Us Too

Women with learning disabilities standing up to domestic abuse

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

A Guide for Domestic Abuse/ Sexual Violence Services

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The quotes in a number of the sections are the direct voices of the women who lead the project.

Introduction

From work carried out by the **Office for National Statistics** in 2021 we now know that women with learning disabilities, autism or both are three times more likely to experience domestic abuse than their non-disabled peers.

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

- 24% think it is OK if their partner assaults them, but then says sorry and buys them chocolates.
- 23% think it is OK if their partner tells them what to do the whole time.
- 29% have never heard of domestic abuse.
- 100% don't know how to contact their local domestic abuse services.

The Us Too team was a group of women with learning disabilities, autism or both who had experienced domestic abuse and/or sexual violence. The project was run by ARC England, funded by Comic Relief from March 2019 – June 2021, and supported by the **Women's Centre Cornwall**.

This guide has information about:

- The Us Too project and what we learned.
- An introduction to learning disability and autism.
- How domestic abuse impacts on women with learning disabilities, autism or both.
- What do women with learning disabilities, autism or both want from DA/SV services?
- Accessibility and communication.
- Sources of support and other resources.

"I just wanted love. I didn't listen to the warning signs. How do I know what a warning sign is? I didn't know I was being abused, someone had to tell me. Even then I didn't really listen. It's hard. He was very cunning.

"It felt wrong, but I felt I had to work on the relationship. I thought, relationships are supposed to be hard."

"Things got bad. I had to tell him everything I was doing, and he started losing his temper. He chipped away at my confidence, and blamed me for everything, playing mind games with me.

"When I did realise, I was frozen. I didn't fight back, I thought he might do something worse, and I had nowhere to go."

The Us Too Project

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

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

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

WORKSHOPS WERE DELIVERED TO:

- 133 girls and women with learning disabilities, autism or both in schools, colleges, employment projects and day services.
- 200+ social work and social care professionals working for local authorities and the independent sector.
- 89 Domestic Abuse and Sexual Violence professionals in refuges, helplines, and support services.

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

"I started drinking, and the flat was a mess, which isn't me. And I stopped looking after myself, how I looked, and stopped eating.

"I was upset, and I think you could tell? But when you saw us together I was doing anything to keep him happy. I was very protective of him."

"He was getting me to do things I wouldn't normally have done, and missing things I liked, like church.

"I never had any money, he was living off me. He took over my life. He stopped me seeing my friends, and told me to ignore my family. I think my friends knew, but they just avoided us.

Learning Disabilities & Autism

WHAT IS A 'LEARNING DISABILITY'?

The government white paper, 'Valuing People', explained that a learning disability includes the presence of:

- a significantly reduced ability to understand new or complex information or to learn new skills;
- a reduced ability to cope independently;
- an impairment that started before adulthood, with a lasting effect on development.

This means that the person will find it harder to understand, learn and remember new things, and means that th person may have problems with a range of things such as communication, being aware of risks or managing everyday tasks.

A NOTE ON TERMINOLOGY

The term 'people with learning disabilities' was adopted by the UK Government in 1991, replacing such terms as 'mental handicap'. By this time many self-advocates were using 'people with learning difficulties'. However, as this was a term already in use in the education system to refer to children with specific learning difficulties (such as dyslexia and dyspraxia) the government feared confusion.

While the generally accepted term, used across all agencies, remains 'learning disabilities', some self-advocates continue to prefer and use 'learning difficulties'.

A NOTE ON THE SOCIAL MODEL OF DISABILITY

The quote from People First reflects the move from a 'medical' model of disability to the 'social' model of disability, which is now widely accepted and used. Instead of seeing the person with disability as 'having something wrong' that needs to be 'fixed', the social model sees society and the barriers it places to the aspirations and progress of people with disabilities as being at fault. These barriers are explored below (see 'Barriers to services').

WHAT IS AUTISM?

The National Autistic Society (**www.autism.org.uk**) says:

Autistic people see, hear and feel the world differently to other people. If you are autistic, you are autistic for life; autism is not an illness or disease and cannot be '**cured**'. Often people feel being autistic is a fundamental aspect of their identity.

Autism is a spectrum condition (including such conditions as Asperger's Syndrome). All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have **learning disabilities**, **mental health issues** or **other conditions**, meaning people need different levels of support. All people on the autism spectrum learn and develop. With the right sort of support, all can be helped to live a more fulfilling life of their own choosing.

Some autistic people say the world feels overwhelming and this can cause them considerable anxiety.

In particular, understanding and relating to other people, and taking part in everyday family, school, work and social life, can be harder. Other people appear to know, intuitively, how to communicate and interact with each other, yet can also struggle to build rapport with autistic people. Autistic people may wonder why they are 'different' and feel their social differences mean people don't understand them.

SOCIAL OUTCOMES

PEOPLE WITH LEARNING DISABILITIES AND AUTISM ARE:

- More likely to experience crime.
- More likely to experience sexual exploitation, sexual violence and domestic abuse.
- Over-represented in Police custody and the prison population.
- More likely to self harm.
- Often lonely and isolated.
- More likely to experience trauma.

IN ADDITION:

- 93% of people with learning disabilities and 68% of people with autism are unemployed.
- 40% of people with learning disabilities and about a third of people with autism also have mental health issues.
- 25% of people with learning disabilities also have autism.
- About half of people with autism also have a learning disability.
- About a quarter of people diagnosed with autism are female. This may be a significant under-representation of the actual gender balance.
- Average life expectancy for people with learning disabilities is about 15 years less than the general population, with people 50% more likely to die from preventable causes.

IT IS ALSO IMPORTANT TO KNOW

- Fewer than 50% of people with learning disabilities ever receive a diagnosis.
- Many people on the autistic spectrum remain undiagnosed in adult life.
- Of the people with learning disabilities who do have a diagnosis, less than half receive any kind of specialist support.
- 85% of people with learning disabilities receive no help from Health or Social Services with their disability.

However, despite these multiple disadvantages, most people with learning disabilities, autism or both live happy, fulfilling lives and do not consider their label as being the most important thing about them. As one member of the Divas team says:

"I might have a learning disability but I can do lots of things. I'm a daughter, a mother, have ridden horses, I'm a friend to others. I am a woman first."

Knowing When Someone has a Learning Disability, Autism or Both

The simple fact is that most of the time you won't know, though you may suspect that something is 'not quite right'.

Most people with a learning disability or autism never receive a diagnosis, and many of those who do might reject the label owing to its stigma. The Us Too team believe that if you offer your service on the assumption that everybody you work with may have a learning disability, autism or both then not only will it be accessible for those people, it will be accessible for everyone.

However, we do understand that sometimes it is helpful to know so that you can:

- make reasonable adjustments;
- seek further help and resources;
- record accurate data, as only with data will you get the necessary funding to pay for these reasonable adjustments and extra resources.

HOW CAN YOU TELL IF SOMEONE HAS A LEARNING DISABILITY?

There are a few conditions, such as Down's Syndrome, in which there are some easily recognised facial characteristics. However, for the vast majority of people with learning disabilities there are no obvious physical signs.

Carmarthen Domestic Abuse Services and Carmarthen People First ran a project in 2017 which aimed to improve the response to domestic abuse for people with learning disabilities. Their **'Transform Toolkit'** included this advice:

ASSESSMENT PROMPT SHEET FOR FRONTLINE SERVICES - COULD THIS PERSON HAVE A LEARNING DISABILITY?

Is the person struggling to:

- Express what has happened?
- Understand what has happened?
- Follow instructions or conversations?
- Control their anger and other emotions?
- Remember their address or date of birth?

If so, the sensitive asking of certain questions may help suggest whether they have a learning disability.

- Do you struggle a bit with reading and writing? Do you need help to fill in forms or read?
- What school did you go to? Did you get extra help there?
- Do you work? What job do you do?
- Do you use your own bank account? Do you deal with your own money?
- Can you say where you live and who you live with?
- Do you have anyone helping you day to day with things at home? How about shopping? Cooking? Paying bills etc?
- Do you ever see a...(key worker, support worker, social worker, nurse, doctor, psychologist)?
- Do you sometimes join in any groups like People First or Mencap? [NOTE: use local examples]

HOW CAN YOU TELL IF SOMEONE HAS AUTISM?

There are no distinguishing physical characteristics for people on the autistic spectrum.

The National Autistic Society produced a **guide on autism** for Police officers and staff. It suggested that the following indictors may suggest that someone has autism:

Does the person you are dealing with:

- show unusual (or no) eye contact, and behave inappropriately, unpredictably or unusually?
- seem to struggle to understand you?
- find it difficult to talk to you?
- repeat what you or another person says?
- speak honestly, to the point of bluntness or rudeness?
- seem unusually anxious, agitated or even scared of you?
- display repetitive, obsessional-type behaviour?
- show sensitivity to sound, light or touch?

OTHER INDICATORS CAN INCLUDE THE PERSON:

- Talking non-stop.
- Understanding comments very literally.
- Having rigid routines.
- Disliking change.
- Having an obsessional interest about specific subjects.

Communication

Many people have both autism and a learning disability, so some of the advice below is contradictory (e.g. the use of open questions, and the use of non-verbal communication).

Bear in mind, these are general principles. Communication preferences and style are completely individual, so it is imperative to:

1) take time getting to know the person, asking them what they need and prefer;
2) speak with others who know them well (e.g. family & carers) with their permission,
3) if necessary, engage other professionals locally (e.g. Speech & Language Therapy).

COMMUNICATION ISSUES: LEARNING DISABILITY

In person: Many people with a learning disability prefer face to face and one to one communication.

Use pictures (often called 'Easy Read'): For example, see **https://www.changepeople.org/Change/media/Change-Media-Library/Free%20Resources/How-to-Make-Information-Accessible-WEB-31-03-21.pdf**

In writing: Use bigger text and bullet points, and to keep writing at a minimum. Too much colour can make reading harder for someone as well.

On the phone: Speak slowly and clearly, using easy to understand words.

YOU MAY ALSO FIND THESE TIPS USEFUL:

- Find a good place to communicate in - somewhere without distraction. If you are talking to a large group be aware that some people may find this difficult.
- Ask open questions; questions that don't have a simple yes or no answer.
- Check with the person that you understand what they are saying e.g. "the TV isn't working? Is that right?"
- If the person wants to take you to show you something, go with them.
- Watch the person; they may tell you things by their body language and facial expressions.
- Learn from experience - you will need to be more observant and don't feel awkward about asking parents or carers for their help.
- Try drawing - even if your drawing isn't great, it might still be helpful.
- Take you time, don't rush communication.
- Use gestures and facial expressions. If you're asking if someone is happy or unhappy, make your facial expression unhappy to reinforce what you're saying.
- Be aware that some people find it easier to use real objects to communicate, but photos and pictures can really help too.
- Remember, all communication is meaningful, but you may need to work harder to understand.

[This section is based on tips for communicating with people with learning disabilities from **Mencap.**

COMMUNICATION ISSUES: AUTISM

The **National Autistic Society** gives the following tips:

- They don't pay attention to what I'm saying.
- Always use their name at the beginning so that they know you are talking to them.
- Ensure they are paying attention before you ask a question or give an instruction. The signs that someone is paying attention will be different for different people.
- Use their special interest, or the activity they are currently doing, to engage them.
- They find it hard to process what I say.
- An autistic person can find it difficult to filter out less important information. Too much information can lead to 'overload', with no further information processed.
- Say less and say it slowly.
- Use specific key words, repeating and stressing them.
- Pause between words and phrases to give the person time to process what you've said, and to give them chance to think of a response.
- Don't use too many questions.
- Use less non-verbal communication (e.g. eye contact, facial expressions, gestures, body language) when a person is showing signs of anxiety.
- Use **visual supports** (e.g. symbols, timetables, **Social Stories™**).
- Be aware of the environment (noisy/crowded) that you are in. **Sensory input** may be affecting how much they can process.

They struggle with open ended questions

- Keep questions short.
- Ask only the most necessary questions.
- Structure your questions, e.g. you could offer options or choices.
- Be specific. For example, ask "Did you enjoy your lunch?" and "Did you enjoy maths?" rather than "How was your day?".

They don't ask for help

- Give them a **visual help card** to use.
- They takes things literally

Avoid using irony, sarcasm, figurative language, rhetorical questions, idioms or exaggeration. If you do use these, explain what you have said and be clear about what you really mean to say.

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

Public Health England (2015) report that disabled people:

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

"Really, it's going to be horrible, no matter what happens, even if it does mean you are getting out of a bad relationship. It's about taking back control."

"Don't be afraid, it's good to speak up. But you do need to be brave and know that you are not alone. Some Police are alright, but being interviewed was horrible. People have got to stop making choices for us. It didn't go to Court, and I wanted it to. I can be strong. They didn't give me a chance to be strong. I could have given evidence, I have good support around me.

Public Health England also state:

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

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

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

WHAT MAKES DOMESTIC ABUSE AND SEXUAL VIOLENCE MORE LIKELY IF YOU HAVE A LEARNING DISABILITY, AUTISM OR BOTH?

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

OUR SEX AND RELATIONSHIP EDUCATION HAS BEEN POOR

Team members said they have received little or no sex and relationship education during formal education. Any they had received was poor and confusing.

WE CAN BE OVER-PROTECTED

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

WE MAY NOT KNOW IT IS WRONG

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

WE MAY NOT KNOW HOW TO REPORT

As we said in the introduction, none of the women and girls we worked with in our peer education sessions knew how to contact their local DA/SV services. Most were unware that these even existed. Numeracy and literacy deficits make access via helplines and websites problematic.

WE ARE NOT LISTENED TO

When women did manage to report they were frequently ignored or the disclosure played down.

OUR DISCLOSURES (VERBAL AND NON-VERBAL) MIGHT BE THOUGHT OF AS PART OF OUR DISABILITY

This was particularly true for women with more significant disabilities, whose disclosures may come in the form of what is then interpreted as 'challenging behaviour' and an organic part of their disability rather than a communication about abuse or expression of trauma.

SOME OF US ARE RELIANT ON OUR PERPETRATORS

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

OUR STAFF ARE NOT TRAINED

Whilst safeguarding training was very common for front line staff in learning disability and autism services we found very little evidence of specific training about domestic abuse.

POLICE DON'T THINK IT HAPPENS TO US

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

UNTRAINED SPECIALIST SERVICES

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

ABUSE IS 'NORMAL' FOR US

Because all sorts of abuse is such a normal part of their lives, and any report so unlikely to end in action, many women cease to see it as something worth commenting on or complaining about.

WE MAY HAVE 'LEARNED COMPLIANCE'

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

MANY OF US HAVE DIFFICULTIES MAKING RELATIONSHIPS

Because of the lack of opportunities and education afforded to people with learning disabilities, autism or both, very few have others in their life who are not family or support staff. The human drive towards relationships means that often people will accept any offer rather than being alone.

SOME OF US HAVE LOW SELF ESTEEM

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

Working with Women with Learning Disabilities, Autism or Both who have Experienced Domestic Abuse & Sexual Violence

The women in the Us Too team discussed their experiences of disclosure and post-disclosure support. The positive features that they thought most important form the backbone of this section.

WHAT WOMEN WANT

The women in the Us Too team said:

'Make time for me.'

THIS NEEDS TO BE:

- the **right place,** somewhere I feel comfortable and that I can get to. I won't have a car, and I may not be able to use public transport.
- **right person**, because I won't trust just anyone, and they need to be able to communicate with me and understand me.
- **and right time**. I will have better and worse times of the day, and better days of the week. This might be to do with medication I am on, or my routines if I have autism.

"I wanted to feel safe, comforted. I wanted somewhere private, to take the time I needed. To be listened to and believed.

"I was scared when I told someone. You are going to be scared. I needed them to stay calm. I didn't want to be worrying about them.

"You need to ask me what I want, and to help me do what I want to do. That might be going to the Police, it might not. You need to be there for me for as long as it takes. You need to help me take control."

‘Be there for me.’

I might not fit into your schedule and shifts.

‘Believe me. Show me you care. Show me I can trust you.’

My self esteem could be very low, and I could feel completely worthless. Because of my learning disability or autism you might need to make a bigger show so I know you care. I might need help with understanding emotions, both yours and mine.

‘Be patient with me.’

I might need longer to think, make choices, and to find the right words. I might forget what happened to me, or get it in the right order. I might get tired quickly. My learning disability might mean that when I think of something, I have to say it then or I will forget it. You need to follow me, not me you.

‘Update me on what is happening.’

It might have taken me years to have found the right person, and right time, to say what happened to me. Lots of us in the team found that once we had told someone, nothing happened for six weeks or more. Six weeks is a long time for anyone who has gone through abuse, but for us six weeks can feel like a lifetime.

‘I don’t want to tell 6 different people what has happened to me.’

In the team some of us told a carer, and then had to tell their manager, a Social Worker, someone from Safeguarding, a Police officer, another Police officer and on and on. Every time it felt worse. We only want to talk to one person, someone we trust.

I might need an advocate to help.

‘Explain my choices.’

I might not be used to having a choice and I don’t know what is there. I probably don’t know what counselling or a refuge is, or whether I should tell the Police.

‘Ask me what I will find helpful’

Put me in control. Ask me how I like to communicate and what support I need. Don’t make assumptions about me just because I have a learning disability or autism.

Explain what is going to happen before it does. If I am autistic I don’t like things being sprung onto me at the last moment – it makes me very anxious.

Good Practice Tips: Access Issues

As part of the Us Too workshops with DA/SV services we discussed how to improve service access for women with learning disabilities, autism or both. A number of strong themes emerged:

1) REDUCED PAPERWORK (E.G. REFERRAL AND RISK ASSESSMENT)

Referral and self-referral forms are often long and complicated, making them impossible for someone with a learning disability to complete. Sometimes this is because of information demanded by commissioners, so there may be a need for negotiation on what is essential or how the information can be collected other than directly from the individual.

2) MORE FLEXIBLE INTERVIEWS AND INTERVENTIONS.

Meetings may need to be shorter, but more frequent, and over a much longer period of time and on a repeat 'top up' basis (especially therapeutic interventions).

People with autism don't like change. You need to give them plenty of warning before any meeting, and don't invite anybody unexpected into the meeting without prior warning and consent e.g. a trainee.

Have plenty of breaks to avoid over-loading and to allow processing time.

3) MORE ATTENTION TO THE POSSIBLE PRESENCE OF LEARNING DISABILITY OR AUTISM IN CLIENTS.

Have a 'Learning & Autism Disability Champion' in your service. Someone with training and/or experience, or even lived experience. Someone who can offer advice to the rest of the team, champion advocacy, and build external networks.

Start a group of people with lived experience who can offer you advice.

By making your service more accessible to people with learning disabilities, autism or both, you are making it more accessible to everyone. As one provider said, "We could do so much better by making it all simpler."

4) RECRUIT A SPECIALIST DISABILITY IDVA.

5) CLEARER INFORMATION ABOUT THE SERVICE AND A PLAN ON RAISING AWARENESS AMONG PEOPLE WITH REDUCED COMMUNICATION SKILLS.

For example, people with limited communication skills will find it very hard to use a helpline or a website. Even people with good communication skills will struggle with most websites.

Think creatively. Could you set up a 'one stop shop' drop in centre for people to report and/or seek help and advice. A poster campaign, with tear-off helpline numbers in GP surgery, shopping centre, job centre or pub toilets? What community events and organisations are out there where you could have a stall or give a talk?

You may need to avoid, or explain, the term 'domestic abuse'. Nearly one third of women we surveyed did not know what it meant. Use examples instead.

There is a good guide to website accessibility on the Mencap website **www.mencap.org.uk/website-accessibility**.

6) A COMMUNICATION TOOLKIT AVAILABLE IN THE SERVICE.

This could include picture cards, easy read leaflets, objects of reference, Makaton symbols, etc.. Look in the sections on 'Communication Issues' for more advice.

7) GREATER TEAM AWARENESS OF LEARNED COMPLIANCE, AND STRATEGIES FOR ADDRESSING THIS.

For example, if you are offering people a list of options, they may well just choose the last one on the list. This is partly because it will be the one they remember, but also because they think that is the one you want them to choose. So offer the options again, but in a different order.

You can also foreground the issue. If you think the person is demonstrating compliance you could try saying, “It’s important you say what you really want, not what you think I want to hear.”, and show that you mean that.

Avoid the ‘tells’ that people may be looking for: lingering over a particular word, saying it louder, nodding or gesturing.

8) IDENTIFY AND PLAN FOR PEOPLE’S ADDITIONAL NEEDS IN CONTRACTS WITH CLIENTS. ASK PEOPLE WHAT THEY WANT, WHAT SUPPORT THEY NEED AND THEIR COMMUNICATION PREFERENCES.

9) MORE NETWORKING WITH LOCAL LEARNING DISABILITY AND AUTISM SERVICES.

Look at ways you can offer each other, or share, training and information. Work in a multi-agency way.

10) MORE NETWORKING WITH OTHER DOMESTIC ABUSE/SEXUAL VIOLENCE SERVICES ALSO SEEKING TO IMPROVE ACCESS.

Good Practice Tips: Specialist Staff

A number of DA/SV providers were identified with a strong track record on working with women with learning disabilities, autism or both. The project team conducted detailed interviews with these services and the following practice tips were highlighted:

1) Women with learning disabilities, autism or both may need more help in keeping themselves safe owing to the greater likelihood that they have remained with the perpetrator for longer, and are more dependent on them.

2) Prosecutions are extremely unlikely for perpetrators, so the best approach may be to put as many obstacles in their way as possible. This could include the use of **DVPOs**, injunctions, and encouraging the Police to identify the perpetrator as a 'target'. Multi-agency approaches are essential.

3) Women with learning disabilities, autism or both are more likely to exhibit compliance (a typical response was said to be: "I don't want him to get in any trouble.") and to believe that the abuse they experience is their fault. Reassure the person that it is not their fault, and that they have a right to be safe. Look at the tips for compliance at (7) in the section on Access Issues above.

4) Agree a really simple safety plan with survivors. Follow this up with a phone call. Have frequent reviews, with a different aspect of the plan visited in each meeting. Help survivors identify the support they already have in place, and might be able to access. There may be a need to seek this out on behalf of survivors.

5) Have a project based on the needs of women with learning disabilities, autism or both. Use it to develop partnerships with social care and other services, and have a multi-agency steering group. Get the word out about what you are doing and show you are serious.

6) It is worth asking around to see if there are any local projects offering specific support to people with learning disabilities. One such is the WISER (Women in Safe & Empowering Relationships) programme, which operates in various places across the UK, including this one in Plymouth: **www.plymouthhighburytrust.org.uk/advocacy/plymouth-parent-advocacy-project/wiser/#**

Good Practice Tips: Counselling/ Therapy issues

GENERAL THERAPEUTIC ISSUES

These issues are commonly encountered and, if not acknowledged or adequately addressed, can lead to a lack of accessibility of therapy. The past failure of therapists to adapt their practice or understanding can be projected onto patients, who are thus labelled as 'unsuitable' for therapy:

Referral and consent: individuals rarely exercise their own choice and refer themselves for therapy. Some may express a wish to talk to someone about their problems or it may be suggested to them by carers or other professionals. More usually a health professional with experience, knowledge or training will identify a 'need' for therapy from aspects of the person's mood, behaviour or personal history. While referrals in the general population tend to indicate the person's wishes about therapy and its outcome, for people with learning disabilities it is the expectations or dissatisfactions of carers or the aspirations of the referrer that are highlighted, without a clear indication of whether these have been discussed with the person being referred.

The initial assessment will need to clarify consent and explore the meaning of therapy. The therapist may need to focus on the patient's understanding of why they are there and what they expect or wish to happen. It can be difficult to establish whether the patient is making an informed choice and if they have the capacity to do so. Consent may have to be inferred from the person's demeanour, mood, cooperation or willingness to remain in the room or to return. Because people with learning disabilities tend to try to please others this can place them in a vulnerable position in relation to therapy and the therapist. This has significant implications for the regulation of training and supervision for therapists working with this patient group.

Confidentiality: maintaining the therapeutic process relies on a greater degree of communication and support from carers and fellow professionals than in the general population. Sharing of information and/or concerns may be needed, particularly if there is a history of abuse. Too rigid an approach to confidentiality can undermine the process and value of therapy, yet the patient needs to be able to trust the therapist. It is essential to make the therapeutic boundaries clear from the outset for the patient, carers and others. Good communication can be ensured by the joint formulation (between therapist and patient, and between therapist and carer) of letters, and by telephone calls and agreed meetings to discuss general progress and mutual concerns.

Accessibility: people with learning disabilities do not usually travel independently and have to rely on others to take them to appointments. Regular attendance over a long period requires considerable commitment of carers' time and resources and special arrangements for cover in staff teams. The progress of therapy can be easily jeopardised by anything that threatens the reliability of necessary support and escort, such as financial constraints, staff shortages or failure of communication.

Carers who have to make a regular commitment to supporting an individual's attendance for therapy may experience feelings of impatience or envy with the process and may also wish to know what is happening in the therapy. If these issues are not addressed, then therapy can be undermined. A second professional or key-worker who can provide liaison, support and communication is helpful.

Allowing more time and sticking rigidly to time will also help – delayed appointments can trigger significant anxiety among autistic people.

The therapeutic relationship: the fundamental importance and efficacy of the therapeutic relationship is common to all psychological therapies. It is characterised by attentiveness, empathy, consistency, warmth and non-intrusive concern. People with learning disabilities whose early relationship experiences have been of rejection or lack of intimacy, and who expect to be devalued or disliked, may find it difficult to form a trusting treatment alliance. If the therapist takes the concept of 'analytic neutrality' too literally, they may be perceived as cold, rejecting or lacking in concern.

A greater degree of warmth and friendliness, combined with a more flexible approach to the timing of sessions and the use of physical touch, can help to establish a more positive and trusting relationship, although this may be at the expense of the patient's ability to express and process negative emotions in therapy.

Communication: it can take time to establish an effective communication style in therapy. Non-verbal communication and the use of adjunctive methods such as drawings, doll figures and picture books are emphasized; art, music, play and drama therapies are particularly prominent. If difficulties in communication are experienced, it is important that silence can be both tolerated and used therapeutically.

Largely drawn from: **www.intellectualdisability.info/historic-articles/articles/psychological-treatments-for-people-with-learning-disabilities**

Legal Requirements

Mental Capacity Act 2005

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

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

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

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

THE FIVE KEY PRINCIPLES OF THE MCA ARE:

1) ASSUMPTION OF CAPACITY

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

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

2) SUPPORTED DECISION-MAKING

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

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

3) UNWISE DECISIONS

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

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

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

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

4) BEST INTERESTS

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

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

5) LEAST RESTRICTIVE OPTION

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

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

ASSESSING FOR CAPACITY

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

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

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

WHO CAN ASSESS CAPACITY?

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

THE MCA CODE OF PRACTICE

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

MENTAL CAPACITY AND COERCION

There is a good paper on the law on Mental Capacity and coercive control here: **https://coercivecontrol.ripfa.org.uk/wp-content/uploads/Guidance_sheet_two_Mental_capacity_and_coercion.pdf**

Equality Act: 'Reasonable Adjustments'

Under the Equality Act 2010, organisations must make changes in their approach or provision to ensure that services are accessible to disabled people as well as everybody else.

There are three different things organisations may have to do make it easier for disabled people to access or do something:

CHANGE THE WAY THINGS ARE DONE

Some organisations have a certain way of doing things which makes it more difficult to access their services. This could be a formal or informal policy, a rule or a practice. It could also be a one-off decision. The Equality Act calls this a **provision**, **criterion** or **practice**. The organisation should change these things if they are a barrier, unless it's unreasonable to do so.

CHANGE A PHYSICAL FEATURE

Sometimes a physical feature of a building or other premises may make it more difficult to access or use. For people with learning disabilities or autism these may include signage

and lighting. Many people with learning disabilities also have physical disabilities, so would also include steps, passageways, entrances, internal doors and toilets.

The kind of adjustments which could be made includes removing, changing or providing a way of avoiding the physical feature, where it's reasonable to do so. Here are examples of reasonable adjustments:

- ramps and stairway lifts
- wider doorways
- automatic doors
- more or different lighting. For example, autistic people may need lighting to be subdued, avoiding fluorescent strips.
- clearer signs, perhaps using pictures/symbols.
- for autistic people: an avoidance of bright colours and no distracting noise. You may need to arrange a quiet room and a room for breaks.

PROVIDE EXTRA AIDS OR SERVICES

Sometimes you may need to provide particular aids or equipment to assist access, or to provide additional services. The Equality Act calls this **auxiliary aids** and **services**. Examples of auxiliary aids and services are:

- a portable induction loop for people with hearing aids
- BSL interpreters
- providing information in alternative formats, such as easy read or audio
- extra staff assistance.

ISSUES YOU MAY NEED TO CONSIDER ARE:

- people with learning disabilities may not benefit from group work in the same way as people in the general population.
- apparent lack of co-operation may be due to a lack of understanding, or a (perhaps undisclosed) inability to read, rather than a lack of motivation to engage.
- adapting the way in which you engage – such as modifying assessments.
- simplifying the information that is provided.
- people with learning disabilities may be dependent upon carers and paid staff to use your services and make the positive life changes.

Sources of Help, Information and Further Reading

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

SARSAS (Bristol): **https://www.sarsas.org.uk/wp-content/uploads/2020/03/SARSAS-Self-Help-Guide_Easy-Read20.pdf**

Easy Read Guide to Sexual Consent. SARSAS:

https://www.sarsas.org.uk/wp-content/uploads/2020/09/What-is-sexual-consent-Draft-23.11.17.pdf

The SARSAS Youtube channel includes films on:

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

Easy Read Self Help Guide for people who have experienced sexual abuse. Cambridgeshire & Peterborough Domestic Abuse & Sexual Violence Partnership: **https://www.cambsdasv.org.uk/website/getting_support/84212**

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

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

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

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

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

'All I wanted was a happy life': the struggles of women with learning disabilities1 to raise their children while also experiencing domestic violence. Article by Michelle McCarthy, Tizard Centre (2019) **www.ingentaconnect.com/content/tpp/jgbv/2019/00000003/00000001/art00007#**

'Disability & Domestic Abuse'. Public Health England report (2015): **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf**

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

'Reaching Out' toolkit and report for professionals and individuals to communicate about domestic abuse more effectively. CARMDAS: **www.carmdas.org/pages/category/reaching-out-toolkit**

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

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

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

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

Easy Read Guide to Clare’s Law. Devon & Cornwall Police/ Home Office: **https://www.devon-cornwall.police.uk/media/912742/clares-law_easy_read_final.pdf**

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

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

CREDITS

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