research using constructionist approaches (Braun & Clarke, 2006). A latent coding process was used during the thematic analysis, which involved data being interpreted for the underlying ideas, assumptions and beliefs being discussed (Braun & Clarke, 2006). Codes were then organised into themes, and themes were continually reviewed to ensure their basis in the data.

Ethical approval was gained through the research ethics processes of The Tizard Centre, University of Kent and research governance for the project was granted (Ref: ResGov 310). Additionally, the Association of Directors of Adult Social Services (ADASS) (Ref: RG15-023), who monitor larger research projects conducted within local authority settings, endorsed the project.

Findings

Below we present our findings alongside a discussion in which we explore the themes arising from our data on the risk management that social workers utilised in carrying out their role with adults with learning disabilities experiencing domestic abuse. From our data analysis, four key strategies emerged. These approaches to social workers´ risk work encompassed: the use of the professional relationship, the encouragement and development of the adult at risk's autonomous decision-making, the use of legal powers, and defensive practices. We explore these approaches below.

Relationship-based risk monitoring

Within the interviews, one of the crucial ways social workers conceptualised their role in supporting victims of abuse was to build a trusting relationship with the (potential) victim. In several of the cases discussed, the social workers described having worked with the victim (and sometimes the perpetrator) for a substantial amount of time, sometimes years. Social workers reported feeling that they developed in-depth knowledge of the individual while working together. Social workers saw developing such an established relationship as a protective factor.

> *Jennifer: … You know I've known him a long time, I know his family and whatever, so I think because of that he knows me, and he trusts me […] I talk to him about everything that I am doing, and I always ask him what he wants, what his opinions are about things*

> *[. . .] I think he is able to make his own decisions about pretty much anything [. . .]and if I think something would be a good idea, I will have that conversation with him, and generally, he agrees with it, because, I think, I'm suggesting it. He knows me. He knows that I wouldn't suggest it if I didn't think it would actually be beneficial.*
>
> *Lydia: . . . and I didn't visit for about 3 months and it seems like they [perpetrator] need that constant reminding of what they should be doing because, I went out last week or the week before to find out that, you know, they're starting to put barriers back in place. They are saying it's too cold he [victim] can't go out, you know things like this, so I think I need to make sure I show my face more regularly.*

This relational strategy was described by social workers as allowing them to address the risk of harm in three ways. Firstly, by building a trusting relationship, social workers felt it was more likely that victims would disclose abuse. Therefore, practitioners were more likely to be aware of harm when it occurred and could offer support to the victim. Secondly, social workers used the connection and trust they had built with the victim to influence choices, thus positively directing the victim to make harm-minimising decisions. Thirdly, it allowed the social worker to monitor the relationship through visits to the victim or perpetrator, thus providing a level of dissuasion to the perpetrator of abuse, who would undoubtedly be aware of professional monitoring.

Within this professional relationship, the social workers in our study described having adopted the 'risk-decision maker' role (Beck, 2000). The social worker would take responsibility for monitoring and addressing risk, identifying their role as care manager as central to the harm minimisation process. As Green (2007) has argued within social work practice, the prevalence of risk thinking leads to the individualisation of risk management, meaning that responsibility for managing risk becomes assigned to an individual. In such cases, social workers were making themselves this key individual as their time, influence, and physical presence were the critical harm-mitigating factors. By adopting the role of 'risk decision maker', practitioners were conceptualising the risk management boundary between protection and autonomous decision making as tipping more towards protection, necessitating continued professional involvement in order to manage risk.

In such interventions, the social relation axis of risk work (Brown & Gale, 2018) became not just a consideration in the task but an intervention in itself. Such approaches embraced an ethics of care approach, with the social worker's empathy and caring driving the desire to make a change and their actions being used to facilitate change (McDermott, 2011). However, the approach described above did not necessarily facilitate sustained change for victims beyond the time-limited work with the social worker. Longer term, this strategy would only be manageable if the practitioner stayed in post and the role did not change. Whilst there were social workers in this study who had undertaken long-term work with adults with learning disabilities, they were in the minority. Social work in the UK is care management focused, with local authorities commissioning care provision from the private and voluntary sector, often delegating risk monitoring to these designated agencies (Green, 2007). Once care is in place, social workers may close cases. Thus, the sustainability of this risk management strategy, used in isolation, was seen as precarious. Other strategies, discussed below, focus more directly on sustained risk management approaches.

Managing risk by promoting choice and autonomy

A second theme relating to strategies for risk management involved the social worker promoting independence, choice and autonomous decision-making in the victim. Several social workers identified that they aimed to ensure the victims had the information necessary to understand their options for making harm-reducing changes.

> *Interviewer: What did you see as your role in working with the service user who experienced domestic [abuse]?*
>
> *Carly: My role is about prompting her to think about her situation and to get her to think about what she was going to do about it.*

Here the participant indicated that the victim is an autonomous decision-maker who could make choices that would alter the level of risk. The language used in this quotation, particularly the term 'prompting', indicates an onus of responsibility on the victim to instigate change, with the professional acting as a facilitator and enabler of independent decision making.

However, there was recognition that such risk-minimising decisions could be difficult for victims due to their abuser's influence.

> *Edward: Like I said, not realising how deep his claws were in during the relationship, and how much she did actually value his opinion and think of him and stuff like that[. . .]I suppose I see my role as just gently reminding her of her own situation [. . .] and just reminding her that there is actually things that she can do to change it. You know, she doesn't actually have to sit there and suffer.*

This dichotomy between viewing a victim as responsible for making decisions whilst also vulnerable to controls that impacted their ability to express choice was recognised by several participants. In the quotation above, the nature of the abuse was identified as coercive and controlling. Therefore, the abuse impacted the woman's ability to make autonomous (un-coerced) decisions.

With this approach, social workers did not view their role as risk managers. Instead, they saw their role as enabling victims to take responsibility for reducing harm. Several participants expressed that they did not want to adopt a paternalistic or overprotective stance in their approach, viewing that actions taken by the individual at risk were more likely to result in sustained change. This approach was in line with current policy in this area, such as the updated Making Safeguarding Personal toolkit (Local Government Association and Association of Directors of Social Services, 2020) and the general personalisation of social care policy agenda. However, the approach also involves two significant shortcomings.

Firstly, while the social workers we interviewed framed these judgements as legally sound decisions in line with the Mental Capacity Act 2005, participants did not routinely demonstrate how consideration was given to the impact that abuse, such as coercive control, could have on a victim's ability to make decisions. By its very nature, coercive control is a form of abuse that seeks to manipulate victims into disbelieving their own experiences (Stark, 2009). This form of abuse could impact the victim's ability to assess the harmful behaviours of the perpetrator accurately. Coercive control was likely present in many of the cases social workers discussed. When testing mental capacity, individuals

should be able to understand, retain, *use* or *weigh* (authors' emphasis) information regarding their decision, and they must be able to communicate their choice to meet the criteria set out in section 3 (1) of the Mental Capacity Act 2005. However, as has been argued elsewhere (Dixon & Robb, 2016), coercive control may impair individuals' ability to use the information they have been given. Yet, in the data, the impact of controlling behaviour on the effects of a person's ability to make informed decisions or a decision free from duress about risk was not regularly considered. We interpret this as indicating that the social workers' risk knowledge of coercive control may have been limited.

Secondly, victims were expected to negotiate and manage harms present in society through their choices, even where there may have been material impediments to making harm-reducing decisions (Kemshall, 2002). As Fyson and Cromby (2013) argue, the idea of autonomy and choice rests on the neoliberal premise of individual rationality and reason as the best means for accessing rights and freedoms within society. However, such neoliberal policies do not consider the interdependence people with learning disabilities have with their support networks or the structural disadvantage experienced by many people with learning disabilities, limiting their choices (Fyson & Cromby, 2013). Although participants explored the emotional ties victims had to perpetrators, broader structural issues such as the impact of poverty – which disproportionately impacts disabled people (Fahmy et al., 2016) –, reliance on services, or the lack of existing formal and informal networks, were not routinely explored as barriers to choice.

In negotiating the risk management boundary between protection and promoting autonomous decision-making, practitioners described prioritising the victims' choice and control over their life decisions. However, such thinking could limit the risk evaluation to an individual set of circumstances (such as an abusive relationship) without necessarily evaluating the systemic risk factors present, which may have limited the ability to make protective choices.

Managing risk through process and bureaucracy

Our data analysis identified a third approach to risk management interventions when the victim was assessed as lacking the capacity to make decisions about their relationship under the Mental Capacity Act 2005. In such cases, protection became the focus of the risk work with little focus on the choice of the victim. Social workers reported using more restrictive interventions with a clear emphasis on removing or reducing the physical risks of harm. The local authority used the legal processes of the Court of Protection to authorise protective interventions. In total, 3 participants were involved with cases that had been taken to or were in the process of being heard at the Court. The perpetrators were often family members, and social workers suspected that abuse had begun in childhood and had carried on into the victim's adult life. Using legal processes meant that social workers were increasingly managing risk through bureaucratic processes, where recording, monitoring and rigid application of procedures became the means to mitigate harm. For some, this led to frustrations with the lack of scope for creative professional judgment and traditional social work skills such as negotiating and developing relationships as intervention methods. This was articulated by Roger, who proposed trying to meet with a family before the court date arrived to try and negotiate a solution, but was restricted from doing so by the council's solicitor.

> *Roger: . . . I did kind of semi-suggest that [negotiating with the family] to our solicitor at the time and he was very definitely "no, do not do that". . . . you know, but, to me that is what you learn in social work school, that the work is done at this sort of[. . .]at this level you know, so sitting down with somebody and actually really engaging with them.*

At times the level of enforcing the decisions of the state felt uncomfortable for social workers as it moved the practitioner away from the role of caring towards controlling. This was particularly the case when social workers felt victims wanted some contact with family, but this was increasingly difficult given the restrictions. It was acknowledged that whilst the physical risk of harm had been removed, additional emotional harm could be caused by the loss of family connections, which was a risk to wellbeing.

> *Phillipa: In that way, it's, it's a bit sad isn't it? [. . .] it never really felt like much of a success, so even though the family for me are sort of as rough as old boots, but they are her family. And they are what she has known, and they are all she has known [. . .], I wouldn't want them as my family, but they are hers aren't they? And that is important, really important.*

Juxtaposing cases in which social workers promoted autonomy with those at the Court of Protection show these to be at opposite extremes of professional practice. In the former, risk management relies on victims' choices and decisions; in the latter, victims' choices are minimised and decisions taken elsewhere. One relies upon, and the other restricts, social workers' professional judgment. Such scenarios highlight the rigidity of risk thinking in policy and practice. On the one hand, risk management is a highly individualised process where capacitous individuals must actively choose to mitigate harm, on the other, individuals are viewed as too vulnerable to exercise choice, and their actions become regulated by the state. As Rothstein et al. (2006) have argued, the dominance of risk thinking in society necessitates professionals and organisations to safeguard themselves from an additional layer of institutional risk, whereby failing in processes becomes the focus of blame. Thus, recording, risk assessment and strict adherence to bureaucratic processes become the means to minimise risk to the victim and mitigate reputational risk (Green, 2007). However, these processes reduce the scope for creative professional judgement and potentially produce other forms of harm, such as a lack of family contact. Social workers in our study acknowledged that the applications to the Court of Protection were an extreme step taken when there appeared no other legal way to manage risk.

In these cases, the professional risk management boundary was not about weighing the balance between protective action and promoting autonomy, as the Court were the decision maker in these cases. Instead, the negotiations of boundaries occurred in the reflection process of the practitioners about their professional role. Whilst victims were understood to be far more protected from physical harm in these cases, participants lamented missed opportunities to intervene earlier when more work could have been done with families to change their behaviours and work in a preventative rather than reactive way. This led participants to reflect on their frustration at thresholds and models of practice which limited the scope to intervene in harmful situations before they escalated to abuse. In their reflections, social workers acknowledged the longevity of involvement with these families who had often been engaged with services for decades. Part of the lack of earlier intervention was likely influenced by historical gaps in safeguarding adults law and policy, but also illustrates the way in which risk

rather than need has dominated social care in recent decades, whereby local authorities intervene only once thresholds have been crossed, rather than in a way that would seek to prevent harm from escalating (Kemshall, 2002).

Defensive practice

Amid the institutional risk logics and emphasis on reputational risk noted above, a final element of managing risk that was present in the data was participants' felt need to safeguard themselves from aspects of blame associated with mismanaging risk.

> *Susan: So I started writing capacity assessments about her ability to understand about relationships, about social media, about assessing risk and things. [. . .] We were assessing risks, but 'were we being a bit overprotective?' was the question that legally got put to me, and 'can't we just do a few basic best interest decisions?'. And thank God I stuck to it because what it did eventually lead to was to guys that she friended and had text messages with and stuff on social media, she then, later on, met with them and accused them of sexually assaulting her [. . .] and so then it was like, oh yes what [Susan] is talking about is coming true.*

Susan's comments above indicate her relief that she had begun the process of seeking legal action to restrict this woman's contact with the alleged abusers. From her comments, we interpret that the local authority's solicitor felt she might have been overprotecting, and she was glad to be proven right. However, her exclamation 'thank god I stuck to it' expresses her relief for herself. It is unlikely to be for the young woman who had been assaulted. In making risk assessments of the relationship and planning services, it is apparent that social workers also factored their own reputations into their professional judgements about managing risk.

This tendency of practitioners to be guarded in their decision making and recording in order to protect themselves and their decisions from scrutiny seemed to be a logical outcome of the 'Risk Society' tendencies in English social work noted above. In such a risk-dominated climate, accountability for action rested on the individual who, in the case of death or serious harm, could be viewed to have failed to make a reasonable decision given the apparent evidence (Kemshall, 2002). In such contexts, blame has become the mechanism through which risk has been individualised (Douglas, 1992). However, when responsibility is placed solely onto individual professionals, the examination of broader structural impediments such as the impact of poverty, ableism and isolation from the community are overlooked, and the possibility for systemic change is lost. This pattern has been repeated in the child protection sphere (Jones, 2014). Whilst deaths or serious harm of vulnerable adults do not tend to receive as much media scrutiny as child deaths, the stress practitioners have felt is an understandable product of a society that views risk management responsibilities as mainly located on the individual, rather than societal, level.

Conclusions and policy recommendations

In their cases, social workers employed several strategies for planning and executing risk management interventions. Their approaches varied based on their individual qualities and values and their (or the Court's) conceptualisation of the victim's ability to make protective choices. However, all four themes discussed in the Findings above relate to risk management at an individual level. This was either in terms of viewing an individual

person (social worker or victim) as responsible for managing the situation or focusing on a particular relationship during the intervention. Interventions focused on minimising or alleviating risk by monitoring, restricting, or promoting changes to the abusive relationship to stop harm to victims and protect against professional or reputational harm. However, such strategies may not acknowledge or mitigate against the structural impediments/wider systemic issues which render people with learning disabilities more vulnerable to experiencing domestic abuse.

Whilst the authors drew on Beck's (1992) Risk Society theory, particularly the idea of individualisation, as a theoretical framework to analyse and understand risk decision making, the findings of the research highlight the limitations of looking at risk purely as a process of individual responsibility and accountability. Other researchers (see, Mythen, 2005) have highlighted the limitations of Beck's theory in acknowledging the impact that economic class, and other structural axes of oppression, have on uncertainty, precarity and disadvantage. Mythen (2005) argues that risk redistribution in society is not uniform, rather long standing social divides differentiate the exposure to and impact of risk. The findings presented in this article support Mythen's critiques and indicate that a more nuanced understanding of the individualisation of risk is needed. In social work practice, the application of Risk Society theory should therefore include an acknowledgement that whilst the employment and policy landscape seeks to promote individual autonomy, complex and engrained structural inequalities impact and often limit choices and decisions to minimise harm.

Social workers in adult social care often take a lead role in managing the risk of harm from domestic abuse against adults with learning disabilities. The risk assessment and management strategies employed by practitioners focused on individual choices, behaviours and attributes of both the victim and the social worker. However, in examining risk at this singular level, potential complexities of domestic abuse and collective solutions for resolving risk may be missed. Drawing on important insights emerging from the findings reported above, we offer the following recommendations for adjusting practice:

Firstly, changes to funding and policy are required to reposition practice towards engaging collectively with communities and the individual. Although the Care Act 2014 (section 2) places a duty on local authorities to monitor and develop local preventative services, restrictions on funding and resources have been a challenge for local authorities in carrying out these duties (Jew et al., 2019). At a macro level, the central government should address this issue by providing sufficient funding for local authorities to undertake community development, as well as resources to undertake early preventative work before the 'at risk' threshold is reached. Such changes should include resource allocations to services or community resources that reduce isolation, promote engagement and promote wellbeing, particularly for those people in the community who may be hardest to reach.

Moreover, policymakers could strengthen and clarify the role of engaging with family and community in safeguarding responses. Whilst 'partnership' working with communities is listed as a key principle in safeguarding work within the Care and Support statutory guidance (Department of Health & Social Care (DHSC), 2022, para 14.13), the detail of how this should be implemented is lacking. Guidance both nationally and locally should provide detail (including examples) of how safeguarding work can extend to the community to better help practitioners with this task. Whilst professional interventions in domestic abuse cases are vital, the relationship social workers have with

service users is time-limited. It cannot meaningfully replace the role of families and communities in forming supportive relationships. Where it is safe and appropriate to do so, practitioners should explore interventions which support the adult at risk to develop and maintain lasting protective relationships.

Secondly, local authorities must offer appropriate domestic abuse and safeguarding adults training to their workforce to facilitate social workers' development of their risk knowledge and understanding of domestic abuse. Training should include specific considerations of the complexities and presentation of domestic abuse for adults with learning disabilities. The training should address the impact coercive control can have on victims' decision-making abilities. Practitioners and safeguarding managers need to be aware of the options available to support an individual who is compelled to make decisions under duress, particularly the inherent jurisdiction process. The Social Care Institute for Excellence (SCIE) has produced guidance for gaining access to an adult suspected to be at risk of neglect or abuse (Social Care Institute for Excellence (SCIE), 2018); social workers can use this tool in cases where they suspect a person with learning disabilities is being coercively controlled.

Finally, social care organisations need to offer more robust support to practitioners managing domestic abuse cases, as the data indicate social workers are factoring in how to safeguard themselves from criticism of poorly managing risk. Organisations should develop supervision processes which enable practitioners to develop their skills and knowledge of managing risk. Employers could achieve this by providing individual or group discussion forums allowing practitioners to talk through ideas and develop strategies with senior colleagues who have experience in managing similar cases. A space to talk through plans and take on different approaches to risk would be one way to develop and expand practitioners' risk knowledge and expertise. Furthermore, both during and at the end of the casework process, practitioners should be offered debriefing supervision to help process their concerns, feelings, trepidations and potential vicarious trauma associated with working with victims of abuse (Diaconescu, 2015).

If implemented, such recommendations could assist social workers and local authorities in navigating the complexities of domestic abuse cases against people with learning disabilities in our risk society.

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1. The term learning disability is used in this paper as it is the term used in UK government policy directed at social work practitioners. Therefore, it is the term most widely used in practice to describe individuals with an intellectual disability.
2. Under the Care Act 2014 local authorities can delegate some functions to other agencies. The participants in this study were either directly employed by a local authority or in an agency carrying out duties on behalf of the local authority.

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