
Whole Lives Scotland



Area 2:
Domestic abuse and learning disability
service provision in Stirling

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<http://www.safelives.org.uk/policy-evidence/whole-lives-improving-response-domestic-abuse-scotland>

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Introduction

About SafeLives

We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for each individual and family to get the right help at the right time to make families everywhere safe and well. And we challenge perpetrators to change, asking 'why doesn't he stop?' rather than 'why doesn't she leave?' This applies whatever the gender of the victim or perpetrator and whatever the nature of their relationship.

Every year, nearly 130,000 people in Scotland experience domestic abuse. There are over 9,000 people at risk of being murdered or seriously harmed; over 12,000 children live in these households. For every person being abused, there is someone else responsible for that abuse: the perpetrator. And all too often, children are in the home and living with the impact. Domestic abuse affects us all; it thrives on being hidden behind closed doors. We must make it everybody's business.

Together we can end domestic abuse. Forever. For everyone.

Since 2005, SafeLives has worked with organisations across the UK to transform the response to domestic abuse. In Scotland, we currently deliver three programmes supported by a team of associates who provide additional expertise to our work.

Marac Development Programme: We support the implementation of the Marac process, to promote a best practice, risk-led response to domestic abuse, by providing training, helpdesk support and through the development of Scotland specific resources and tools.

Training & development: We create bespoke learning packages about domestic abuse and coercive control for a wide range of organisations including Crown Office & Procurator Fiscal Service, NHS Health Scotland and Wheatley Housing. We developed and deliver Domestic Abuse Matters Scotland in partnership with Police Scotland to support implementation of the Domestic Abuse (Scotland) Act 2018.

Whole Lives Scotland: Following our 2017 research report, *Whole Lives*¹, the National Lottery Community Fund in Scotland awarded SafeLives funding to carry out a three-year project working with four Violence Against Women Partnerships (VAWPs) in different local authority areas to:

- Support local services to maximise their impact in terms of accessibility, practice, multi-agency working and victim and survivor experience
- Establish strong, locally relevant evidence bases that have national significance
- Build the case for a more ambitious, deep-rooted, improved response to domestic abuse in Scotland in the longer term
- Amplify the voices of victims and survivors across Scotland

In conjunction with each VAWP, a focus is identified - victim and survivors for whom barriers to support access may be exacerbated. Through on-site data collection and consultation, SafeLives builds a picture of local domestic abuse provision and pathways to support. The research and corresponding thematic report provide a foundation from which the SafeLives Engagement Lead creates a bespoke practice response to any gaps and needs identified. Stirling is the second area to participate in the Whole Lives project. In the first, Renfrewshire, the work focussed on victims and survivors with mental health needs.

The National Lottery Community Fund

Thanks goes to our funder, The National Lottery Community Fund, a non-departmental public body and distributor of National Lottery funding. Their work is divided into five portfolios, covering projects across England, Northern Ireland, Wales and Scotland, and the UK as a whole.

Research Approach & Context

Research approach

Whole Lives research objectives

- Amplify the voice of victims and survivors across Scotland through consultation
- Identify potential improvements to local partnership working
- Highlight strengths and gaps in local practice
- Assist services to use their data and evidence more effectively

We partnered with Stirling's Gender-Based Violence (GBV) Strategy Group who chose to focus on victims and survivors with learning disabilities. We agreed to look at learning disability in the broadest sense, encompassing mild to complex levels of need and inclusive of those with or without a clinical diagnosis. This approach allowed us to link with different agencies operating within Stirling. See the Appendix for the Scottish definition of learning disability and more information on levels of need. We recognise that people with learning disabilities are a diverse group of individuals with vastly differing needs and experiences. It is intended that this broad spectrum is reflected throughout this exploratory report.

Whilst Stirling Council was our key partner in this work, the local authority sits within Forth Valley NHS area and is under Clackmannanshire & Stirling Health and Social Care Partnership, therefore some of the research and engagement took place with organisations that were not solely operational in Stirling. To ensure that we worked collaboratively with stakeholders a small working group was set up at the start of the project. It offered steer and focus to the research and provided a 'critical friend' function. The group allowed us to foster positive relationships, and we were able to utilise local knowledge to build an understanding of provision. This became an invaluable and key element of Whole Lives Stirling.

Research questions

1. What are the pathways to support in Stirling for victims and survivors with learning disabilities and what are the barriers?

2. What are the strengths in provision in Stirling for victims and survivors with learning disabilities and where can improvements be made?

> Are there differences in the above when victims and survivors are parents?

Research activities

Consultation with professionals

- Mapping of service provision

The Engagement Lead met with 17 local agencies from a wide range of specialisms, including statutory teams, third sector and health. This would normally involve a face-to-face meeting where a mapping tool would be completed to record service provision and information on referral pathways.

- Multi-agency focus group

A focus group was held which six professionals attended from domestic and sexual abuse services, health, the police and a learning disability advocacy service. Two SafeLives facilitators asked questions about barriers to service access and provision in the area for victims and survivors with learning disabilities.

- Interviews with practitioners/stakeholders

Semi-structured interviews were conducted with professionals from a sexual assault health service, an advocacy service and a speech and language therapy service.

- Practitioner/stakeholder online survey

In conjunction with the Whole Lives Stirling Steering group a survey was created in order to gather the views and experiences of those working in the area. This was distributed to a range of multi-agency professionals, including local domestic abuse professionals, social work, health and third sector non-domestic abuse agencies. Content focused on training and competency on domestic abuse, views on multi-agency work, and identifying barriers to service access. Fifty-seven practitioners responded, including a range of domestic abuse professionals and non-domestic abuse professionals.

Domestic abuse professionals	11
Domestic abuse services	5
Police	3
Learning disability	1
Sexual abuse	1
Health	1

Non-DA professionals	46
Learning disability	10
Health	8
Other	8
Adult Social Work	7
Education – Secondary	4
Education – Further / Higher	3
Children & Families Social Work	3
Criminal Justice Social Work	1
Police	1
Sexual abuse	1

Consultation with victims and survivors

Lived experience is at the heart of SafeLives' work. A specially devised 'Authentic Voice' toolkit informs our work and ensures a considered ethical process is followed when consulting with victims and survivors. As part of the Whole Lives project, we conducted a survivor survey to engage victims and survivors across Scotland to understand their experiences of seeking specialist support and what barriers they encountered. A total of 346 people responded from all local authorities in Scotland. The survey was promoted locally in Stirling and 12 victims and survivors from the area responded. In conjunction with Disability Equality Scotland we developed an Easy Read version of the survey to support completion by victims and survivors with learning difficulties. In total, we have had 3 responses to the Easy Read survey, though none from within Stirling. Findings from the national survey will be published in Autumn 2020.

Locally in Stirling, we experienced considerable challenges consulting with victims and survivors with learning disabilities. There were several factors to this. First, the specialist combined domestic abuse and learning disability advocacy service that is operational in Stirling was undergoing an evaluation concurrent to Whole Lives². It was agreed that we would not ask their service users to participate in Whole Lives for ethical reasons and to prevent duplication of work. The external academic evaluation team kindly shared their findings and the service was also hugely forthcoming with staff engagement meaning that the report could include their views. Secondly, and this will be explored further in the body of this report, it was clear that many services do not have structures in place to attempt to identify victims and survivors with learning disabilities. Some services, including GBV services, do not formally record whether service users have a learning disability. These factors made it incredibly difficult to identify or contact potential victims and survivors to invite to participate. As a result, we regrettably do not have the strong victim and survivor voice throughout the report that we would have liked.

In order to ensure victim and survivor voice is integral to this work as far as possible, we will be consulting with the wider learning disability community on the recommendations set out in this report. Both local services and national learning disability organisations will be involved to ensure as many people as possible are heard and have an opportunity to co-produce the materials we go on to create.

Use of performance management data

Data collection across GBV services is variable. For example, some gather data on additional needs at intake to their services and some do not. Some analysis of locally available data on domestic abuse was possible in Stirling. We were provided with Equally Safe performance monitoring reports and some local referral data from stakeholder agencies. GBV organisations gather data for their annual monitoring and reports through various systems but do not record learning disability. Due to the limited outcomes data available, it has not been possible to conduct bespoke analysis on local pathways to services for clients with learning disabilities and their outcomes following domestic abuse interventions.

The *Whole Lives*¹ report from 2017 pooled Scottish domestic abuse data from various sources, including three domestic abuse services piloting the Insights outcomes measurement tool developed by SafeLives¹. The demographic and abuse profile of victims and survivors in the relatively small Scottish datasetⁱⁱ was similar to the larger Insights dataset incorporating services from England and Wales. Considering these similarities, data from the current England and Wales dataset can be used to help understand the likely picture in Scotland, where no equivalent Scottish data was available. The infographics included in the Research Context section that follows depict needs at intake for individuals accessing specialist support. This gives some insight into the needs of victims and survivors with learning disability and their contact with other services.

Structure of this report

The Research Context section of the report provides a summary of research related to the needs of victims and survivors of domestic abuse with learning disabilities. The report then splits research findings into three sections. Section 1 reports findings on pathways to support in Stirling and barriers for victims and survivors with learning disabilities. Section 2 outlines findings on strengths in local provision and gaps for victims and survivors with learning disabilities. Section 3 summarises findings relating to victims and survivors who have children - these have been separated out with the acknowledgement that they apply to only some victims and survivors who are parents.

Practitioner insight is merged throughout the findings sections which are organised by key themes. Throughout, we refer to specialist domestic abuse professionals as 'DA practitioners/professionals', and all other participating professionals as 'non-DA professionals' unless a more specific term is used, such as learning disability advocate. The latter refers to a specific role within a specialist domestic abuse service for victims and survivors with learning disabilities discussed in Section 1.

Key research findings are highlighted at the start of each section. The report concludes with recommendations for our partners in Stirling's GBV Strategy Group and local domestic abuse services which stem directly from the findings. Additional practice points are highlighted alongside the findings throughout for further consideration. Stirling's GBV Strategy Group will receive a toolkit of the resources and guidance outlined in the recommendation section, plus implementation support from the SafeLives' Engagement Lead.

Research context

Reports of the number of adults with a learning disability vary. In 2013, Scotland's learning disability strategy, *The Keys to Life*, stated that there were 26,097 adults in Scotland with a learning disability who required support³. According to the strategy, there are almost three times as many identified as having a learning disability at school who do not now use statutory learning disability services. With recent cuts to services, it is commonplace for people with mild disabilities not to be covered by the social care system¹¹. In Stirling, local authority data indicates that approximately 350 adults access commissioned services in a year. As noted, there will be many more adults in the area with learning disabilities who are not accessing support and thus not included in official statistics.

We know that domestic abuse is a widespread issue affecting 3.6% of women and 2.3% of men in Scotland each year⁴. We also know that disabled people in general experience domestic abuse at a higher rate than non-disabled people. The most recent statistics on partner abuse from the Scottish Crime & Justice Survey (SCJS) indicate that prevalence over the past 12 months is double amongst people with a disability compared to those without⁴. Since the age of 16, 23% of disabled people experienced partner abuse compared to 14% of people with no disability⁴. This reflects findings from global systematic reviews that highlight the increased risk of violence for disabled people, including threats of violence, physical abuse and sexual assault^{5,6}. For further discussion about domestic abuse and disability and research references, see the SafeLives Spotlight and policy report, *Disabled Survivors Too*⁷.

Research evidence suggests disabled women's experiences of domestic abuse share many similarities with non-disabled women's, but also involve impairment specific abuse such as withholding medication⁸. Small local studies in Scotland have considered the impact of violence against disabled women. The Daisy Project surveyed 62 disabled women and found that three quarters (73%) had experienced

ⁱ <http://www.safelives.org.uk/practice-support/resources-domestic-abuse-and-idva-service-managers/insights>

ⁱⁱ 226 cases across three services

domestic abuse and over half (57%) faced additional problems getting support due to discrimination and stereotyping⁹. Engender's research concluded that disabled women's reproductive, sexual and parental rights are undermined by systemic issues such as a lack of knowledge, stigma and gaps in health and social care systems: 'Misconceptions about their intentions and capacities regarding sex, relationships and motherhood influence the actions of families, service providers and legal representatives, and perpetuate stereotypes that lead to lack of autonomy and the breach of a wide range of human rights'¹⁰.

There is limited research on the prevalence of domestic abuse amongst adults with learning disabilities and their experiences of abuse in intimate relationships. Some small-scale qualitative studies have explored this. Whilst these don't give us a picture of the scale of the problem, they provide detail on the impact of abuse. In the UK, some studies found victims with learning disabilities experienced multiple and severe forms of abuse, which often occurred during pregnancies and continued after the end of the relationship^{11,12}. These studies indicated there was a limited statutory service response^{11,12}, fear over losing children as a result of agency involvement and a lack of knowledge of specialist service provision among victims¹¹. Experiences of rejection in childhood or social isolation can lead women with learning disabilities to see abuse in a relationship as a trade-off for the 'social value' of relationships they seek^{11,13}.

Disabled victims and survivors experience various barriers to disclosure and support access and evidence suggests they have less access to specialist domestic abuse services¹⁴. Indeed, data from high risk domestic abuse support services in England and Wales showed that 12% of victims had a disability recorded¹⁵, compared to 19% of UK working-age adults¹⁶. For individuals with learning disabilities, access issues may be exacerbated by cognitive impairments and communication difficulties which can impact their ability to communicate their health needs, compounded by lack of professional confidence in meeting their communication needs¹⁷. Attitudes towards people with learning disabilities which deny their sexuality and/or their desire to have relationships may influence whether and when abuse is uncovered¹². Many people with learning disabilities are able to engage in safe, healthy and consensual personal and sexual relationships and have the same wish and right to have relationships as anyone else¹⁸.

There is a lack of data about those perpetrating partner abuse against victims and survivors with learning disabilities. In MacCarthy's, study perpetrators tended not to have a learning disability but had multiple other needs¹¹. Whilst there is limited research into perpetrators who have a learning disability, Swift et al's study found a substantial proportion of referrals to Community Learning Disability Teams referenced domestic abuse perpetration, though often not explicitly¹⁹. It concluded that cross-sector recognition of perpetration within the learning disability community was vital to meet the needs of victims and survivors.

Domestic abuse & learning disability policy

*Equally Safe*²⁰, Scotland's strategy to prevent and eradicate violence against women and girls, outlines four priorities. The 'where, how and when' of provision is critical to priority three which focusses on the provision of early and effective interventions that prevent violence and maximise safety and wellbeing. Here, the strategy recognises the breadth of support needs victims and survivors and their families can have, highlighting the importance of diverse cross-sector provision.

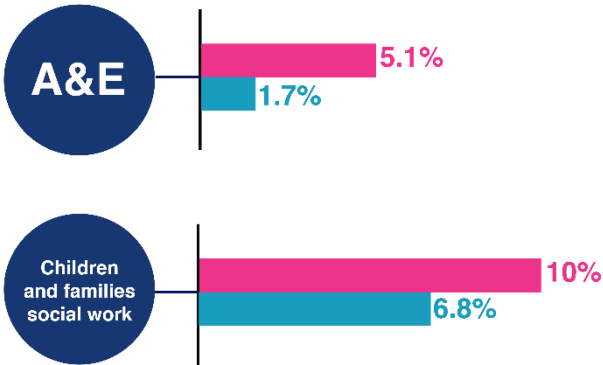
Equally Safe references Scotland's learning disability strategy *Keys to Life*. The policy highlights health inequalities experienced by people with learning disabilities. It discusses the importance of building relationships to reduce isolation and support wellbeing. The strategy also acknowledges that people with learning disabilities may be both more vulnerable to abuse and less likely to have the freedom of opportunity to conduct their lives freely and form relationships.

The Scottish Commission for Learning Disability's (SCLD) 2018 report, *Safe and Healthy Relationships*, highlights barriers that affect people's rights to engage in relationships²¹. It focuses on the education needed so people with learning disabilities can make informed choices and be aware of abuse in relationships. In 2019, SCLD responded to the Scottish Government's consultation on multi-agency risk assessment. Their response highlighted the importance of effective multi-agency work for this group of victims and survivors, as well as appropriate information sharing, and a strong awareness of the importance of balancing rights with risks. It called for national training on domestic abuse and learning disability and more representation of the learning disability specialism in Multi-agency risk assessment conferences²².

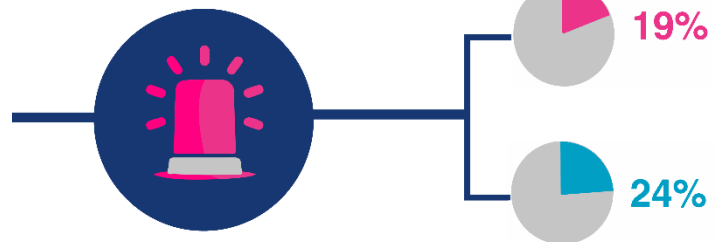
Data from domestic abuse services in England & Wales showed us that...

SafeLives Insights dataset 2020: Bespoke analysis of 11,175 cases opened, and 7,565 cases closed from January 2016 through January 2020. Split to compare individuals who had a learning disability to those who did not. See explanation re. use of data in Research approach section.

People with a learning disability were more likely to be referred through A&E or by children and families social work



People with a learning disability were less likely to be referred by the police compared to those with no learning disability



Victim/survivors with learning disabilities were more likely to have problems with drug use than those with no learning disability



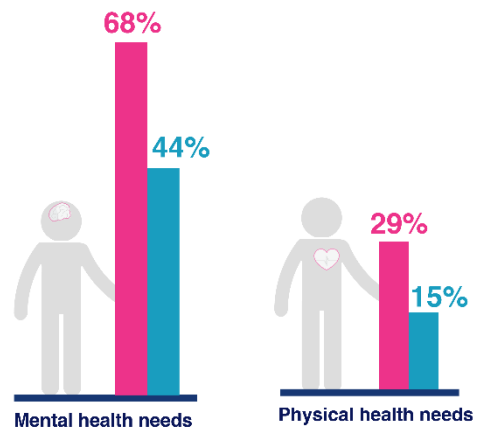
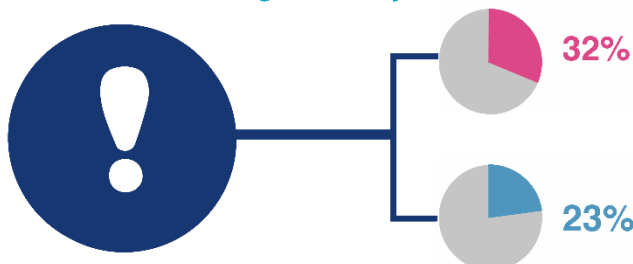
Victims/survivors with learning disabilities were 3 times more likely to have experienced 4 or more Adverse Childhood Experiences



Victim/survivors with learning disabilities were more likely to be pregnant than those with no learning disability

Victim/survivors with learning disabilities were more likely to also have mental health needs and physical health needs

Victim/survivors with learning disabilities were more likely to have experienced sexual abuse than those with no learning disability



Stirling Area Profile



Scotland

3% people experienced partner abuse
in last 12 months

(SCJS Partner Abuse 2016-2018ⁱⁱⁱ)

60,641 domestic abuse incidents
> 41% including a crime or offence

112 incidents per 10,000 population

(Scottish Government, police data 2018-2019^{iv})

Stirling

Estimated female victims of partner abuse each
year: **1,500**^{iv}

732 domestic abuse incidents
> reduced from 802 previous year
> 38% including a crime or offence

78 incidents per 10,000 population

(Scottish Government, police data 2018-2019^{iv})

ⁱⁱⁱ Figures taken from [Domestic Abuse: Statistics 2018-2019](#) showing characteristics of victims and perpetrators of domestic abuse incidents recorded by the police in Scotland. Statistics for 2019-2020 not yet published as of June 2020.

^{iv} Scottish Crime & Justice Survey splits out partner abuse prevalence estimates by age (Table 6.07(i)a). Estimate for Stirling calculated using SCJS Table 6.07(i)a estimates along with the local Stirling population as given in National Records of Scotland 2018 (table mid-year-pop-est-18-time-series-1). Figures were rounded to nearest 50.

Findings

Pathways to specialist domestic abuse support for victims and survivors with learning disabilities

Key findings

- Many professionals in Stirling have accessed domestic abuse training and levels of confidence understanding the dynamics of domestic abuse is encouragingly high. Confidence was less high in actions around identifying abuse, referring victims and survivors, and responding to perpetrators. Many non-DA practitioners said routine enquiry about domestic abuse doesn't happen in their agencies.
- Both domestic abuse and non-DA professionals consider a lack of enquiry about domestic abuse a barrier to identifying victims and survivors of domestic abuse and highlighted that this is compounded when there is also learning disability. Learning disability services do not have policies and structures in place to support enquiry in circumstances where it may be appropriate. Other services need more resources to facilitate communication about abuse with victims and survivors with learning disabilities.
- Professional awareness of the specific dynamics of relationship abuse for victims and survivors with learning disabilities appears to be quite low. This is not unique to Stirling. Professionals want more training and additional resources on learning disability and relationship abuse to counter this.
- Both learning disability and domestic abuse professionals could benefit from improved awareness of what different agencies offer individuals with learning disabilities and how to access them. A specific referral pathway for anyone who is potentially experiencing domestic abuse and also has a learning disability could help ensure that the right support is given at the right time.
- Sex and relationships education, both in schools and later in preventative work, came up frequently as something professionals felt was vital to ensure that people with learning disabilities understand domestic abuse and the support available.

Practice recommendations

- See Practice Recommendation 1: Communication & service access resource pack
- See Practice Recommendation 2: Awareness-raising for multi-agency professionals
- See Practice Recommendation 3: Referral pathway: learning disability and domestic abuse services

Other practice points

- All agencies working with individuals with learning disabilities should have a domestic abuse policy which includes referral options when relationship abuse is identified and refers to available resources on learning disability and relationship abuse to support communication and appropriate enquiry about abuse.
- Where capacity for preventative work is available, agencies can and should use existing sex and relationships materials available at a national and local level to increase awareness and support identification and appropriate service responses.

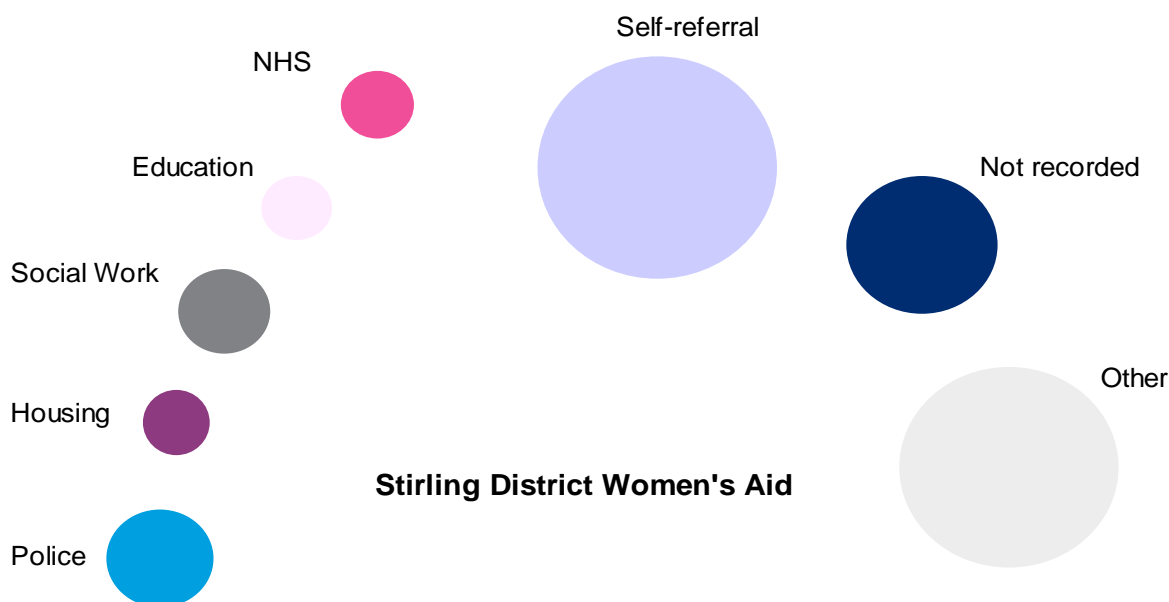
The research findings on pathways to specialist support and barriers for victims and survivors with learning disabilities will be discussed now in relation to four themes. These emerged from a combination of professional consultation through focus groups, interviews and surveys, as well as local referral data.

Referrals and routes between services

“It should be a lot easier to access these services. You don't know where to look. Police, professionals, doctors, nurses, should know more about these services. It's about the amount of years you have to carry this secret, like you have to hang on to it. It wears you down.” (Survivor with learning disability)

Figure 1, below, shows the routes by which adult victims and survivors of domestic abuse access Stirling & District Women’s Aid (SDWA), the locally commissioned specialist domestic abuse agency. The data was extracted from Equally Safe annual monitoring returns.

Figure 1: Stirling & District Women’s Aid – Domestic abuse referral sources (aged 16+) 2018-2019



The largest proportion of referrals to SDWA were self-referrals (36%). This is in line with findings from our *Whole Lives* report¹ which showed that self-referrals to Scottish domestic abuse services were relatively substantial (31%). We will explore pathways to support for victims and survivors who self-refer throughout the project with particular reference to data from our national survivor survey^v.

Tracking how many victims and survivors with learning disabilities are accessing support to address domestic abuse in Stirling, and how they reach services, is not straightforward. At SDWA, learning disability is not recorded at intake. This is not unusual for a domestic abuse service where the priority is to establish safety and assess risk for any victim and survivor entering the service. Furthermore, and crucially, some victims and survivors presenting to third sector and universal services do not have a diagnosis or have a mild level of need and may not identify themselves as having a learning disability.

“...a lot of our patients that have a diagnosis of learning disability do work really closely with our LD team but there are a lot of people where you just suspect that there’s a level of understanding or not a level of understanding and we probably need to do a lot more work with that client group.” (Health Lead)

Central Advocacy Partners (CAP) provide a specialist advocacy service in Stirling - the Survivors’ Project. Located in Falkirk but working with individuals in the Stirling area as well as across Forth Valley, CAP supports any individual with a learning disability who has experienced domestic abuse. This includes individuals who do not have a diagnosis as well as people with autism. Professionals at CAP, along with those at SDWA, told us they often worked with people with mild-moderate or undiagnosed learning disabilities who would likely not meet the threshold for statutory learning disability support.

Data provided by CAP shows where 32 referrals to the service in 2018-19 came from, see Figure 2 on page 12. Data has been grouped into categories to match the Equally Safe returns for comparison. Self-referrals to CAP’s Survivor’s Project are also relatively high and referrals from statutory services, relatively low. Some people who self-refer to the Survivor’s Project have had prior contact with a different service within the agency. How people who self-referred originally came to the service is not recorded.

^v Online survey live from October 2019 to February 2020.

Figure 2: Central Advocacy Partners - Domestic abuse referral sources 2018-2019



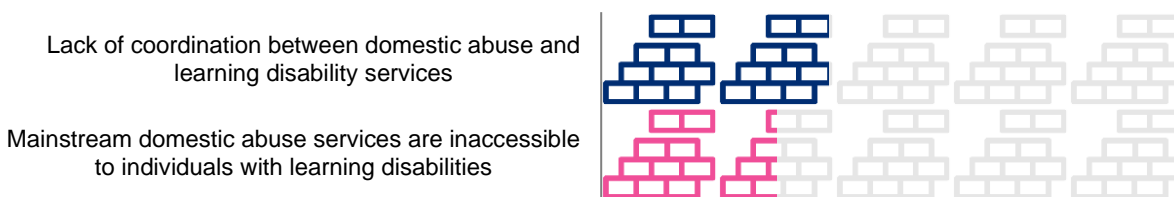
Central Advocacy Partners

Whilst it is difficult to quantify service access exactly for victims with learning disabilities for the reasons discussed, professionals answering our practitioner survey highlighted some of the barriers they thought influenced access. Figure 3, below, shows that a lack of coordination between domestic abuse and learning disability services was considered a barrier by two in five (39%) practitioners. The need for a clear referral pathway between services and improved inter-agency work was discussed throughout the consultation.

“Clearer links to Stirling learning disability team and more joint working.” (Health practitioner)

In our survey, just two in five (44%) non-DA professionals said they were aware of the specialist services to refer people to. Domestic abuse practitioners told us that referrals for victims and survivors with learning disabilities were generally not coming from learning disability services, and that it was a challenge to find appropriate services to refer people on to after the case was closed.

Figure 3 - Barriers to domestic abuse support access for victims and survivors with learning disabilities
(Bricks show proportion of practitioner survey respondents identifying each barrier)



Also shown in Figure 3, the accessibility of domestic abuse services was highlighted as a potential barrier by almost one third (30%) of practitioners. In consultation, we heard that this was about the practicalities of accessing services, especially important for victims and survivors with learning disabilities. Accessible information about services is vital, what they do and how to access them, and this needs to be available in various formats. It is important to state that it is clear from our consultation with domestic abuse professionals that victims and survivors with learning disabilities are accessing their services, but the complexities of recording mean this does not show in the service monitoring data. Further improving accessibility is a challenge for all agencies, not just domestic abuse services.

“(It) is knowing where to go, now that’s a big thing; where do they go, who do they tell and how do they explain what’s happening.” (Health Lead)

Routes to Marac - It is not possible to report how many victims and survivors with learning disabilities who are at high risk of domestic abuse are being discussed at Marac in Stirling. Data from Stirling’s Marac is not currently being submitted to SafeLives. But across the UK, we know that Maracs do not see a representative proportion of victims and survivors with disabilities - 6.4% of cases at Marac had disability recorded in 2019 whilst 19% of the UK working-age population are believed to have some form of disability¹⁶. Among Scottish Maracs, this was lower at 4.2%.

Three quarters of non-DA professionals answering our practitioner survey were aware of Stirling’s monthly Marac meeting with one in ten having directly referred.

Professional understanding of learning disability and domestic abuse

Local authority staff in Stirling can access a multi-agency 'Public Protection Across the Lifespan' training programme. Within this, there is a GBV learning programme, with several modules on domestic abuse delivered by SDWA and Rape Crisis. Within the Child Protection related modules, there is a day's training on supporting children who have experienced domestic abuse.

“Every agency should know about domestic abuse.” (Victim and survivor, Stirling)

Just under two thirds of the non-DA professionals (63%) answering our survey had received domestic abuse training in their current roles, though approximately half of those working in learning disability or adult social work sectors had not^{vi}. Perhaps reflective of the training delivery, practitioner confidence around understanding domestic abuse and its impact is relatively high. Non-DA professionals were less confident in some of the actions around identifying domestic abuse and responding to perpetrators.



Practitioner survey – Key finding

- About three quarters of non-DA professionals (73%) felt confident **understanding coercive & controlling behaviours**
- Around three in five felt confident understanding the **impact** of DA on **children** (64%) and **adult victims and survivors** (62%)
- Half of non-DA professionals (49%) felt confident **identifying** people experiencing domestic abuse and about half (53%) felt confident **talking** to people about domestic abuse
- A quarter (25%) of non-DA professionals stated that they were confident **responding to perpetrators** of domestic abuse

As shown below, practitioners were also less confident around the dynamics of abuse for victims and survivors with learning disabilities. This is not surprising nor unique to Stirling as this is a widely under-resourced area. Building capacity to respond to victims and survivors with additional vulnerabilities is vital for local areas looking to continue developing a holistic response to domestic abuse.



Practitioner survey – Key finding

- Two in five (40%) were confident **talking to people with learning disabilities** about domestic abuse and just over a quarter (27%) felt confident understanding the **specific dynamics** of domestic abuse for people with learning disabilities

“Better awareness, more training. Highlight numbers high within LD of DA. Generally, feels like practitioners are having to adjust thinking and approach to people in general re DA and then LD adds more complexity...” (Learning disability practitioner)

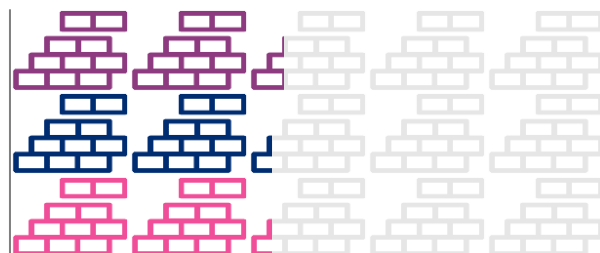
Figure 4, below, shows that two in five practitioner survey respondents considered a lack of support (such as service policies and supervision procedures) and training (44%) and a lack of information and resources on supporting victims and survivors with learning disabilities (44%) as barriers.

Figure 4 - Barriers to domestic abuse support access for victims and survivors with learning disabilities
(Bricks show proportion of practitioner survey respondents identifying each barrier)

Professionals assume people with learning disabilities are not in relationships / won't be at risk of domestic abuse

Lack of information and resources for professionals related to victims/survivors with learning disabilities

Lack of support/training for professionals



^{vi} Six out of eleven learning disability workers and four out of seven adult social workers had not attended domestic abuse training in their current roles

Key elements that domestic abuse professionals considered vital for other practitioners to understand included some victim and survivors' dependency on the perpetrator for care and support, and in some cases, their tendency not to access services alone but to come with partners or family members. The latter could have an impact on ability to disclose.

“As a LD provider, we need more education and understanding of how to respond to the people we support who may be a victim and survivor of DA.” (Learning disability practitioner)

A lack of confidence was described by domestic abuse professionals as resulting in 'sensitivity' talking about relationships and domestic abuse. There were signs through the consultation that a learning disability diagnosis can overshadow domestic abuse, for example a professional tendency to view relationships in terms of whether there is consent, rather than whether there is domestic abuse. Changes in behaviour can be viewed as disability-related rather than as indicators of abuse.

“Because then they go to, ‘is it a consent issue?’ But actually, it’s blatantly something else. But because of the communication, the understanding, it’s not the first place that we go to, it’s probably the last place...and it goes around the services before somebody goes actually ‘I think this is domestic abuse.’” (LD advocate)

Almost half (46%) of practitioners answering our survey felt that a key barrier was the perception among professionals, and the wider community, that people with learning disabilities aren't in relationships and so are not at risk of domestic abuse (see Figure 4, page 14).

“We have had no training. People don't think about our learners as having 'relationships'.” (Education – Secondary)

Connected to this, professionals from learning disability services and social work estimated the incidence of domestic abuse in their caseloads low (1-20%). Mapping of services supporting individuals with moderate to complex learning disabilities confirmed the view amongst providers that relationships, in the traditional sense, are not commonplace. Carer or family abuse was seen as more of an issue.

People with learning disabilities often have multiple and intersecting needs, as discussed in the Research context section. Addressing domestic abuse may not be first priority for a victim and survivor. Learning disability advocates and health practitioners emphasised that understanding individual priorities is vital, as is promoting their choices. Where this does not happen, and where too many services are involved, professionals described how fatigue at service involvement could lead to withdrawal from support.

“There needs to be an understanding of (learning disability) because it doesn't matter what service people are trying to access, if there's not an understanding that somebody had a learning disability...and therefore what does that mean about how you change what you do....then it doesn't matter the service that people are trying to access, it won't happen.” (LD advocate)

Communication and enquiry about abuse

“Raise awareness, reduce stigmatisation, give everyone the tools to ask the question and know what to do with the answer.” (Victim and survivor, Stirling)

Stirling's GBV Strategy for 2020-23 includes a target that routine enquiry is carried out across all key NHS areas. One in five (22%) non-DA professionals answering our survey said routine enquiry happens in their services, including some health service-based professionals.



Practitioner survey – Key finding

Half of non-DA professionals (52%) said **routine enquiry** about domestic abuse does not happen in their agencies and almost a quarter (22%) were not sure

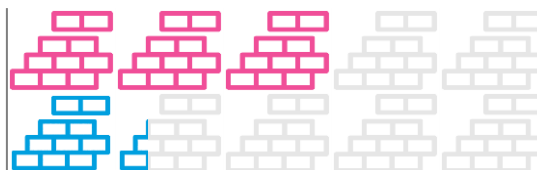
This is an ongoing area of focus and development for Stirling. In consultation, domestic abuse professionals discussed the importance of routine enquiry and highlighted the additional complexities around routine enquiry about abuse when it comes to victims and survivors with learning disabilities. As

shown below in Figure 5, three in five (60%) professionals answering our survey highlighted a lack of routine enquiry as a specific barrier for victims and survivors with learning disabilities making it the most selected barrier.

Figure 5 - Top barriers to domestic abuse support access for victims and survivors with learning disabilities
(Bricks show proportion of practitioner survey respondents identifying each barrier)

Professionals don't routinely ask individuals with learning disabilities about domestic abuse

Sexual health and relationships not included in assessments or care planning



“Nobody has ever asked me it’...it’s not that they’ve not thought to tell you, but they wouldn’t volunteer it.” (LD advocate)

Our survey and mapping exercise confirmed that learning disability services and Adult Social Work do not routinely ask service users about domestic abuse. Reasons stated included the view that service users are not in relationships or that the complexity of their learning disability made enquiry unsuitable.



Mapping exercise – Key finding

No learning disability services, statutory or third sector, had a **domestic abuse policy** in place in their service

Overall, non-domestic abuse services were more likely to have a process in place for talking to service users with learning disabilities about sexual health and relationships than about domestic abuse. See Figure 7 (page 18) for the range of approaches used by agencies to facilitate these discussions.



Practitioner survey – Key finding

- Half of non-DA professionals (48%) said there was a process in place in their service for talking to service users with learning disabilities about **sexual health and relationships**
- Under a quarter (22%) said there was a process for talking about **domestic abuse**

Many practitioners showed an openness to considering when and whether a form of enquiry about domestic abuse could be implemented in their services, and how it would work, for service users with learning disabilities. Specialist learning disability services and multi-agency social work teams are already skilled in communicating with individuals with learning disabilities but expanding skills to discussions about domestic abuse and changing processes to support enquiry, where appropriate, would be key.

“I don’t think there’s any other way to ask it and to flurry it up for somebody with learning disabilities. So, if you actually use the word [domestic abuse] ...it opens the conversation to allow for further exploration...” (LD advocate)

Communication with victims and survivors who have a learning disability was a key element of discussion in focus groups and interviews. Outside of specialist learning disability services, professionals must have the skills and resources needed to support effective communication before enquiry about domestic abuse can happen. The ability to communicate with someone with a learning disability involves an appreciation of how cognition and retention of information may be affected by their impairment. Information should be available in multiple forms by various means to suit the diversity of need. Some methods of communication, for example the telephone, might be more challenging for some individuals.

“I think it’s about learning disability services sharing their expertise, if you like, about communication because I think no matter what the service is if you can’t communicate with someone it doesn’t matter what you’re trying to do whether it’s domestic abuse or something else, that’s a barrier.” (LD advocate)

Appropriate tools to support discussions about abuse and risk are vital. The right resources can help professionals talk to victims and survivors with learning disabilities about abuse, ensuring the important questions are asked in a relatable way and unambiguous information is communicated. Practitioners we consulted with emphasised the time involved in communicating effectively with victims and survivors with learning disabilities due to the potential level of need, the complexity of the topic and the importance of building rapport. This has implications for service capacity as the level of engagement required increases.

“I suppose when I talk about resources it’s not to be used on their own but to be used as a supportive measure. I don’t think just handing a leaflet to somebody and saying go and read that would be of any benefit to somebody.” (Manager – Health)

Generic tools may not be appropriate for use with victims and survivors with learning disabilities, for example the SafeLives Dash Risk Checklist^{vii}. Our survey showed confidence using the tool was generally low with only one in ten (10%) confident using the tool to assess the risk posed to victims and survivors and we did not ask specifically about use of the tool with victims and survivors with learning disabilities.

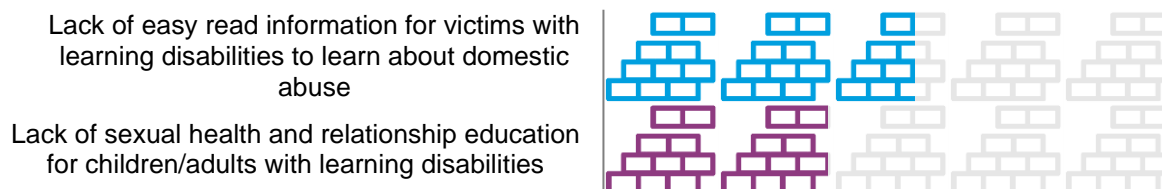
Professionals highlighted a lack of trust in services as another issue for some victims and survivors with learning disabilities. This was connected by some to the ways in which information about them had been shared through their interaction with services. Explicit communication, for example about what confidentiality means and how information sharing processes work, may bolster trust in services.

“I think for people with learning disabilities...their experience is of their information being shared so often and so much, trying to build a relationship or a space that says that what you’re saying to me is confidential is a lot of work.” (Manager - Sexual abuse service)

Equipping people with learning disabilities to understand domestic abuse

“What questions do you ask? ‘Cause actually even with women who don’t have a learning disability, often if you ask, ‘are you exposed to domestic abuse?’ they may say no...because they’re not identifying what they’re experiencing.” (DA practitioner)

Figure 6 - Top barriers to domestic abuse support access for victims and survivors with learning disabilities
(Bricks show proportion of practitioner survey respondents identifying each barrier)



Coming to recognise your relationship is abusive can be a challenging and there are additional barriers to this for victims and survivors with learning disabilities. As shown above in Figure 6, practitioners highlighted a lack of sexual health and relationship education (39%) and a lack of easy read resources about domestic abuse (54%) as barriers to support access. The latter was the second most highlighted barrier in our survey. This gap in education may inhibit awareness of domestic abuse as people are less equipped to understand healthy relationship behaviours.

National resources on sexual health and relationships have been adapted for students with additional support needs. Whilst the Relationships, Sexual Health and Parenthood (RSHP) resources do not reference domestic abuse directly, they include extensive materials on consent and healthy relationships^{viii}. Within Forth Valley the NHS Community Sexual Health Educator also offers support including staff training, parent engagement, advice and guidance, and bespoke resources.

^{vii}<http://safelives.org.uk/sites/default/files/resources/SafeLives%27%20Dash%20Risk%20Checklist%20%E2%80%93%20Scottish%20Version.pdf>

^{viii} <https://rshp.scot>



**Mapping
exercise –
Key finding**

The **RSHP resources** designed for children and young people with mild to moderate learning needs deliver the standard messages through accessible methods such as social stories and workbooks

Professionals highlighted that parents also have a role to ensure that children with learning disabilities understand healthy relationships. Some parents' difficulties acknowledging their children as sexual beings can add to the education gap. Some professionals also commented on a limited modelling of healthy relationships within some families as a factor that can exacerbate this.

“...it’s not just professionals but often my experience is parents with children with learning difficulties, they think their children are gonna grow up and not be in relationships or be in a sexual relationship. So, they’re reluctant to do that talking about sex and relationships with them...” (Health lead)

The importance of education and its impact on understanding of domestic abuse for individuals with learning disabilities is inherently clear. Though it is somewhat outside the scope of this project, it would benefit from more in-depth study.

Pathways to specialist domestic abuse support – summary

Tracking how many victims and survivors with learning disabilities are accessing domestic abuse support in Stirling, and how they reach services, is not straightforward. Learning disability is not always recorded by specialist services working with victims and survivors, and furthermore, it is not always possible to identify and record a mild or undiagnosed learning disability.

Addressing accessibility of all services is key. Victim and survivors with learning disabilities often have multiple, intersecting needs and coordinated support around domestic abuse is important. Professionals in Stirling would benefit from a clear pathway between services and improved awareness of what different agencies offer individuals with learning disabilities.

Whilst professionals' confidence understanding the impact of domestic abuse is generally quite high, it was lower around actions identifying and responding to domestic abuse. It was also lower understanding the dynamics for victims and survivors with learning disabilities. Professionals want more training and consider awareness-raising around learning disability and relationship abuse important. Increasing the capacity and confidence of multi-agency professionals in this area would support identification of domestic abuse and appropriate referrals to support. Building capacity to respond to victims and survivors with additional vulnerabilities is vital for local areas looking to continue developing their holistic response to domestic abuse.

Domestic abuse professionals consider routine enquiry important to improving the domestic abuse response. They highlighted that the lack of enquiry about domestic abuse among individuals with learning disabilities was an additional barrier potentially preventing them from receiving appropriate support. For specialist or statutory learning disability services, having a domestic abuse policy in place that covers when enquiry may be appropriate could address this. Non-LD services need the skills and confidence to communicate effectively with individuals who may have learning disabilities, both to prevent barriers to accessing their service and also to enable identification of domestic abuse. Access to appropriate resources could support professionals in this.

Victims and survivors with learning disabilities may face additional barriers to service access due to a lack of education about domestic abuse which can inhibit their understanding of what is acceptable in relationships and their recognition of abuse. Professionals felt preventative approaches were vital to reducing barriers to service access later in a victim and survivor's recovery.



What interventions/tools, if any, does your service use to facilitate discussions about relationships and abuse with service users who have a learning disability?



Figure 7: Selection of multi-agency practitioner responses to a practitioner survey question

Specialist domestic abuse provision for victims and survivors with learning disabilities

Key findings

- There are great examples of quality domestic abuse provision in Stirling and the area is also unique in having a voluntary sector advocacy service specifically for victims and survivors of domestic abuse who have learning disabilities.
- Domestic abuse professionals are supporting victims and survivors with mild/undiagnosed learning disabilities who do not meet the thresholds for statutory support. They are confident working with victims and survivors with learning disabilities despite a lack of specific training and limited resources. Consultation revealed a high level of person-centred and flexible practice.
- Bespoke and joint work for victims and survivors with learning disabilities is often happening behind the scenes, with agencies creating their own resources and arrangements to best support this client group. This may result in duplicated efforts in already stretched services.
- Professionals consider educational and preventative work with this group of victims and survivors essential but often do not have the resources or capacity to deliver this type of support.
- There is a lack of formalised joint working arrangements for this group of victims and survivors and limited use, outside of specialist services, of protective structures that could be employed to support them (Disclosure Scheme for Domestic Abuse Scotland, Adult Support & Protection).

Practice recommendations

- See Practice Recommendation 1: Communication & service access resource pack
- See Practice Recommendation 2: Awareness-raising for multi-agency professionals
- See Practice Recommendation 4: Multi-agency information sharing

Other practice points

- The Disclosure Scheme for Domestic Abuse Scotland should be further promoted as a method of identifying and supporting all victims and survivors, including those with learning disabilities.

Provision overview

Stirling has proven quality service provision for women and girls experiencing violence. The area exceeded the national average in each of four Equally Safe priority areas in its 2017/18 Quality Standards report. As well as the long-established Stirling & District Womens Aid (SDWA), victims and survivors of rape and sexual assault can access Forth Valley Rape Crisis. The Meadows is a dedicated NHS service for adults and children who have experienced sexual assault, rape or GBV. A multi-disciplinary service, it offers forensic examinations, advice, and guidance as well as signposting to specialist GBV support.

Findings from the practitioner survey showed that practitioners were largely confident in the multi-agency efforts across Stirling around GBV, though they were less sure of the response to victims and survivors with learning disabilities and to perpetrators of abuse. Stirling has a court-mandated programme in place to hold perpetrators of domestic abuse to account, but not currently a non-court mandated programme.



Practitioner survey – Key finding

- Over half (58%) of professionals felt agencies in Stirling **work well together to respond to victims and survivors** of domestic abuse, **including children** (56%)
- Less professionals (32%) felt agencies in Stirling **work well together to respond to victims and survivors with learning disabilities**
- A quarter (25%) of professionals thought that agencies work well together to respond to those **perpetrating** domestic abuse

Victims and survivors of domestic abuse with learning disabilities can access two specialist domestic abuse services for support - SDWA and Central Advocacy Partners (CAP). SDWA work in a person-centred way to offer therapeutic and practical support through their Idaa, outreach and refuge services. CAP is unique in its provision of a service dedicated to supporting victims and survivors with learning disabilities – the Survivors’ Project. Currently undergoing an evaluation by the University of Strathclyde², CAP offer a mixture of advocacy and practical support. Service users are supported through trauma-informed approaches and flexible engagement.

Throughout the consultation, the importance of independent advocacy for individuals with learning disabilities shone through as a means of ensuring this vulnerable group have their right to choices considered, and support to communicate their experiences and needs. It is clear how especially relevant this is to victims and survivors of domestic abuse with learning disabilities.

“There should be clear, obvious independent advocacy that’s available for people with learning disabilities...it’s a real worry for me because Social Services cannot advocate on that person’s behalf if their agenda’s caring for the child.” (Health practitioner)

Training and resources

As part of our mapping process we met with some commissioned learning disability services in Stirling. Individuals with mild and/or undiagnosed learning disabilities that do not meet the threshold for these statutory services may access universal and voluntary sector services when domestic abuse occurs, though engagement levels were hard to quantify, as explained in the first part of this report.

When asked to comment on how well-equipped their services are to support victims and survivors with learning disabilities, voluntary sector professionals often said they needed more training and learning-disability specific resources, or that they were equipped to respond with the support of other agencies.

“Would be helpful to have specific training and resources as risk is increased for service users with learning disabilities.” (Domestic abuse professional)

The domestic abuse professionals we consulted with worked within Stirling’s two dedicated domestic abuse services, SDWA and CAP, as well as in the police and health services. Most had not received any specific training on supporting victims and survivors with learning disabilities, but nonetheless, confidence working with this group of victims and survivors was quite high. Non-DA professionals were understandably less confident in this. Throughout the consultation domestic abuse professionals demonstrated good awareness of the needs of victims and survivors with learning disabilities.



Practitioner survey – Key finding

- Most domestic abuse professionals (64%) were confident **talking to victims and survivors with learning disabilities** about domestic abuse
- Most (73%) understood the **specific dynamics** of domestic abuse where learning disability was a factor

Professionals highlighted good practice happening in ‘pockets’ or in isolation for this group of victims and survivors. Many agencies had developed or adapted their own resources for victim and survivors with learning disabilities or described examples of creative joint work efforts with other agencies. Whilst this is positive in many ways, it may lead to duplication of efforts in already stretched services. A more standardised or shared response could create consistent approaches that support service delivery.



Practice example

Speech & Language Therapists provide an **accessible case summary document** to service users on case closure to remind them the work that has been undertaken. The document is shared with other agencies supporting the individual.

As in all areas, services are bound by limits to capacity and short-term funding. The consultation showed the importance professionals place on preventative work, for example expanding and developing sex and relationships education within a service. Whilst sex and relationships resources are available for use, primarily with school-aged individuals with learning disabilities, there are limited domestic abuse specific

resources. Furthermore, there is limited capacity to deliver preventative work. Learning disability advocates described the practical support work that has to take precedence in the immediacy of need.

“We’ll say yes, and we’ll kind of plan for that and you get caught up in all the practical stuff...you can see there’s a big piece of work that you’re open to doing, that you want to do, but it’s having the time and then having the mental space to take it on.” (LD advocate)

There were some examples of highly valued work in this area that were underway or developing.



Practice example

Falkirk’s Learning Disability Nursing Team runs **healthy relationship workshops** which, at the time of writing, were being considered for Stirling

Multi-agency work

“None of us have all the answers and for the longest time...people in learning disabilities worked together because all of us have a part of the jigsaw that might help that person to have a better quality of life.” (Health practitioner)

Whilst professionals answering our survey were less confident about effective multi-agency work for victims and survivors with learning disabilities, we frequently heard examples of bespoke collaborative work taking place within and between agencies. This was partly attributed to a lack of a more structured strategy for this group of victims and survivors.

“So, there’s lots of positive examples of people sharing stuff or getting on a phone and saying, “Can you give us?” ...but what we’re not doing is maybe using some of our learning to say how do we introduce that at a level that will actually make a difference to the pathways for people?” (LD advocate)

By nature, this sort of work can be a less visible part of service delivery, reliant on relationships between agencies and individual workers within. Having the time to develop and foster multi-agency links to promote and formalise such collaboration was another challenge highlighted throughout the consultation.

“I think it’s time, you know, because I think me as a person I need better links there because it’s finding the time to make those with other people and other organisations, they’re all struggling with the time as well.” (LD advocate)

In Stirling’s multi-disciplinary local authority learning disability team, joint work between different specialisms is key. Whilst survey respondents from this team described limited experience supporting victims and survivors of domestic abuse, they highlighted joint work processes they would work to if relevant. Learning disability nurses were often discussed as vital in communicating with service users about health and relationships. Both health professionals and learning disability professionals highlighted the importance of multi-disciplinary joint work in responding to victims and survivors with learning disabilities.

“Work well in supporting people with LD and their emotional wellbeing as part of core business of clinical psychologists. Could improve joint working with voluntary sector organisations but have established links for individual cases where needed in past.” (Clinical Psychology)

Another example is the team of Forth Valley Speech and Language Therapists working across integrated teams in three council areas. They provide highly bespoke support on relationships and learning disability, from assessments on sexual knowledge to communication support in police and social work settings.

“So, community learning disability nurse and myself gave some advice to one of the family nurse practitioners and it was very clear that she was working with a young woman who probably had an undiagnosed mild learning disability.” (Health practitioner)

Use of protective structures

Our consultation suggested that some of the protective structures that are in place in the area may not be being utilised for victims and survivors with learning disabilities. For example, during mapping we asked every organisation about referrals to the Adult Support & Protection (ASP) pathway. For agencies who could be described as providing traditional care to those with learning disabilities, there was a recognition the ASP pathway would be used for a wide range of reasons and a clear understanding of the process. When asked to consider if domestic abuse would be grounds for a referral there was some uncertainty. This could be for a number of reasons, such as the perception that service users are not in relationships or a lack of specific guidance around this topic.



Mapping exercise – Key finding

In 2018-2019, there were no referrals to **Adult Support & Protection** submitted on the grounds of domestic abuse

For domestic abuse professionals, use of the ASP pathway was not common. For those who had made referrals, referrals had not reached the threshold for intervention. As the legislation and mechanisms around ASP are complex, specific domestic abuse guidance.

Marac formalises multi-agency work for victims and survivors of domestic abuse but respondents to our survey were not sure of how Marac works for victims and survivors with learning disabilities. Some professionals highlighted a sense that victims and survivors with learning disabilities were more likely to be referred for support through other structures and that having more learning disability specialists involved in the Marac process could benefit it. These were both points highlighted in the Scottish Commission for Learning Disability's response to the Scottish Government's consultation on Marac²².

“I think more specialised workers with experience in LD would benefit the [Marac] process.” (Children & Families Social Worker)

Another example is the Disclosure Scheme for Domestic Abuse Scotland (DSDAS), which we found limited use of among consultation respondents.



Practitioner survey – Key finding

- Most professionals (81%) had **never made an enquiry to DSDAS**
 - Of those who had, 5 out of 11 had **made an enquiry for someone with a learning disability**
-

No survey respondents within health, social work, education or learning disability services had used the scheme, which can be an effective protective support for individuals in potentially abusive relationships. This may reflect a lack of awareness of the scheme itself but also could reflect a lack of identification relationship abuse among individuals with learning disabilities.



Mapping exercise – Key finding

Outside of specialist domestic abuse services there was limited knowledge or understanding of the **DSDAS scheme**

Specialist domestic abuse provision - summary

There are examples of excellent GBV service provision in Stirling. The area is also unique in having voluntary sector provision specifically for victims and survivors of domestic abuse who have learning disabilities.

Domestic abuse professionals are supporting victims and survivors with mild/undiagnosed learning disabilities who do not meet the thresholds for statutory support. They are confident working with victims and survivors with learning disabilities despite a lack of specific training and limited resources. Consultation revealed a high level of person-centred and flexible practice.

Bespoke and joint work for victims and survivors with learning disabilities is often happening behind the scenes, with agencies creating their own resources and arrangements to best support this client group. However, there is a lack of formalised joint working arrangements for this group of victims and survivors, which places impetus on individual practitioners to build working links and may result in duplicated efforts. There is limited awareness outside of specialist services of protective structures that could be employed to support victims and survivors with learning disabilities, for example the DSDAS scheme and ASP pathway.

Professionals see preventative and awareness-raising work as vital but don't often have the capacity to provide it.

Victims and survivors with children

Key findings

- There remains work to do to break down the fear non-abusive parents sometimes have around service involvement, which victim and survivor and professional feedback shows still acts as a barrier to engagement with domestic abuse support. This is not a problem unique to Stirling and the implementation of Safe & Together shows that movement is happening to address this.
- There are additional challenges for non-abusive parents with learning disabilities. They can have their disability used against them by perpetrators and are more likely to have had children's services involved with their families or children removed in the past. This can erode trust in all services, a further barrier to victims and survivors with learning disabilities getting specialist domestic abuse support.

Practice points

- Ensure learning disability is included and reflected upon as an intersecting need when delivering any Safe & Together training and intervention.

“There is still a huge amount of fear that if a victim asks for help for mental health issues that this will mean the children are taken into care or given to the abuser. My mental health has suffered hugely as a result of ongoing abuse relating to court and child access issues, which my ex is causing, but I feel I cannot be honest with my GP for fear of making the situation worse.” (Survivor, Stirling)

Parents' fear of losing children should services become involved due to domestic abuse was acknowledged by professionals in Stirling. Just under half of those answering our practitioner survey said they felt this was a barrier for all victim and survivors, and two in five felt it was a particular barrier for victim and survivors with learning disabilities.

In focus groups, domestic abuse professionals reflected that this fear could be exacerbated for victims and survivors with learning disabilities due to the increased likelihood of children's services being involved with their family, and of their having their children removed from their care. Past experiences can reduce trust in support going forward.

“I think another barrier is that a lot of people with learning difficulties maybe had negative experiences of services in relation to their children...so there's a fear. They think, ‘the support I've had in the past has been kind of used against me, so if I say I need help now they might come and take my children away...’” (LD advocate)

Domestic abuse practitioners and some health professionals discussed their experiences of parents with learning disabilities being overly scrutinised and a lack of person-centred support offered to develop parenting skills. Further developing professional understanding of learning disability and domestic abuse could support the growth of person-centred practice for parents with learning disabilities.

“You'll quite often see things in reports referring to people as ‘passive’ ‘compliant’, these things are all used in a very negative way and not in a way that is actually characteristic of their learning difficulties. Were they passive because they didn't understand what you were saying?” (LD advocate)

For other parents, their learning disability may be undiagnosed leading to missed opportunities to offer appropriate support.

“[Children & Families Social Work] get involved and sometimes don't recognise that the parent has a learning disability or that the Learning Disabilities Adult Service can support them through the work that they're trying to do with them, and that can be you know,

quite challenging because its...at the right time to access these people.” (Health practitioner)

Domestic abuse professionals also felt that whether an individual is being supported to address domestic abuse through adult services, or whether their children are open to children’s services, is highly relevant when they have a learning disability. The agencies involved in a parent’s case influences their routes to specialist support and the types of intervention offered with a huge impact on outcomes around children.

“I have been in a meeting in an advisory capacity where there was the adult protection learning disability team on one side, it was a domestic abuse case under child protection...and it was interesting to see how they were almost at war with each other about what was the best way of approaching this.” (Manager – sexual abuse)

Some professionals we consulted with had seen an individual’s learning needs manipulated by a perpetrator to gain care of the children. For example, threats of social work involvement or removal of supportive elements in their life (services, family, peers). We also heard anecdotal reports of instances where women’s parenting was questioned after a domestic incident occurred, with little consideration given to the perpetrators behaviour and more emphasis placed on the learning disability. This is by no means unique situation to victims and survivors who have a learning disability, however the presence of additional needs increases complexity and risk. The Safe & Together Model™ (see Appendix 1) draws attention to the intersection of additional vulnerabilities and domestic abuse and how vulnerability interacts with power. This is important when thinking about victims and survivors with a learning disability who may find that their disability is used against them as part of the abuse.

“Still feels many LA/Health practitioners still not accessed Safe and Together training and unsure how this is being communicated as an approach across Stirling with an expectation that people will make change to practice?” (LD advocate)



Practitioner survey – Key finding

28% of professionals had **attended Safe & Together training** including 2 of the 11 learning disability specialists who responded

Since the rollout of Safe & Together in Stirling in 2018, core training is delivered twice a year along with information briefings. The implementation of the programme in the area is a good opportunity to open up the discussion about domestic abuse and parents with learning disabilities, and how they are supported. This was raised repeatedly by practitioners throughout our consultation as a positive chance to improve practice in this area. Effectively applying all the components of Safe & Together could ensure the responsibility for abuse is placed firmly with the perpetrator and not the victim and survivor and their disability.

“Most people I work with are extremely fearful of losing their children or have already had children removed due to domestic abuse and 'not being able to keep children safe', 'not being able to identify risks'...Little or no support is given to the parent to gain skills in parenting; age and stage learning, keeping children safe, identifying risks etc, as programmes offered are pitched too high for people to be able to understand so not accessible to people with learning disabilities.” (LD advocate)

Victims and survivors with children – summary

Non-abusive parents can fear service involvement which can work as a barrier to engagement with domestic abuse support. This is not a problem unique to Stirling. There are additional challenges for non-abusive parents with learning disabilities who may have their disability used against them by perpetrators. They are more likely to have had children’s services involved with their families or children removed in the past which can erode trust in all services.

Professionals emphasise the importance of person-centred support and parenting support for individuals with learning disabilities. Safe & Together in Stirling provides an opportunity to further engage in this conversation and develop practice for parents with learning disabilities through its emphasis on intersecting needs and additional vulnerabilities.

Recommendations

Based on the research findings, we are making four recommendations for consideration by Stirling's GBV Strategy Group which we think reflect the gaps in practice and provision for victims and survivors with learning disabilities.

- 1. Communication & service access resource pack**
- 2. Awareness-raising session for multi-agency professionals**
- 3. Referral pathway - learning disability & domestic abuse services**
- 4. Multi-agency working – sharing knowledge and supporting staff**

The detail of each and advice on implementation follows on pages 26-29.

We are also making the following suggestions regarding data collection and victim and survivor involvement in service development.



Data	Voice
<p>Domestic abuse services should gather as much information as possible on intersecting needs, including learning disability, at intake. This allows analysis of outcomes, a focus on referral pathways, and ensures services can adapt to the needs of vulnerable groups.</p> <p>Stirling's Marac Steering Group could consider measures to increase identification of victims and survivors with protected characteristics, including disability, by multi-agency professionals. Recording diversity data would ensure there is a mechanism to track development in this area.</p>	<p>Stirling's GBV Strategy Group, and wider sectors, should involve people with lived experience wherever possible in the development of services for victims and survivors with learning disabilities and in training for professionals. This should include ensuring survivor voice is incorporated throughout policy design and action planning processes.</p> <p>It may be possible to utilise existing victim and survivor groups and their expertise in such consultations. This should always be done in a supportive and considered way.</p>

We know that our findings and recommendations will have value to other local authority areas and to practitioners across Scotland. In the final year (2020/21) of the Whole Lives project we will work to amplify local findings, speaking to change makers at a national level to showcase and embed best practice based on lived experience and robust evidence.

1. Communication & service access resource pack

- Materials that support communication between service users and organisations at point of intake and beyond to ensure safety and understanding of domestic abuse, including confidentiality and consent documentation in Easy Read format.
- Accessible leaflets containing information on local VAWG organisations - what they do, how to get to them and what support may look like when engaging with them.
- Guidance for professionals to support usage of the Dash risk checklist with people who have experienced domestic abuse and have a learning disability or need.
- Guidance for agencies on how to create a domestic abuse policy.



We heard: Domestic abuse specialists across Stirling are passionate and committed to supporting victims and survivors who have a learning disability but felt that there is a lack of tools to help them do this. Some resources are adapted on an ad-hoc basis, others are utilised but are not specifically tailored for use with clients who have learning disabilities. Non-learning disability specialists identified potential difficulty in discussing domestic abuse to their service users who had a learning disability.

We think the resource pack will:



Provide frontline services that potentially work with victims and survivors of domestic abuse with guidance and supportive resources that are relevant, local and that support signposting to specialist domestic abuse organisations.



Support clear and effective communication between multi-agency practitioners and victims and survivors with learning disabilities.



Promote an awareness of domestic abuse amongst victims and survivors with learning disabilities, clarifying what help is available to them, what may be expected of them from a specialist domestic abuse service and what they can expect.



Allow practitioners to assess risk using established tools, with a lens of learning disability applied to the process.

How to make it work:

Create materials in conjunction with local agencies, people with learning disabilities and victims and survivors of domestic abuse to ensure language and approach is appropriate.	Integrate into existing training delivery and make available to a wide network of professionals.
Mixed media release (email/online/print).	Agree review process and 'holding' mechanism to ensure local information is kept up to date.

2. Awareness-raising session for multi-agency professionals

- A short awareness-raising session on domestic abuse and learning disability for professionals who work with anyone with a learning disability, including how to support victims and survivors.
- Created and delivered in conjunction with local experts and placed within the existing training framework.
- Covering dynamics of domestic abuse in relationships between people where there is a learning disability, local provision, communication skills, tools and best practice working with this group of victims and survivors.



We heard: Non-domestic abuse practitioners reported limited understanding of the dynamics of relationship abuse and learning disability. Low levels of confidence in non-domestic abuse practitioners approaching or raising the issue was also highlighted. Some practitioners identified values and the lack of recognition that people with learning disabilities may be in relationships as a potential issue.

We think awareness-raising sessions will:



Ensure that a wide range of professionals have a basic understanding of learning disability and domestic abuse and increase confidence in staff.



Help non-domestic abuse practitioners to recognise the impact of domestic abuse on those with a learning disability.



Promote best practice in methods of working with victims and survivors who have a learning disability and increase awareness of local specialist provision.

How to make it work:

Developed and delivered by local experts and people with learning disabilities.	Short half-day sessions to allow wide range of practitioners and frontline staff to attend.
Link with resource pack (Rec. 1) and referral pathway (Rec. 3).	Ensure it is integrated into existing training calendars for statutory and third sector agencies.

3. Referral pathway – learning disability and domestic abuse services

- Referral pathway document outlining the services available for victims and survivors with learning disabilities and guidance on how to access them. Adapted for both third sector and statutory agencies.
- Including information on tools such as risk assessment.
- Clarifies service criteria and maps processes such as Adult Support & Protection, Disclosure Scheme for Domestic Abuse Scotland, Marac.



We heard: Staff across Stirling and Forth Valley are committed and keen to support victims and survivors in the best way possible but were unsure about process and referrals, and many were unclear about the supporting policy. There was a lack of understanding for some practitioners about what support was available within the Stirling area for victims and survivors with a learning disability. There can be confusion over service structures and what is provided.

We think the pathway will:

- ! Provide a clear indication of what to do when any practitioner suspects someone with a learning disability is being abused by a partner or ex-partner.
- i Give information on guidance, tools, and interventions available ensuring that the victim and survivor gets the right help, at the right time.
- 👥 Ensure that staff feel confident in addressing domestic abuse in a co-ordinated and managed way.

How to make it work:

Create in conjunction with local agencies, people with learning disabilities and victims and survivors of domestic abuse.

Integrated into existing referral pathway documents and guidance.

Agree mechanism with agencies to ensure it is kept updated.

4. Multi-agency working – sharing knowledge and supporting staff

- Implement practical mechanisms through which multi-agency practitioners can share knowledge, skills and resources with other practitioners within the Stirling area.
- Quarterly ‘breakfast’ face to face meetings allowing space for networking, initially supported by SafeLives.
- Online ‘hub’ where users can upload, store and access toolkits, materials and resources on domestic abuse, as well as sexual health & relationships, for use with children, young people and adults with learning disabilities.



We heard: There are pockets of innovative and inclusive practice with victims and survivors with learning disabilities in Stirling among a wide range of agencies, both statutory and voluntary. Multi-agency working and sharing of information and resources could be enhanced when working with those who have a learning disability. Connectivity/collaboration between services is often created when individual relationships are built between staff; more formal structures could support the sharing of expertise and reduce the impetus on individuals who may have tight capacity to deliver support.

We think multi-agency information sharing will:



Provide a platform for anyone working within learning disability or Gender Based Violence services to connect with peers and create space for more partnership working.



Allow existing and new resources to be shared in an accessible way and create a ‘library’ of materials.



Offer a more impactful way for training, information and messages to be cascaded where people can engage in the way that suits them best (i.e. online or face-to-face).

How to make it work:

Key agency identified to lead with fixed dates organised in advance and user-led agendas set.

Meetings centrally located within Stirling area in an accessible building.

Online hosting of resources and tools should be on a platform that is available to all staff.

Appendix: Definitions

Learning Disability

The following definitions come from the Scottish Government & COSLA strategy, *The Keys to Life* (2013)

People with learning disabilities have a significant, lifelong, condition that started before adulthood, which affected their development, and which means they need help to:

- understand information;
- learn skills; and
- cope independently.

Everyday needs

For example, a place to live, security, social and personal relationships, leisure, recreation and work opportunities.

Extra needs because of their learning disabilities

For example, help to understand information, support to make decisions and plan, learn skills, help with communication, mobility or personal care.

Complex needs

For example, needs arising from both learning disabilities and from other difficulties such as physical and sensory impairment, mental health problems or behavioural difficulties.

For any of these needs the level of support will vary. A person with learning disabilities may need:

- occasional or short-term support;
- limited support, for example, only during periods of change or crisis;
- regular long-term support, perhaps every day; or
- constant and highly intensive support if they have complex or other needs which are related.

Learning disability and autism

Some people with learning disabilities are also on the autism spectrum, but people on the autism spectrum do not necessarily have learning disabilities.

Joint definition of Idaa

The following definition was jointly decided by SafeLives, Scottish Women's Aid and ASSIST, who co-deliver accredited Idaa training in Scotland.

The main purpose of Independent Domestic Abuse Advocates (Idaa) is to address the safety of victims at high risk of harm from intimate partners or ex-partners to secure their safety and the safety of their children. In some services, particularly specialist black and minority ethnic (BME) services they may also work with clients who are at risk from extended family members. Serving as a victim's primary point of contact, Idaa's normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans.

They are proactive in implementing the plans which address immediate safety, including practical steps to protect their clients and their children, as well as longer-term solutions. These plans will include actions from the Marac as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations. Idaa's work over the short

to medium-term to put clients on the path to long-term safety. They receive specialist training and hold an SQA qualification.

Since they work with the highest risk cases, Idaas are most effective as part of an Idaa service and within a multi-agency framework. The Idaa's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings.

Idaas will sit within a spectrum of domestic abuse organisations, and their specific role is to take on the intensive high risk-led work at the beginning of the client's journey. Once that risk is managed to point where the client is no longer high risk, the Idaa will refer on to other domestic abuse services to meet their long-term safety and support needs.

The Safe & Together Model

The Safe & Together™ Model is an international suite of tools and interventions designed to help childcare social work professionals become domestic abuse informed. The Scottish Programme for Government 2019-2020 has outlined a commitment to promote the principles of the Safe & Together™ Model and over half the local authorities in Scotland have undertaken training in how to use the Safe & Together™ tools and approach. This child-centred model derives its name from the concept that children are best served when we can work toward keeping them safe and together with the non-offending parent (the adult domestic abuse victim and survivor). It provides a framework for partnering with domestic abuse victims and survivors and intervening with domestic abuse perpetrators in order to enhance the safety and wellbeing of children.

Adult Support & Protection

The Adult Support and Protection Act 2007 (APSA) gives greater protection to adults at risk of harm or neglect. The Act defines an adult at risk as people aged 16 years or over who:

- are unable to safeguard their own well-being, property, rights or other interests; and
- are at risk of harm; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

This is commonly known as the 3-point criteria. For an adult to be at risk in terms of the Adult Support and Protection (Scotland) Act 2007, the adult must meet all three points above.

Harm may include:

- physical harm
- psychological harm
- financial harm
- sexual harm
- neglect

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